Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

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. [X] ELECTRONICALLY FILED COST REPORT DATE: 02/17/2015 TIME: 10:21 2. [ ] MANUALLY SUBMITTED COST REPORT 3. [ ] IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THE COST REPORT 4. [F] MEDICARE UTILIZATION. ENTER 'F' FOR FULL OR 'L' FOR LOW.	
CONTRACTOR USE ONLY	5. [ ] COST REPORT STATUS 1 -AS SUBMITTED 2 -SETTLED WITHOUT AUDIT 3 -SETTLED WITH AUDIT 4 -REOPENED 5 -AMENDED 6. DATE RECEIVED: _____ 7. CONTRACTOR NO: _____ 8. [ ] INITIAL REPORT FOR THIS PROVIDER CCN 9. [ ] FINAL REPORT FOR THIS PROVIDER CCN	10. NPR DATE: _____ 11. CONTRACTOR'S VENDOR CODE: ___ 12. [ ] IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED = 0-9.

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE 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 IROQUOIS MEMORIAL HOSPITAL (14-0167) {(PROVIDER NAME(S) AND NUMBER(S)} FOR THE COST REPORTING PERIOD BEGINNING 10/01/2013 AND ENDING 09/30/2014, 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 XVIII				
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		-60,390	12,715	-14,513		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			40,435			10
10.01	HEALTH CLINIC - RHC II			46,783			10.01
10.02	HEALTH CLINIC - RHC III			9,165			10.02
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		-60,390	109,098	-14,513		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 OMD 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.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

Hospital and Hospital Health Care Complex Address:

1	Street: 200 FAIRMAN AVENUE	P.O. Box:		1
2	City: WATSEKA	State: IL	ZIP Code: 60970	County: IROQUOIS	2

Hospital and Hospital-Based Component Identification:

	Component	Component Name	CCN Number	CBSA Number	Prov-ider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	IROQUOIS MEMORIAL HOSPITAL	14-0167	99914	1	07/01/1996	N	P	P	3
4	Subprovider - IPF									4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF	IROQUOIS MEMORIAL HOSPITAL	14-U167	99914		12/31/2006	N	P	N	7
8	Swing Beds - NF									8
9	Hospital-Based SNF	IROQUOIS RESIDENT HOME	14-6049	99914		08/18/2003	N	P	N	9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA	IROQUOIS HOME HEALTH	14-7586	99914		09/30/1994	N	P	N	12
13	Separately Certified ASC									13
14	Hospital-Based Hospice	IROQUOIS MEMORIAL HOSPICE	14-1616	99914		11/04/2004				14
15	Hospital-Based Health Clinic - RHC	GILMAN CLINIC	14-3424	99914		09/04/1996	N	O	N	15
15.01	Hospital-Based Health Clinic - RHC II	MILFORD CLINIC	14-3425	99914		10/09/1996	N	O	N	15.01
15.02	Hospital-Based Health Clinic - RHC III	KENTLAND CLINIC	15-3979	99915		10/29/1996	N	O	N	15.02
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 10 / 01 / 2013	To: 09 / 30 / 2014	20
21	Type of control (see instructions)	2		21

	Inpatient PPS Information	1	2	
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR§412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.	Y	N	22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	Y	22.01
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.	3	N	23

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in 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.	416					81	24
25	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid 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.	2		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.	2		27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	1		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: 10 / 01 / 2013	Ending: 09 / 30 / 2014	36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.			37
38	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	38

		1	2	
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)	Y	Y	39

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

		V	XVIII	XIX	
Prospective Payment System (PPS)-Capital		1	2	3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	N	N	45
46	Is this facility eligible for additional paymetn 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
Teaching Hospitals		1	2	3	
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			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services ad 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
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.)(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathci FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06
	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.				

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1	2	3	4	
	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.					
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital reseived HRSA PCRE funding (see instructions)					62
62.01	Enter the number of FTE residents that rotated from a teaching health center (THC) into your hospital in this cost reporting period of HRSA THC program. (see instructions)					62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63	Has your facility trained residents in non-provider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	N				63

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WORKSHEET S-2
PART I

Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings-This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	RATIO (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in oolumn 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	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
		1	2	3	4	5	
65							65
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings-Effective for cost reporting periods beginning on or after July 1, 2010				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	RATIO (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all 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	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
		1	2	3	4	5	
67							67
Inpatient Psychiatric Facilty PPS				1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.			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 5th or subsequent academic years of the new teaching program in existence, enter 5.						71
Inpatient Rehabilitation Facility PPS				1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.			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 5th or 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.						86

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

				V	XIX	
Title V and XIX 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 appilcable column.				N	92
93	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.			N	N	93
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.			N	N	94
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.					95
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.			N	N	96
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.					97
Rural Providers				1	2	
105	Does this hospital qualify as a Critical Access Hospital (CAH)?			N		105
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106
107	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 elinination would not be on Worksheet B, Part I, column 25 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
		Physical	Occupational	Speech	Respiratory	
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.		N	N	N	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'		N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.			N		116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.			N		117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1		118
			Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:		395,249			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.			Y	N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.			Y		121
Transplant Center Information						
125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.			N		125
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date, if applicable in column 2.					126
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date, if applicable in column 2.					127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date, if applicable in column 2.					128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date, if applicable in column 2.					129
130	If this is a Medicare cetfified 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 cetfified islet transplant center enter the certification date in column 1 and termination date, if applicable in column 2.					132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date, if applicable in column 2.					133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.					134

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WORKSHEET S-2
PART I

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

Multicampus

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

	Name	County	State	ZIP Code	CBSA	FTE/Campus	
	0	1	2	3	4	5	

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y		167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)			168
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transitional factor. (see instructions)	0.50		169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		10/01/2013	09/30/2014	170

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE **WORKSHEET S-2 PART II**

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES. ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION		1	2		
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (see instructions)	N			1
		Y/N	DATE	V/I	
		1	2	3	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N			2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (e.g., chain home offices, drug or medical supply companies) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (see instructions)	N			3

		Y/N	TYPE	DATE	
FINANCIAL DATA AND REPORTS		1	2	3	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (see instructions). IF NO, SEE INSTRUCTIONS.	Y	A		4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N			5

		Y/N	Y/N	
APPROVED EDUCATIONAL ACTIVITIES		1	2	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8
9	ARE COSTS CLAIMED FOR 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	
BAD DEBTS			
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			
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N	15

		PART A		PART B		
		Y/N	DATE	Y/N	DATE	
PS&R REPORT DATA		1	2	3	4	
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (see instructions)	Y	01/20/2015	Y	01/20/2015	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

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE **WORKSHEET S-2 PART II**

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

CAPITAL RELATED COSTS			
22	HAVE ASSETS BEEN RELIFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS.		22
23	HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		23
24	WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		24
25	HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		25
26	WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		26
27	HAS THE PROVIDER'S 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

		Y/N	DATE	
HOME OFFICE COSTS		1	2	
36	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?			36
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.			37
38	IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE.			38
39	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.			39
40	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.			40

COST REORT PREPARER INFORMATION				
41	FIRST NAME: BRENT	LAST NAME: KOCHEL	TITLE: PARTNER	41
42	EMPLOYER: KERBER, ECK & BRAECKEL LLP			42
43	PHONE NUMBER: 618-529-1040	E-MAIL ADDRESS: BRENTK@KEBCPA.COM		43

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

						INPATIENT DAYS/OUTPATIENT VISITS/TRIPS				
	COMPONENT	WKSTA LINE NO.	NO. OF BEDS	BED DAYS AVAILABLE	CAH HOURS	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
		1	2	3	4	5	6	7	8	
1	HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	25	9,125			1,317	274	2,132	1
2	HMO AND OTHER (see instructions)						109	78		2
3	HMO IPF SUBPROVIDER									3
4	HMO IRF SUBPROVIDER									4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF									5
6	HOSPITAL ADULTS & PEDS. SWING BED NF									6
7	TOTAL ADULTS & PEDS. (exclude observation beds)(see instructions)		25	9,125			1,317	274	2,132	7
8	INTENSIVE CARE UNIT	31								8
9	CORONARY CARE UNIT	32								9
10	BURN INTENSIVE CARE UNIT	33								10
11	SURGICAL INTENSIVE CARE UNIT	34								11
12	OTHER SPECIAL CARE (SPECIFY)	35								12
13	NURSERY	43						126	168	13
14	TOTAL (see instructions)		25	9,125			1,317	400	2,300	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40								16
17	SUBPROVIDER - IRF	41								17
18	SUBPROVIDER I	42								18
19	SKILLED NURSING FACILITY	44	35	12,775			1,167		12,320	19
20	NURSING FACILITY	45								20
21	OTHER LONG TERM CARE	46								21
22	HOME HEALTH AGENCY	101					3,669		4,979	22
23	ASC (Distinct Part)	115								23
24	HOSPICE (Distinct Part)	116	1	365					1	24
24.10	HOSPICE (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88					1,337		3,970	26
26.01	RHC II	88.01					1,318		3,190	26.01
26.02	RHC III	88.02					3,636		9,296	26.02
27	TOTAL (sum of lines 14-26)		61							27
28	OBSERVATION BED DAYS							67	795	28
29	AMBULANCE TRIPS						1,275			29
30	EMPLOYEE DISCOUNT DAYS (see instructions)									30
31	EMPLOYEE DISCOUNT DAYS-IRF									31
32	LABOR & DELIVERY DAYS (see instructions)							19	30	32
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)									32.01
33	LTCH NON-COVERED DAYS									33

Optimizer Systems, Inc. *WinLASH* Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

		FULL TIME EQUIVALENTS			DISCHARGES				
	COMPONENT	TOTAL INTERNS & RESIDENTS	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
		9	10	11	12	13	14	15	
1	HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					444	124	759	1
2	HMO AND OTHER (see instructions)					30			2
3	HMO IPF SUBPROVIDER								3
4	HMO IRF SUBPROVIDER								4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF								5
6	HOSPITAL ADULTS & PEDS. SWING BED NF								6
7	TOTAL ADULTS & PEDS. (exclude observation beds)(see instructions)								7
8	INTENSIVE CARE UNIT								8
9	CORONARY CARE UNIT								9
10	BURN INTENSIVE CARE UNIT								10
11	SURGICAL INTENSIVE CARE UNIT								11
12	OTHER SPECIAL CARE (SPECIFY)								12
13	NURSERY								13
14	TOTAL (see instructions)		293.68			444	124	759	14
15	CAH VISITS								15
16	SUBPROVIDER - IPF								16
17	SUBPROVIDER - IRF								17
18	SUBPROVIDER I								18
19	SKILLED NURSING FACILITY		28.42						19
20	NURSING FACILITY								20
21	OTHER LONG TERM CARE								21
22	HOME HEALTH AGENCY		8.20						22
23	ASC (Distinct Part)								23
24	HOSPICE (Distinct Part)		15.25						24
24.10	HOSPICE (non-distinct part)								24.10
25	CMHC								25
26	RHC		5.05						26
26.01	RHC II		3.83						26.01
26.02	RHC III		11.72						26.02
27	TOTAL (sum of lines 14-26)		366.15						27
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)								32

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PARTS II-III

PART II - WAGE DATA

		WKST A LINE NO.	AMOUNT REPORTED	RECLASSIF-ICATION OF SALARIES (from Worksheet A-6)	ADJUSTED SALARIES (column 2 ± column 3)	PAID HOURS RELATED TO SALARIES IN COLUMN 4	AVERAGE HOURLY WAGE (column 4 ± column 5)	
		1	2	3	4	5	6	
	SALARIES							
1	TOTAL SALARIES (see instructions)	200	16,611,071		16,611,071	702,485.00	23.65	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A - ADMINISTRATIVE							4
4.01	PHYSICIAN-PART A - TEACHING							4.01
5	PHYSICIAN-PART B		677,218		677,218	5,562.00	121.76	5
6	NON-PHYSICIAN-PART B		427,007		427,007	38,845.00	10.99	6
7	INTERNS & RESIDENTS (in an approved program)	21						7
7.01	CONTRACTED INTERNS & RESIDENTS (in an approved program)							7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44	956,533		956,533	59,107.00	16.18	9
10	EXCLUDED AREA SALARIES (see instructions)		3,576,627		3,576,627	477,419.00	7.49	10
	OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (see instructions)		203,513		203,513	3,087.00	65.93	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE							13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS							14
15	HOME OFFICE: PHYSICIAN PART A - ADMINISTRATIVE							15
16	HOME OFFICE & CONTRACT PHYSICIANS PART A - TEACHING							16
	WAGE-RELATED COSTS							
17	WAGE-RELATED COSTS (core)(see instructions)		2,153,036		2,153,036			17
18	WAGE-RELATED COSTS (other)(see instructions)							18
19	EXCLUDED AREAS		841,640		841,640			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B							21
22	PHYSICIAN PART A - ADMINISTRATIVE							22
22.01	PHYSICIAN PART A - TEACHING							22.01
23	PHYSICIAN PART B		63,930		63,930			23
24	WAGE-RELATED COSTS (RHC/FQHC)		142,239		142,239			24
25	INTERNS & RESIDENTS (in an approved program)							25
	OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS DEPARTMENT		134,435		134,435	6,265.00	21.46	26
27	ADMINISTRATIVE & GENERAL		1,799,244		1,799,244	83,699.00	21.50	27
28	ADMINISTRATIVE & GENERAL UNDER CONTRACT (see instructions)		143,350		143,350	974.00	147.18	28
29	MAINTENANCE & REPAIRS							29
30	OPERATION OF PLANT		259,508		259,508	15,242.00	17.03	30
31	LAUNDRY & LINEN SERVICE		39,369		39,369	3,546.00	11.10	31
32	HOUSEKEEPING		295,701		295,701	28,465.00	10.39	32
33	HOUSEKEEPING UNDER CONTRACT (see instructions)							33
34	DIETARY		334,100	-158,433	175,667	15,293.00	11.49	34
35	DIETARY UNDER CONTRACT (see instructions)		2,217		2,217	35.00	63.34	35
36	CAFETERIA			158,433	158,433	13,793.00	11.49	36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		393,244		393,244	10,133.00	38.81	38
39	CENTRAL SERVICES AND SUPPLY							39
40	PHARMACY							40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		512,261		512,261	25,494.00	20.09	41
42	SOCIAL SERVICE							42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (see instructions)		15,652,413		15,652,413	659,087.00	23.75	1
2	EXCLUDED AREA SALARIES (see instructions)		4,533,160		4,533,160	536,526.00	8.45	2
3	SUBTOTAL SALARIES (line 1 minus line 2)		11,119,253		11,119,253	122,561.00	90.72	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (see instructions)		203,513		203,513	3,087.00	65.93	4
5	SUBTOTAL WAGE-RELATED COSTS (see instructions)		2,153,036		2,153,036		19.36%	5
6	TOTAL (sum of lines 3 through 5)		13,475,802		13,475,802	125,648.00	107.25	6
7	TOTAL OVERHEAD COST (see instructions)		3,913,429		3,913,429	202,939.00	19.28	7

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

HOSPITAL WAGE RELATED COSTS **WORKSHEET S-3 PART IV**

PART IV - WAGE RELATED COST

PART A - CORE LIST

		AMOUNT REPORTED	
	RETIREMENT COST		
1	401K EMPLOYER CONTRIBUTIONS		1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (see instructions)		3
4	QUALIFIED DEFINED BENEFIT PLAN COST (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA PLAN ADMINISTRATION FEES	8,900	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)	1,779,508	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN		10
11	LIFE INSURANCE (If employee is owner or beneficiary)		11
12	ACCIDENTAL INSURANCE (If employee is owner or beneficiary)		12
13	DISABILITY INSURANCE (If employee is owner or beneficiary)		13
14	LONG-TERM CARE INSURANCE (If employee is owner or beneficiary)		14
15	WORKERS' COMPENSATION INSURANCE	197,278	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	944,736	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY	220,946	18
19	UNEMPLOYMENT INSURANCE	37,957	19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES		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	11,520	23
24	TOTAL WAGE RELATED COST (Sum of lines 1-23)	3,200,845	24

PART B - OTHER THAN CORE RELATED COST

25	OTHER WAGE RELATED (OTHER WAGE REL		25

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	Supporting Exhibit for Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

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

	STEP 2: DETERMINE THE 3-YEAR AVERAGING PERIOD			
1	WAGE INDEX FISCAL YEAR ENDING DATE			1
2	PROVIDER'S COST REPORTING PERIOD USED FOR WAGE INDEX YEAR ON LINE 1 (FYB in Col. 1, FYE in Col. 2)			2
3	MIDPOINT OF PROVIDER'S COST REPORTING PERIOD SHOWN ON LINE 2, ADJUSTED TO FIRST OF MONTH			3
4	DATE BEGINNING THE 3-YEAR AVERAGING PERIOD (subtract 18 months from midpoint shown on Line 3)			4
5	DATE ENDING THE 3-YEAR AVERAGING PERIOD (add 18 months to midpoint shown on Line 3)			5
	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			9
10	ENDING DATE OF AVERAGING PERIOD FROM LINE 5			10
11	ENTER PROVIDER CONTRIBUTIONS MADE DURING AVERAGING PERIOD ON LINES 9 & 10	**DEPOSIT DATE(S)**	**CONTRIB-UTION(S)**	11
12	TOTAL CALENDAR MONTHS INCLUDED IN AVERAGING PERIOD (36 unless Step 2 completed)			12
13	TOTAL CONTRIBUTIONS MADE DURING AVERAGING PERIOD			13
14	AVERAGE MONTHLY CONTRIBUTION (Line 13 divided by Line 12)			14
15	NUMBER OF MONTHS IN PROVIDER COST REPORTING PERIOD ON LINE 2			15
16	AVERAGE PENSION CONTRIBUTIONS (Line 14 times Line 15)			16
	STEP 4: TOTAL PENSION COST FOR WAGE INDEX			
17	ANNUAL PREFUNDING INSTALLMENT (see instructions)			17
18	REPORTABLE PREFUNDING INSTALLMENT ((Line 17 times Line 15) divided by 12)			18
19	TOTAL PENSION COST FOR WAGE INDEX (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)			19

Optimizer Systems, Inc. *WinLASH* Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPIAL-BASED COMPONENT IDENTIFICATION:

	COMPONENT	CONTRACT LABOR	BENEFIT COST	
	0	1	2	
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST	203,513		1
2	HOSPITAL	203,513		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
14.01	HOSPITAL-BASED HEALTH CLINIC - RHC II			14.01
14.02	HOSPITAL-BASED HEALTH CLINIC - RHC III			14.02
15	HOSPITAL-BASED HEALTH CLINIC - FQHC			15
16	HOSPITAL-BASED (CMHC)			16
17	RENAL DIALYSIS			17
18	OTHER			18

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA **HHA CCN: 14-7586** **WORKSHEET S-4**

HOME HEALTH AGENCY STATISTICAL DATA COUNTY:

		TITLE V	TITLE XVIII	TITLE XIX	OTHER	TOTAL	
	DESCRIPTION	1	2	3	4	5	
1	HOME HEALTH AIDE HOURS		2,704			2,704	1
2	UNDUPLICATED CENSUS COUNT (see instructions)		245.00	20.00	37.00	302.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

	ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00	NUMBER OF EMPLOYEES (Full Time Equivalent)			
		STAFF	CONTRACT	TOTAL	
		1	2	3	
3	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	0.60		0.60	3
4	DIRECTOR(S) AND ASSISTANT DIRECTOR(S)				4
5	OTHER ADMINISTRATIVE PERSONNEL	0.90		0.90	5
6	DIRECT NURSING SERVICE	4.40		4.40	6
7	NURSING SUPERVISOR				7
8	PHYSICAL THERAPY SERVICE	0.75		0.75	8
9	PHYSICAL THERAPY SUPERVISOR				9
10	OCCUPATIONAL THERAPY SERVICE	0.15		0.15	10
11	OCCUPATIONAL THERAPY SUPERVISOR				11
12	SPEECH PATHOLOGY SERVICE	0.05		0.05	12
13	SPEECH PATHOLOGY SUPERVISOR				13
14	MEDICAL SOCIAL SERVICE	0.05		0.05	14
15	MEDICAL SOCIAL SERVICE SUPERVISOR				15
16	HOME HEALTH AIDE	1.30		1.30	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).	99914	20
20.01		16580	20.01
20.02		19180	20.02

PPS ACTIVITY

		FULL EPISODES					
		WITHOUT OUTLIERS	WITH OUTLIERS	LUPA EPISODES	PEP ONLY EPISODES	TOTAL (columns 1 through 4)	
		1	2	3	4	5	
21	SKILLED NURSING VISITS	1,495		57	5	1,557	21
22	SKILLED NURSING VISIT CHARGES	193,431		5,653	610	199,694	22
23	PHYSICAL THERAPY VISITS	980		3	5	988	23
24	PHYSICAL THERAPY VISIT CHARGES	149,205		457	761	150,423	24
25	OCCUPATIONAL THERAPY VISITS	406		1	1	408	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	61,814		152	152	62,118	26
27	SPEECH PATHOLOGY VISITS	33				33	27
28	SPEECH PATHOLOGY VISIT CHARGES	5,024				5,024	28
29	MEDICAL SOCIAL SERVICE VISITS	6				6	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	1,134				1,134	30
31	HOME HEALTH AIDE VISITS	676		1		677	31
32	HOME HEALTH AIDE VISIT CHARGES	63,882		95		63,977	32
33	TOTAL VISITS (sum of lines 21, 23, 25, 27, 29, and 31)	3,596		62	11	3,669	33
34	OTHER CHARGES	158				158	34
35	TOTAL CHARGES (sum of lines 22, 24, 26, 28, 30, 32 and 34)	474,648		6,357	1,523	482,528	35
36	TOTAL NUMBER OF EPISODES (standard/non-outlier)	226		20	1	247	36
37	TOTAL NUMBER OF OUTLIER EPISODES						37
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	1,557			11	1,568	38

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA **WORKSHEET S-7**

		Y/N	DATE	
		1	2	
1	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, WERE ALL PATIENTS UNDER MANAGED CARE OR WAS THERE NO MEDICARE UTILIZATION? ENTER 'Y' FOR YES IN COLUMN 1 AND DO NOT COMPLETE THE REST OF THIS WORKSHEET.	N		1
2	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	Y	/ /	2

	GROUP	SNF DAYS	SWING BED SNF DAYS	TOTAL (sum of col. 2 + 3)	
	1	2	3	4	
3	RUX				3
4	RUL				4
5	RVX				5
6	RVL	31		31	6
7	RHX				7
8	RHL				8
9	RMX				9
10	RML				10
11	RLX				11
12	RUC	28		28	12
13	RUB				13
14	RUA				14
15	RVC	57		57	15
16	RVB	79		79	16
17	RVA	173		173	17
18	RHC	286		286	18
19	RHB	128		128	19
20	RHA	191		191	20
21	RMC	66		66	21
22	RMB	19		19	22
23	RMA	59		59	23
24	RLB				24
25	RLA				25
26	ES3				26
27	ES2				27
28	ES1				28
29	HE2				29
30	HE1	4		4	30
31	HD2				31
32	HD1				32
33	HC2				33
34	HC1				34
35	HB2				35
36	HB1	3		3	36
37	LE2				37
38	LE1	11		11	38
39	LD2				39
40	LD1				40
41	LC2				41
42	LC1				42
43	LB2				43
44	LB1				44
45	CE2				45
46	CE1				46
47	CD2				47
48	CD1	5		5	48
49	CC2				49
50	CC1	7		7	50
51	CB2				51
52	CB1	14		14	52
53	CA2				53
54	CA1	5		5	54
55	SE3				55
56	SE2				56
57	SE1				57
58	SSC				58
59	SSB				59
60	SSA				60
61	IB2				61
62	IB1				62
63	IA1				63
64	IA2				64
65	BB2				65
66	BB1				66
67	BA2				67
68	BA1				68
69	PE2				69
70	PE1				70

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA **WORKSHEET S-7**

	GROUP	SNF DAYS	SWING BED SNF DAYS	TOTAL (sum of col. 2 + 3)	
	1	2	3	4	
71	PD2				71
72	PD1				72
73	PC2				73
74	PC1				74
75	PB2				75
76	PB1				76
77	PA2				77
78	PA1				78
199	AAA	1		1	199
200	TOTAL	1,167		1,167	200

SNF SERVICES

		CBSA AT BEGINNING OF COST REPORTING PERIOD	CBSA ON/AFTER OCTOBER 1 OF THE COST REPORTING PERIOD (if applicable)	
		1	2	
201	ENTER IN COLUMN 1 THE SNF CBSA CODE, OR 5 CHARACTER NON-CBSA CODE IF A RURAL FACILITY, IN EFFECT AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER IN COLUMN 2 THE CODE IN EFFECT ON OR AFTER OCTOBER 1 OF THE COST REPORTING PERIOD (if applicable).	00014	00014	201

A NOTICE PUBLISHED IN THE FEDERAL REGISTER VOLUME 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. FOR LINES 202 THROUGH 207: ENTER IN COLUMN 1 THE AMOUNT OF THE EXPENSE FOR EACH CATEGORY. ENTER IN COLUMN 2 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 7, COLUMN 3. IN COLUMN 3, ENTER 'Y' OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (see instructions)

		EXPENSES	PERCENTAGE	ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES?	
		1	2	3	
202	STAFFING	956,533	42.98%	Y	202
203	RECRUITMENT				203
204	RETENTION OF EMPLOYEES				204
205	TRAINING	3,081	0.14%	Y	205
206	OTHER (SPECIFY)				206
207	TOTAL SNF REVENUE (Worksheet G-2, Part I, line 7, column 3)	2,225,575			207

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA **COMPONENT CCN: 14-3424** **WORKSHEET S-8**

CHECK APPLICABLE BOX: **[XX] RHC [ ] FQHC**

CLINIC ADDRESS AND IDENTIFICATION:

1	STREET: 508 E CRESENT	1
2	CITY: GILMAN STATE: IL ZIP CODE: 60938 COUNTY: IROQUOIS	2
3	FQHCs ONLY: DESIGNATION - ENTER 'R' FOR RURAL OR 'U' FOR URBAN	3

SOURCE OF FEDERAL FUNDS:

		GRANT AWARD	DATE	
		1	2	
4	COMMUNITY HEALTH CENTER (Section 330(d), PHS Act)			4
5	MIGRANT HEALTH CENTER (Section 329(d), PHS Act)			5
6	HEALTH SERVICES FOR HOMELESS (Section 340(d), PHS Act)			6
7	APPALACHIAN REGIONAL COMMISSION			7
8	LOOK-ALIKES			8
9	OTHER			9

		1	2	
10	DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, INDICATE THE NUMBER OF OTHER OPERATIONS IN COLUMN 2.	N		10

FACILITY HOURS OF OPERATIONS(1)

		SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		
	TYPE OPERATION	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
11	CLINIC			0830	1830	0700	1700	0700	1700	0830	1830	0830	1700			11

(1) ENTER CLINIC HOURS OF OPERATION ON LINE 11 AND OTHER TYPE OPERATIONS ON SUBSCRIPTS OF LINE 11 (both type and hours of operation). LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400.

		1	2	
12	HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD?	N		12
13	IS THIS A CONSOLIDATED COST REPORT AS DEFINED IN CMS PUB. 27, SECTION 508(D)?	N		13
14	PROVIDER NAME: CCN NUMBER:			14

		Y/N	V	XVIII	XIX	TOTAL VISITS	
		1	2	3	4	5	
15	HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED IN COLUMN 1. IF YES, ENTER IN 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS AND RESIDENTS FOR TITLES V, XVIII, AND XIX, AS APPLICABLE. (see instructions)	N					15

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER **COMPONENT CCN: 14-3425** **WORKSHEET S-8**
STATISTICAL DATA

CHECK APPLICABLE BOX: **[XX] RHC [ ] FQHC**

CLINIC ADDRESS AND IDENTIFICATION:

1	STREET: 207 N AXTEL	1
2	CITY: MILFORD STATE: IL ZIP CODE: 60983 COUNTY: IROQUOIS	2
3	FQHCs ONLY: DESIGNATION - ENTER 'R' FOR RURAL OR 'U' FOR URBAN	3

SOURCE OF FEDERAL FUNDS:

		GRANT AWARD	DATE	
		1	2	
4	COMMUNITY HEALTH CENTER (Section 330(d), PHS Act)			4
5	MIGRANT HEALTH CENTER (Section 329(d), PHS Act)			5
6	HEALTH SERVICES FOR HOMELESS (Section 340(d), PHS Act)			6
7	APPALACHIAN REGIONAL COMMISSION			7
8	LOOK-ALIKES			8
9	OTHER			9

		1	2	
10	DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, INDICATE THE NUMBER OF OTHER OPERATIONS IN COLUMN 2.	N		10

FACILITY HOURS OF OPERATIONS(1)

		SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		
	TYPE OPERATION	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
11	CLINIC			0830	1700	0700	1700	0830	1830	0830	1700	0700	1700			11

(1) ENTER CLINIC HOURS OF OPERATION ON LINE 11 AND OTHER TYPE OPERATIONS ON SUBSCRIPTS OF LINE 11 (both type and hours of operation). LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400.

		1	2	
12	HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD?	N		12
13	IS THIS A CONSOLIDATED COST REPORT AS DEFINED IN CMS PUB. 27, SECTION 508(D)?	N		13
14	PROVIDER NAME: CCN NUMBER:			14

		Y/N	V	XVIII	XIX	TOTAL VISITS	
		1	2	3	4	5	
15	HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED IN COLUMN 1. IF YES, ENTER IN 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS AND RESIDENTS FOR TITLES V, XVIII, AND XIX, AS APPLICABLE. (see instructions)	N					15

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER **COMPONENT CCN: 15-3979** **WORKSHEET S-8**
STATISTICAL DATA

CHECK APPLICABLE BOX: **[XX] RHC [ ] FQHC**

CLINIC ADDRESS AND IDENTIFICATION:

1	STREET: 303 N SEVENTH	1
2	CITY: KENTLAND STATE: IN ZIP CODE: 47951 COUNTY: NEWTON	2
3	FQHCs ONLY: DESIGNATION - ENTER 'R' FOR RURAL OR 'U' FOR URBAN	3

SOURCE OF FEDERAL FUNDS:

		GRANT AWARD	DATE	
		1	2	
4	COMMUNITY HEALTH CENTER (Section 330(d), PHS Act)			4
5	MIGRANT HEALTH CENTER (Section 329(d), PHS Act)			5
6	HEALTH SERVICES FOR HOMELESS (Section 340(d), PHS Act)			6
7	APPALACHIAN REGIONAL COMMISSION			7
8	LOOK-ALIKES			8
9	OTHER			9

		1	2	
10	DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, INDICATE THE NUMBER OF OTHER OPERATIONS IN COLUMN 2.	N		10

FACILITY HOURS OF OPERATIONS(1)

		SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		
	TYPE OPERATION	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
11	CLINIC			0700	1700	0830	1830	0700	1700	0830	1830	0700	1700			11

(1) ENTER CLINIC HOURS OF OPERATION ON LINE 11 AND OTHER TYPE OPERATIONS ON SUBSCRIPTS OF LINE 11 (both type and hours of operation). LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400.

		1	2	
12	HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD?	N		12
13	IS THIS A CONSOLIDATED COST REPORT AS DEFINED IN CMS PUB. 27, SECTION 508(D)?	N		13
14	PROVIDER NAME: CCN NUMBER:			14

		Y/N	V	XVIII	XIX	TOTAL VISITS	
		1	2	3	4	5	
15	HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED IN COLUMN 1. IF YES, ENTER IN 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS AND RESIDENTS FOR TITLES V, XVIII, AND XIX, AS APPLICABLE. (see instructions)	N					15

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

HOSPICE IDENTIFICATION DATA **HOSPICE CCN: 14-1616** **WORKSHEET S-9 PARTS I & II**

PART I - ENROLLMENT DAYS

		UNDUPLICATED DAYS						
		TITLE XVIII	TITLE XIX	TITLE XVIII SKILLED NURSING FACILITY	TITLE XIX NURSING FACILITY	ALL OTHER	TOTAL (sum of cols. 1, 2, & 5)	
		1	2	3	4	5	6	
1	CONTINUOUS HOME CARE							1
2	ROUTINE HOME CARE	3,973	435	8,015		337	4,745	2
3	INPATIENT RESPITE CARE		5	194			5	3
4	GENERAL INPATIENT CARE	8		17			8	4
5	TOTAL HOSPICE DAYS	3,981	440	8,226		337	4,758	5

PART II - CENSUS DATA

		TITLE XVIII	TITLE XIX	TITLE XVIII SKILLED NURSING FACILITY	TITLE XIX NURSING FACILITY	ALL OTHER	TOTAL (sum of cols. 1, 2, & 5)	
		1	2	3	4	5	6	
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	58	5	143		14	77	6
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS C							7
8	AVERAGE LENGTH OF STAY (line 5/line 6)	68.64	88.00	57.52		24.07	61.79	8
9	UNDUPLICATED CENSUS COUNT	58	5	143		14	77	9

NOTE: Parts I & II, columns 1 and 2 also include the days reported in column 3 and 4.

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA **WORKSHEET S-10**

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)	0.399229	1

MEDICAID (see instructions for each line)

2	NET REVENUE FROM MEDICAID	2,691,432	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	9,257,967	6
7	MEDICAID COST (line 1 times line 6)	3,696,049	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.	1,004,617	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 AND INDIGENT CARE COST COMPUTATION

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)			1,004,617	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (at full charges excluding non-reimbursable cost centers) FOR THE ENTIRE FACILITY	646,562	217,984	864,546	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (line 1 times line 20)	258,126	87,026	345,152	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE				22
23	COST OF CHARITY CARE (line 21 minus line 22)	258,126	87,026	345,152	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)	2,008,797	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)	229,714	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 26 minus line 27)	1,779,083	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 1 times line 28)	710,262	29
30	COST OF UNCOMPENSATED CARE (line 23, column 3 plus line 29)	1,055,414	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (line 19 plus line 30)	2,060,031	31

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

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

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI-FICATIONS	RECLASSI-FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST-MENTS	NET EXPENSES FOR ALLOC-ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	CAP REL COSTS-BLDG & FIXT		1,753,047	1,753,047	-596,461	1,156,586	-75,433	1,081,153	1
2	00200	CAP REL COSTS-MVBLE EQUIP				929,959	929,959	-11,497	918,462	2
3	00300	OTHER CAP REL COSTS							-0-	3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	134,435	1,897,487	2,031,922	175,484	2,207,406	-5,476	2,201,930	4
5.01	00540	ADMISSIONS	336,262	206,756	543,018		543,018	-25,271	517,747	5.01
5.02	00550	PURCHASING, RECEIVING, AND STORES	116,366	125,883	242,249	-54,330	187,919		187,919	5.02
5.03	00560	DATA PROCESSING	311,663	346,925	658,588	5,379	663,967		663,967	5.03
5.04	00570	COMMUNICATIONS	6,759	169,571	176,330	20,188	196,518		196,518	5.04
5.05	00580	BUSINESS OFFICE	277,921	-81,331	196,590	151,097	347,687		347,687	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	750,273	2,166,004	2,916,277	46,047	2,962,324	-1,274,704	1,687,620	5.06
6	00600	MAINTENANCE & REPAIRS								6
7	00700	OPERATION OF PLANT	259,508	887,981	1,147,489	50,212	1,197,701	-12,785	1,184,916	7
8	00800	LAUNDRY & LINEN SERVICE	39,369	7,847	47,216		47,216		47,216	8
9	00900	HOUSEKEEPING	295,701	52,839	348,540		348,540	-1,520	347,020	9
10	01000	DIETARY	334,100	303,518	637,618	-302,364	335,254		335,254	10
11	01100	CAFETERIA				302,364	302,364	-157,374	144,990	11
13	01300	NURSING ADMINISTRATION	393,244	143,887	537,131	-37	537,094	-199	536,895	13
14	01400	CENTRAL SERVICES & SUPPLY		19,489	19,489		19,489	-852	18,637	14
15	01500	PHARMACY								15
16	01600	MEDICAL RECORDS & LIBRARY	512,261	180,453	692,714	-50	692,664	-216	692,448	16
		INPATIENT ROUTINE SERV COST CENTERS								
30	03000	ADULTS & PEDIATRICS	2,033,699	445,966	2,479,665	-512,893	1,966,772	-40,500	1,926,272	30
43	04300	NURSERY				266,178	266,178		266,178	43
44	04400	SKILLED NURSING FACILITY	956,533	289,630	1,246,163	-40,375	1,205,788	-932	1,204,856	44
		ANCILLARY SERVICE COST CENTERS								
50	05000	OPERATING ROOM	703,552	1,762,517	2,466,069	-1,164,097	1,301,972	-334,013	967,959	50
52	05200	DELIVERY ROOM & LABOR ROOM				190,889	190,889		190,889	52
53	05300	ANESTHESIOLOGY		409,777	409,777	-8,581	401,196	-401,195	1	53
54	05400	RADIOLOGY-DIAGNOSTIC	699,080	1,172,733	1,871,813	-547,339	1,324,474	-47,327	1,277,147	54
57	05700	CT SCAN	99,139	97,478	196,617		196,617		196,617	57
58	05800	MRI	45,387	207,965	253,352		253,352		253,352	58
60	06000	LABORATORY	597,421	813,716	1,411,137	-1,945	1,409,192	-2,360	1,406,832	60
65	06500	RESPIRATORY THERAPY	361,971	141,071	503,042	-50,098	452,944	-31,410	421,534	65
66	06600	PHYSICAL THERAPY	670,338	139,559	809,897	-22,974	786,923	-7,070	779,853	66
69	06900	ELECTROCARDIOLOGY	44,958	84,438	129,396	-599	128,797	-42,092	86,705	69
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				764,417	764,417	-525	763,892	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS				1,221,163	1,221,163		1,221,163	72
73	07300	DRUGS CHARGED TO PATIENTS	461,488	1,114,118	1,575,606	212,288	1,787,894		1,787,894	73
		OUTPATIENT SERVICE COST CENTERS								
88	08800	RURAL HEALTH CLINIC	396,870	202,252	599,122	-47,109	552,013		552,013	88
88.01	08801	RHC II	252,816	213,498	466,314	-96,784	369,530		369,530	88.01
88.02	08802	RHC III	833,272	309,348	1,142,620	-86,297	1,056,323		1,056,323	88.02
90	09000	CLINIC	307,179	-76,642	230,537	-21,723	208,814	-133,944	74,870	90
91	09100	EMERGENCY	802,879	869,163	1,672,042	-34,218	1,637,824	-724,805	913,019	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)								92
		OTHER REIMBURSABLE COST CENTERS								
95	09500	AMBULANCE SERVICES	742,637	252,433	995,070	-35,338	959,732	-61,524	898,208	95
101	10100	HOME HEALTH AGENCY	504,478	134,592	639,070	-8,791	630,279		630,279	101
		SPECIAL PURPOSE COST CENTERS								
113	11300	INTEREST EXPENSE		260,021	260,021	-260,021				113
116	11600	HOSPICE	817,406	678,084	1,495,490	-224,263	1,271,227	-34,055	1,237,172	116
118		SUBTOTALS (sum of lines 1-117)	15,098,965	17,702,073	32,801,038	218,978	33,020,016	-3,427,079	29,592,937	118
		NONREIMBURSABLE COST CENTERS								
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		1,945	1,945	28,076	30,021		30,021	190
194	07950	IROQUOIS WOMEN'S HEALTH	1,309,297	1,073,646	2,382,943	-107,490	2,275,453		2,275,453	194
194.01	07951	OTHER NON-REIMBURSABLE COSTS	202,809	245,293	448,102	-139,564	308,538		308,538	194.01
200		TOTAL (sum of lines 118-199)	16,611,071	19,022,957	35,634,028		35,634,028	-3,427,079	32,206,949	200

Optimizer Systems, Inc. **WinLASH** Micro System

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RECLASSIFICATIONS **WORKSHEET A-6**

			INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	RECLASS MOVEABLE EQUIP DEPR	A	CAP REL COSTS-MVBLE EQUIP	2		873,766	1
500	TOTAL RECLASSIFICATIONS					873,766	500
	CODE LETTER - A						
1	RECLASS ADVERTISING	B	OTHER ADMINISTRATIVE AND GENE	5.06		142,214	1
2							2
3							3
4							4
5							5
6							6
7							7
500	TOTAL RECLASSIFICATIONS					142,214	500
	CODE LETTER - B						
1	RECLASS MEDICAL SUPPLIES	C	MEDICAL SUPPLIES CHARGED TO P	71		764,417	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
500	TOTAL RECLASSIFICATIONS					764,417	500
	CODE LETTER - C						
1	RECLASS DRUGS CHARGED TO PATIENTS	D	DRUGS CHARGED TO PATIENTS	73		212,288	1
2			OPERATING ROOM	50		3,246	2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
500	TOTAL RECLASSIFICATIONS					215,534	500
	CODE LETTER - D						
1	RECLASS TELEPHONE EXPENSE	E	COMMUNICATIONS	5.04		20,188	1
2							2
3							3
4							4
5							5
6							6
500	TOTAL RECLASSIFICATIONS					20,188	500
	CODE LETTER - E						
1	RECLASS INTEREST EXPENSE	F	CAP REL COSTS-BLDG & FIXT	1		225,434	1
2			CAP REL COSTS-MVBLE EQUIP	2		34,358	2
3			OTHER ADMINISTRATIVE AND GENE	5.06		229	3
500	TOTAL RECLASSIFICATIONS					260,021	500
	CODE LETTER - F						
1	RECLASS CAFETERIA	G	CAFETERIA	11	158,433	143,931	1
500	TOTAL RECLASSIFICATIONS				158,433	143,931	500
	CODE LETTER - G						
1	RECLASS NURSERY COST	H	NURSERY	43	216,137	50,041	1
2			DELIVERY ROOM & LABOR ROOM	52	155,003	35,886	2
500	TOTAL RECLASSIFICATIONS				371,140	85,927	500
	CODE LETTER - H						
1	RECLASS OPERATION OF PLANT COST	I	OPERATION OF PLANT	7		50,212	1
2							2
3							3
4							4
5							5
6							6
7							7

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

RECLASSIFICATIONS **WORKSHEET A-6**

			INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
8							8
9							9
500	TOTAL RECLASSIFICATIONS					50,212	500
	CODE LETTER - I						
1	RECLASS TRANSPORTATION	J	OTHER ADMINISTRATIVE AND GENE	5.06		22,986	1
2							2
500	TOTAL RECLASSIFICATIONS					22,986	500
	CODE LETTER - J						
1	RECLASS IT COST	K	DATA PROCESSING	5.03		7,839	1
2							2
3							3
4							4
5							5
6							6
500	TOTAL RECLASSIFICATIONS					7,839	500
	CODE LETTER - K						
1	RECLASS GIFT SHOP	L	GIFT, FLOWER, COFFEE SHOP & C	190		28,076	1
500	TOTAL RECLASSIFICATIONS					28,076	500
	CODE LETTER - L						
1	RECLASS SHELDON CLINIC	M	OTHER NON-REIMBURSABLE COSTS	194.01		12,665	1
2							2
500	TOTAL RECLASSIFICATIONS					12,665	500
	CODE LETTER - M						
1	RECLASS OTHER CAP RELATED COST	N	OTHER CAP REL COSTS	3		80,767	1
500	TOTAL RECLASSIFICATIONS					80,767	500
	CODE LETTER - N						
1	RECLASS EMPLOYEE BENEFITS	O	EMPLOYEE BENEFITS DEPARTMENT	4		175,484	1
2							2
3							3
4							4
5							5
6							6
500	TOTAL RECLASSIFICATIONS					175,484	500
	CODE LETTER - O						
1	RECLASS IMPL MED SUPPLIES	P	IMPL. DEV. CHARGED TO PATIENT	72		1,221,163	1
2							2
500	TOTAL RECLASSIFICATIONS					1,221,163	500
	CODE LETTER - P						
1	RECLASS BUSINESS OFFICE EXPENSE	Q	BUSINESS OFFICE	5.05		151,097	1
2							2
3							3
4							4
500	TOTAL RECLASSIFICATIONS					151,097	500
	CODE LETTER - Q						
	GRAND TOTAL (INCREASES)				529,573	4,256,287	

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

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

RECLASSIFICATIONS **WORKSHEET A-6**

			DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
1	RECLASS MOVEABLE EQUIP DEPR	A	CAP REL COSTS-BLDG & FIXT	1		873,766	9	1
500	TOTAL RECLASSIFICATIONS					873,766		500
	CODE LETTER - A							
1	RECLASS ADVERTISING	B	RURAL HEALTH CLINIC	88		1,071		1
2			RHC II	88.01		3,972		2
3			RHC III	88.02		436		3
4			HOME HEALTH AGENCY	101		1,183		4
5			HOSPICE	116		2,281		5
6			IROQUOIS WOMEN'S HEALTH	194		51		6
7			OTHER NON-REIMBURSABLE COSTS	194.01		133,220		7
500	TOTAL RECLASSIFICATIONS					142,214		500
	CODE LETTER - B							
1	RECLASS MEDICAL SUPPLIES	C	PURCHASING, RECEIVING, AND ST	5.02		54,330		1
2			ADULTS & PEDIATRICS	30		54,949		2
3			SKILLED NURSING FACILITY	44		39,468		3
4			OPERATING ROOM	50		363,670		4
5			ANESTHESIOLOGY	53		8,581		5
6			RADIOLOGY-DIAGNOSTIC	54		118,307		6
7			RESPIRATORY THERAPY	65		50,091		7
8			PHYSICAL THERAPY	66		2,638		8
9			ELECTROCARDIOLOGY	69		599		9
10			CLINIC	90		202		10
11			EMERGENCY	91		34,201		11
12			AMBULANCE SERVICES	95		12,250		12
13			HOME HEALTH AGENCY	101		4,998		13
14			HOSPICE	116		14,757		14
15			IROQUOIS WOMEN'S HEALTH	194		5,376		15
500	TOTAL RECLASSIFICATIONS					764,417		500
	CODE LETTER - C							
1	RECLASS DRUGS CHARGED TO PATIENTS	D	ADULTS & PEDIATRICS	30		877		1
2			SKILLED NURSING FACILITY	44		508		2
3			RADIOLOGY-DIAGNOSTIC	54		6,439		3
4			LABORATORY	60		1,945		4
5			RESPIRATORY THERAPY	65		7		5
6			PHYSICAL THERAPY	66		189		6
7			CLINIC	90		13		7
8			EMERGENCY	91		17		8
9			AMBULANCE SERVICES	95		900		9
10			HOSPICE	116		204,639		10
500	TOTAL RECLASSIFICATIONS					215,534		500
	CODE LETTER - D							
1	RECLASS TELEPHONE EXPENSE	E	DATA PROCESSING	5.03		2,460		1
2			OTHER ADMINISTRATIVE AND GENE	5.06		4,935		2
3			NURSING ADMINISTRATION	13		37		3
4			RADIOLOGY-DIAGNOSTIC	54		458		4
5			PHYSICAL THERAPY	66		7,840		5
6			OTHER NON-REIMBURSABLE COSTS	194.01		4,458		6
500	TOTAL RECLASSIFICATIONS					20,188		500
	CODE LETTER - E							
1	RECLASS INTEREST EXPENSE	F	INTEREST EXPENSE	113		260,021	11	1
2							11	2
3							11	3
500	TOTAL RECLASSIFICATIONS					260,021		500
	CODE LETTER - F							
1	RECLASS CAFETERIA	G	DIETARY	10	158,433	143,931		1
500	TOTAL RECLASSIFICATIONS				158,433	143,931		500
	CODE LETTER - G							
1	RECLASS NURSERY COST	H	ADULTS & PEDIATRICS	30	371,140	85,927		1
2								2
500	TOTAL RECLASSIFICATIONS				371,140	85,927		500
	CODE LETTER - H							
1	RECLASS OPERATION OF PLANT COST	I	PHYSICAL THERAPY	66		12,307		1
2			RURAL HEALTH CLINIC	88		5,584		2
3			RHC II	88.01		6,104		3
4			RHC III	88.02		3,072		4
5			AMBULANCE SERVICES	95		4,291		5
6			HOME HEALTH AGENCY	101		2,610		6

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

RECLASSIFICATIONS **WORKSHEET A-6**

			DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
7			HOSPICE	116		2,586		7
8			IROQUOIS WOMEN'S HEALTH	194		12,973		8
9			OTHER NON-REIMBURSABLE COSTS	194.01		685		9
500	TOTAL RECLASSIFICATIONS					50,212		500
	CODE LETTER - I							
1	RECLASS TRANSPORTATION	J	AMBULANCE SERVICES	95		17,897		1
2			OTHER NON-REIMBURSABLE COSTS	194.01		5,089		2
500	TOTAL RECLASSIFICATIONS					22,986		500
	CODE LETTER - J							
1	RECLASS IT COST	K	MEDICAL RECORDS & LIBRARY	16		50		1
2			SKILLED NURSING FACILITY	44		399		2
3			RADIOLOGY-DIAGNOSTIC	54		4,645		3
4			CLINIC	90		330		4
5			IROQUOIS WOMEN'S HEALTH	194		15		5
6			OTHER NON-REIMBURSABLE COSTS	194.01		2,400		6
500	TOTAL RECLASSIFICATIONS					7,839		500
	CODE LETTER - K							
1	RECLASS GIFT SHOP	L	OTHER ADMINISTRATIVE AND GENE	5.06		28,076		1
500	TOTAL RECLASSIFICATIONS					28,076		500
	CODE LETTER - L							
1	RECLASS SHELDON CLINIC	M	CAP REL COSTS-BLDG & FIXT	1		7,061	9	1
2			OTHER ADMINISTRATIVE AND GENE	5.06		5,604		2
500	TOTAL RECLASSIFICATIONS					12,665		500
	CODE LETTER - M							
1	RECLASS OTHER CAP RELATED COST	N	OTHER ADMINISTRATIVE AND GENE	5.06		80,767	14	1
500	TOTAL RECLASSIFICATIONS					80,767		500
	CODE LETTER - N							
1	RECLASS EMPLOYEE BENEFITS	O	RURAL HEALTH CLINIC	88		10,401		1
2			RHC II	88.01		37,329		2
3			RHC III	88.02		61,636		3
4			CLINIC	90		21,178		4
5			IROQUOIS WOMEN'S HEALTH	194		38,563		5
6			OTHER NON-REIMBURSABLE COSTS	194.01		6,377		6
500	TOTAL RECLASSIFICATIONS					175,484		500
	CODE LETTER - O							
1	RECLASS IMPL MED SUPPLIES	P	OPERATING ROOM	50		803,673		1
2			RADIOLOGY-DIAGNOSTIC	54		417,490		2
500	TOTAL RECLASSIFICATIONS					1,221,163		500
	CODE LETTER - P							
1	RECLASS BUSINESS OFFICE EXPENSE	Q	RURAL HEALTH CLINIC	88		30,053		1
2			RHC II	88.01		49,379		2
3			RHC III	88.02		21,153		3
4			IROQUOIS WOMEN'S HEALTH	194		50,512		4
500	TOTAL RECLASSIFICATIONS					151,097		500
	CODE LETTER - Q							
	GRAND TOTAL (DECREASES)				529,573	4,256,287		

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

Optimizer Systems, Inc. **WinLASH** Micro System

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RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

			ACQUISITIONS						
	DESCRIPTION	BEGINNING BALANCES	PURCHASES	DONATION	TOTAL	DISPOSALS AND RETIRE-MENTS	ENDING BALANCE	FULLY DEPREC-IATED ASSETS	
		1	2	3	4	5	6	7	
1	LAND	249,035	42,290		42,290		291,325		1
2	LAND IMPROVEMENTS								2
3	BUILDINGS AND FIXTURES	24,444,042	1,273,615		1,273,615	260,608	25,457,049		3
4	BUILDING IMPROVEMENTS	483,750					483,750		4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT	15,082,416	345,424		345,424	158,992	15,268,848		6
7	HIT DESIGNATED ASSETS								7
8	SUBTOTAL (sum of lines 1-7)	40,259,243	1,661,329		1,661,329	419,600	41,500,972		8
9	RECONCILING ITEMS								9
10	TOTAL (line 7 minus line 9)	40,259,243	1,661,329		1,661,329	419,600	41,500,972		10

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

		SUMMARY OF CAPITAL							
	DESCRIPTION	DEPREC-IATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL-RELATED COSTS (see instr.)	TOTAL(1) (Sum of (cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	CAP REL COSTS-BLDG & FIXT	1,753,047						1,753,047	1
2	CAP REL COSTS-MVBLE EQUIP								2
3	TOTAL (sum of lines 1-2)	1,753,047						1,753,047	3

(1) The amount in columns 9 through 14 must equal the amount on Worksheet A, column 2, lines 1 and 2. Enter in each column the appropriate amounts including any directly assigned cost that may have been included in Worksheet A, column 2, lines 1 and 2.
* All lines numbers are to be consistent with Worksheet A line numbers for capital cost centers.

PART III - RECONCILIATION OF CAPITAL COST CENTERS

		COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
	DESCRIPTION	GROSS ASSETS	CAPITAL-IZED LEASES	GROSS ASSETS FOR RATIO (col. 1 - col. 2)	RATIO (see instr.)	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL (sum of (cols. 5 through 7)	
*		9	10	11	12	13	14	15	16	
1	CAP REL COSTS-BLDG & FI	41,209,647		41,209,647	0.729652			58,932	58,932	1
2	CAP REL COSTS-MVBLE EQU	15,268,848		15,268,848	0.270348			21,835	21,835	2
3	TOTAL (sum of lines 1-2)	56,478,495		56,478,495	1.000000			80,767	80,767	3

		SUMMARY OF CAPITAL							
	DESCRIPTION	DEPREC-IATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL-RELATED COSTS (see instr.)	TOTAL(2) (sum of (cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	CAP REL COSTS-BLDG & FIXT	872,220		150,001			58,932	1,081,153	1
2	CAP REL COSTS-MVBLE EQUIP	873,766		22,861			21,835	918,462	2
3	TOTAL (sum of lines 1-2)	1,745,986		172,862			80,767	1,999,615	3

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications, Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)

Optimizer Systems, Inc. **WinLASH** Micro System

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ADJUSTMENTS TO EXPENSES **WORKSHEET A-8**

				EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			
	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	COST CENTER	LINE#	WKST A-7 REF.	
		1	2	3	4	5	
1	INVESTMENT INCOME-BUILDINGS & FIXTURES (chapter 2)	B	-75,433	CAP REL COSTS-BLDG & FIXT	1	11	1
2	INVESTMENT INCOME-MOVABLE EQUIPMENT (chapter 2)	B	-11,497	CAP REL COSTS-MVBLE EQUIP	2	11	2
3	INVESTMENT INCOME-OTHER (chapter 2)	B	-77	OTHER ADMINISTRATIVE AND GENERAL	5.06		3
4	TRADE, QUANTITY, AND TIME DISCOUNTS (chapter 8)	B	-443	OTHER ADMINISTRATIVE AND GENERAL	5.06		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	-12,785	OPERATION OF PLANT	7		8
9	PARKING LOT (chapter 21)						9
10	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-1,578,792				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	B	-157,374	CAFETERIA	11		14
15	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						15
16	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	B	-525	MEDICAL SUPPLIES CHARGED TO PATIENTS	71		16
17	SALE OF DRUGS TO OTHER THAN PATIENTS						17
18	SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-216	MEDICAL RECORDS & LIBRARY	16		18
19	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)						19
20	VENDING MACHINES						20
21	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (chapter 21)						21
22	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENTS						22
23	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		RESPIRATORY THERAPY	65		23
24	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		PHYSICAL THERAPY	66		24
25	UTIL REVIEW-PHYSICIANS' COMPENSATION (chapter 21)			UTILIZATION REVIEW-SNF	114		25
26	DEPRECIATION--BUILDINGS & FIXTURES			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	CNA CLASS REVENUE	B	-199	NURSING ADMINISTRATION	13		33
34	OTHER REVENUE SPORTS MEDICINE	B	-175	PHYSICAL THERAPY	66		34
35	OTHER REVENUE WELLNESS	B	-2,835	PHYSICAL THERAPY	66		35
36	AMBULANCE TOWNSHIP INCOME	B	-60,921	AMBULANCE SERVICES	95		36
37							37
38	RENTAL INCOME	B	-133,944	CLINIC	90		38
39	RENTAL INCOME	B	-4,050	PHYSICAL THERAPY	66		39
40	COLLECTION FEES REVENUE	B	-25,271	ADMISSIONS	5.01		40
41	OTHER REVENUE HSKP	B	-1,520	HOUSEKEEPING	9		41
42	OTHER REVENUE-CENTRAL SUPPLY	B	-852	CENTRAL SERVICES & SUPPLY	14		42
43	OTHER REVENUE REHAB	B	-10	PHYSICAL THERAPY	66		43
44							44
45	MISC INCOME A&G	B	-4,086	OTHER ADMINISTRATIVE AND GENERAL	5.06		45
46	MISC INCOME AUXILLIARY	B	-22,940	OTHER ADMINISTRATIVE AND GENERAL	5.06		46
47	MISC INCOME MED STAFF	B	-6,300	OTHER ADMINISTRATIVE AND GENERAL	5.06		47
48	MISC INCOME EMPL COMMITTEE	B	-6,395	OTHER ADMINISTRATIVE AND GENERAL	5.06		48
49							49
49.01	PHYSICIAN BENEFIT OFFSET	A	-2,738	EMPLOYEE BENEFITS DEPARTMENT	4		49.01
49.02	PHYSICIAN BENEFIT OFFSET	A	-2,738	EMPLOYEE BENEFITS DEPARTMENT	4		49.02
49.03	DONATION EXPENSE	A	-1,926	OTHER ADMINISTRATIVE AND GENERAL	5.06		49.03
49.04	ALCOHOL EXPENSE	A	-2,543	OTHER ADMINISTRATIVE AND GENERAL	5.06		49.04
49.08	ADVERTISING EXPENSE	A	-116,804	OTHER ADMINISTRATIVE AND GENERAL	5.06		49.08
49.09	PHYSICIAN RECRUITMENT	A	-102,240	OTHER ADMINISTRATIVE AND GENERAL	5.06		49.09
49.10	LOBBYING EXPENSE	A	-15,489	OTHER ADMINISTRATIVE AND GENERAL	5.06		49.10
49.11	LOBBYING EXPENSE	A	-932	SKILLED NURSING FACILITY	44		49.11
49.12	PROVIDER TAX EXPENSE	A	-994,772	OTHER ADMINISTRATIVE AND GENERAL	5.06		49.12
49.13	AMB CABLE COST	A	-603	AMBULANCE SERVICES	95		49.13
49.14	A&G CABLE TV COST	A	-689	OTHER ADMINISTRATIVE AND GENERAL	5.06		49.14
49.15	HOSPICE PRO FEE	A	-34,055	HOSPICE	116		49.15
49.16	ICU PRO FEE	A	-27,000	ADULTS & PEDIATRICS	30		49.16
49.17	SLEEP LAB PRO FEE	A	-17,910	RESPIRATORY THERAPY	65		49.17

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ADJUSTMENTS TO EXPENSES **WORKSHEET A-8**

				EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			
	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	COST CENTER	LINE#	WKST A-7 REF.	
		1	2	3	4	5	
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-3,427,079				50

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

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

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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS **WORKSHEET A-8-1**

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

	LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT INCLUDED IN WKST. A COLUMN 5	NET ADJUST-MENTS (col. 4 minus col. 5)*	WKST. A-7 REF.	
	1	2	3	4	5	6	7	
1								1
2								2
3								3
4								4
5	TOTALS (SUM OF LINES 1-4) TRANSFER COLUMN 6, LINE 5 TO WORKSHEET A-8, COLUMN 2, LINE 12							5

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

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

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

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

				RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
	SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
	1	2	3	4	5	6	
6							6
7							7
8							8
9							9
10							10

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

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

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS **WORKSHEET A-8-2**

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN-ERATION	PROFESS-IONAL COMPON-ENT	PROVIDER COMPON-ENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPON-ENT HOURS	UNADJ-USTED RCE LIMIT	5 PERCENT OF UNADJ-USTED RCE LIMIT	
	1	2	3	4	5	6	7	8	9	
1	30	ADULTS & PEDIATRICS AGGREGATE	13,500	13,500						1
2	50	OPERATING ROOM AGGREGATE	334,013	334,013						2
3	53	ANESTHESIOLOGY AGGREGATE	401,195	401,195						3
4	54	RADIOLOGY-DIAGNOSTIC AGGREGATE	47,327	47,327						4
5	65	RESPIRATORY THERAPY AGGREGATE	13,500	13,500						5
6	69	ELECTROCARDIOLOGY AGGREGATE	42,092	42,092						6
7	60	LABORATORY AGGREGATE	2,360	2,360						7
8	91	EMERGENCY AGGREGATE	724,805	724,805						8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	1,578,792	1,578,792						200

Optimizer Systems, Inc. *WinLASH* Micro System

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS **WORKSHEET A-8-2**

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBER-SHIPS & CONTIN-UING EDUCATION	PROVIDER COMPON-ENT SHARE OF COL. 12	PHYSICIAN COST OF MALPRACT-ICE INSURANCE	PROVIDER COMPON-ENT SHARE OF COL. 14	ADJUSTED RCE LIMIT	RCE DISALLOW-ANCE	ADJUST-MENT	
	10	11	12	13	14	15	16	17	18	
1	30	ADULTS & PEDIATRICS AGGREGATE							13,500	1
2	50	OPERATING ROOM AGGREGATE							334,013	2
3	53	ANESTHESIOLOGY AGGREGATE							401,195	3
4	54	RADIOLOGY-DIAGNOSTIC AGGREGATE							47,327	4
5	65	RESPIRATORY THERAPY AGGREGATE							13,500	5
6	69	ELECTROCARDIOLOGY AGGREGATE							42,092	6
7	60	LABORATORY AGGREGATE							2,360	7
8	91	EMERGENCY AGGREGATE							724,805	8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL							1,578,792	200

Optimizer Systems, Inc. **WinLASH** Micro System

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COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	PURCHASING RECEIVING AND STORES	
		0	1	2	4	5.01	5.02	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	1,081,153	1,081,153					1
2	CAP REL COSTS-MVBLE EQUIP	918,462		918,462				2
4	EMPLOYEE BENEFITS DEPARTMENT	2,201,930	4,562		2,206,492			4
5.01	ADMISSIONS	517,747	9,195		45,117	572,059		5.01
5.02	PURCHASING, RECEIVING, AND STORES	187,919	11,955		15,613		215,487	5.02
5.03	DATA PROCESSING	663,967	3,589	82,340	41,816		41	5.03
5.04	COMMUNICATIONS	196,518	2,393	1,202	907			5.04
5.05	BUSINESS OFFICE	347,687	10,224	302	37,289		402	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	1,687,620	60,372	2,815	100,666		549	5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	1,184,916	106,302	22,499	34,819		3,444	7
8	LAUNDRY & LINEN SERVICE	47,216	18,423		5,282		357	8
9	HOUSEKEEPING	347,020	5,335		39,675		1,898	9
10	DIETARY	335,254	24,994	3,788	23,570		1,419	10
11	CAFETERIA	144,990	8,294		21,257		1,280	11
13	NURSING ADMINISTRATION	536,895	7,409		52,762		46	13
14	CENTRAL SERVICES & SUPPLY	18,637	12,003	8,864			1,363	14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	692,448	13,678	1,017	68,731		239	16
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	1,926,272	132,810	77,579	223,060	32,851	5,154	30
43	NURSERY	266,178	4,474	4,703	29,000	1,934		43
44	SKILLED NURSING FACILITY	1,204,856	76,682	27,625	128,340	18,902	4,354	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	967,959	130,451	127,227	92,295	66,791	1,077	50
52	DELIVERY ROOM & LABOR ROOM	190,889	1,786		20,797	1,085		52
53	ANESTHESIOLOGY	1	877	14,718		2,706	602	53
54	RADIOLOGY-DIAGNOSTIC	1,277,147	36,527	189,362	91,695	64,710	7,592	54
57	CT SCAN	196,617	7,289	171,541	13,302	55,203	2	57
58	MRI	253,352		1,004	6,090	17,213	1	58
60	LABORATORY	1,406,832	28,081	53,014	80,157	81,831	24,979	60
65	RESPIRATORY THERAPY	421,534	23,774	16,989	48,566	8,263	3,835	65
66	PHYSICAL THERAPY	779,853	98,598	17,240	89,941	25,768	447	66
69	ELECTROCARDIOLOGY	86,705	4,785	10,291	6,032	12,783	63	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	763,892				9,512	53,652	71
72	IMPL. DEV. CHARGED TO PATIENTS	1,221,163				22,855	85,709	72
73	DRUGS CHARGED TO PATIENTS	1,787,894	14,930	35,749	61,919	62,798	506	73
	OUTPATIENT SERVICE COST CENTERS							
88	RURAL HEALTH CLINIC	552,013	20,736	61	53,249		576	88
88.01	RHC II	369,530	14,595		33,921		776	88.01
88.02	RHC III	1,056,323	33,592	4,687	111,802		863	88.02
90	CLINIC	74,870	24,348	292	41,215	701	671	90
91	EMERGENCY	913,019	23,838	19,205	107,724	55,920	3,192	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	898,208	1,651	20,877	99,641	30,233	1,079	95
101	HOME HEALTH AGENCY	630,279	10,160	439	67,687		536	101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE	1,237,172	10,224	639	109,673		6,906	116
118	SUBTOTALS (sum of lines 1-117)	29,592,937	998,936	916,069	2,003,610	572,059	213,610	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	30,021	7,321				7	190
194	IROQUOIS WOMEN'S HEALTH	2,275,453	50,627	1,762	175,671		1,114	194
194.01	OTHER NON-REIMBURSABLE COSTS	308,538	24,269	631	27,211		756	194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	32,206,949	1,081,153	918,462	2,206,492	572,059	215,487	202

Optimizer Systems, Inc. **WinLASH** Micro System

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COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	DATA PROCESSING	COMMUNICATIONS	BUSINESS OFFICE	SUBTOTAL (cols.0-4)	OTHER ADMINISTRATIVE AND GENER	OPERATION OF PLANT	
		5.03	5.04	5.05	4A	5.06	7	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	ADMISSIONS							5.01
5.02	PURCHASING, RECEIVING, AND STORES							5.02
5.03	DATA PROCESSING	791,753						5.03
5.04	COMMUNICATIONS		201,020					5.04
5.05	BUSINESS OFFICE	23,288	5,714	424,906				5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	23,420	13,505		1,888,947	1,888,947		5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	18,540	5,714		1,376,234	85,745	1,461,979	7
8	LAUNDRY & LINEN SERVICE	4,313	519		76,110	4,742	30,867	8
9	HOUSEKEEPING	34,624	1,039		429,591	26,765	8,940	9
10	DIETARY	18,602	3,117		410,744	25,591	41,878	10
11	CAFETERIA	16,777	519		193,117	12,032	13,897	11
13	NURSING ADMINISTRATION	12,325	5,194		614,631	38,294	12,414	13
14	CENTRAL SERVICES & SUPPLY				40,867	2,546	20,111	14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	31,010	23,894		831,017	51,776	22,917	16
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	78,663	48,308	23,092	2,547,789	158,753	222,523	30
43	NURSERY	8,608	2,597	1,360	318,854	19,866	7,496	43
44	SKILLED NURSING FACILITY	71,895	5,714	13,287	1,551,655	96,674	128,481	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	30,172	18,700	46,950	1,481,622	92,311	218,571	50
52	DELIVERY ROOM & LABOR ROOM	6,172	1,558	763	223,050	13,897	2,993	52
53	ANESTHESIOLOGY			1,902	20,806	1,296	1,470	53
54	RADIOLOGY-DIAGNOSTIC	35,049	11,947	45,487	1,759,516	109,625	61,200	54
57	CT SCAN	4,177	1,039	38,804	487,974	30,403	12,213	57
58	MRI	2,603	519	12,100	292,882	18,248		58
60	LABORATORY	35,412	8,830	57,517	1,776,653	110,693	47,049	60
65	RESPIRATORY THERAPY	18,851	3,636	5,808	551,256	34,345	39,834	65
66	PHYSICAL THERAPY	30,332	8,311	18,113	1,068,603	66,578	165,201	66
69	ELECTROCARDIOLOGY	2,542	2,078	8,986	134,265	8,365	8,018	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS			6,686	833,742	51,945		71
72	IMPL. DEV. CHARGED TO PATIENTS			16,065	1,345,792	83,848		72
73	DRUGS CHARGED TO PATIENTS	18,874	4,155	44,142	2,030,967	126,537	25,015	73
	OUTPATIENT SERVICE COST CENTERS							
88	RURAL HEALTH CLINIC	12,783		2,957	642,375	40,023	34,743	88
88.01	RHC II	9,687		2,717	431,226	26,867	24,453	88.01
88.02	RHC III	29,648		6,657	1,243,572	77,480	56,283	88.02
90	CLINIC	18,377	8,830	493	169,797	10,579	40,796	90
91	EMERGENCY	38,075	7,791	39,308	1,208,072	75,268	39,941	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	54,033		21,252	1,126,974	70,215	2,766	95
101	HOME HEALTH AGENCY	20,743			729,844	45,472	17,024	101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE	38,577			1,403,191	87,424	17,131	116
118	SUBTOTALS (sum of lines 1-117)	748,172	193,228	414,446	29,241,735	1,704,203	1,324,225	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	237	1,039		38,625	2,406	12,267	190
194	IROQUOIS WOMEN'S HEALTH	30,688		10,460	2,545,775	158,612	84,825	194
194.01	OTHER NON-REIMBURSABLE COSTS	12,656	6,753		380,814	23,726	40,662	194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	791,753	201,020	424,906	32,206,949	1,888,947	1,461,979	202

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	
		8	9	10	11	13	14	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	ADMISSIONS							5.01
5.02	PURCHASING, RECEIVING, AND STORES							5.02
5.03	DATA PROCESSING							5.03
5.04	COMMUNICATIONS							5.04
5.05	BUSINESS OFFICE							5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL							5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE	111,719						8
9	HOUSEKEEPING	4,417	469,713					9
10	DIETARY	734	15,054	494,001				10
11	CAFETERIA		4,996		224,042			11
13	NURSING ADMINISTRATION		4,462		5,771	675,572		13
14	CENTRAL SERVICES & SUPPLY	68	7,229				70,821	14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY		8,238		14,528			16
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	22,106	79,989	92,001	36,844	267,166	4,640	30
43	NURSERY	222	2,695		4,029	29,235		43
44	SKILLED NURSING FACILITY	50,804	46,185	364,640	33,679			44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	11,112	78,569	623	14,137	102,469	43,774	50
52	DELIVERY ROOM & LABOR ROOM		1,076		2,891	20,961		52
53	ANESTHESIOLOGY		528					53
54	RADIOLOGY-DIAGNOSTIC	4,585	21,999		16,413		1,659	54
57	CT SCAN		4,390		1,955			57
58	MRI				1,221			58
60	LABORATORY	148	16,913		16,590			60
65	RESPIRATORY THERAPY		14,319		8,828	64,022	82	65
66	PHYSICAL THERAPY	4,272	59,384		14,209			66
69	ELECTROCARDIOLOGY		2,882		1,185			69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS		8,992		8,840			73
	OUTPATIENT SERVICE COST CENTERS							
88	RURAL HEALTH CLINIC						644	88
88.01	RHC II						327	88.01
88.02	RHC III						1,356	88.02
90	CLINIC	1,188	14,665	1,526	8,603	62,411	313	90
91	EMERGENCY	11,530	14,357	3,156	17,835	129,308	1,197	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	533	994					95
101	HOME HEALTH AGENCY		6,120					101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE		6,158					116
118	SUBTOTALS (sum of lines 1-117)	111,719	420,194	461,946	207,558	675,572	53,992	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		4,410		107			190
194	IROQUOIS WOMEN'S HEALTH		30,492		10,452		16,829	194
194.01	OTHER NON-REIMBURSABLE COSTS		14,617	32,055	5,925			194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	111,719	469,713	494,001	224,042	675,572	70,821	202

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL			
		16	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
5.01	ADMISSIONS							5.01
5.02	PURCHASING, RECEIVING, AND STORES							5.02
5.03	DATA PROCESSING							5.03
5.04	COMMUNICATIONS							5.04
5.05	BUSINESS OFFICE							5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL							5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	928,476						16
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	58,330	3,490,141		3,490,141			30
43	NURSERY	3,434	385,831		385,831			43
44	SKILLED NURSING FACILITY		2,272,118		2,272,118			44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	118,593	2,161,781		2,161,781			50
52	DELIVERY ROOM & LABOR ROOM	1,927	266,795		266,795			52
53	ANESTHESIOLOGY	4,804	28,904		28,904			53
54	RADIOLOGY-DIAGNOSTIC	114,898	2,089,895		2,089,895			54
57	CT SCAN	98,018	634,953		634,953			57
58	MRI	30,563	342,914		342,914			58
60	LABORATORY	145,279	2,113,325		2,113,325			60
65	RESPIRATORY THERAPY	14,671	727,357		727,357			65
66	PHYSICAL THERAPY	45,753	1,424,000		1,424,000			66
69	ELECTROCARDIOLOGY	22,698	177,413		177,413			69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,889	902,576		902,576			71
72	IMPL. DEV. CHARGED TO PATIENTS	40,581	1,470,221		1,470,221			72
73	DRUGS CHARGED TO PATIENTS	111,502	2,311,853		2,311,853			73
	OUTPATIENT SERVICE COST CENTERS							
88	RURAL HEALTH CLINIC		717,785		717,785			88
88.01	RHC II		482,873		482,873			88.01
88.02	RHC III		1,378,691		1,378,691			88.02
90	CLINIC	1,245	311,123		311,123			90
91	EMERGENCY	99,291	1,599,955		1,599,955			91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES		1,201,482		1,201,482			95
101	HOME HEALTH AGENCY		798,460		798,460			101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE		1,513,904		1,513,904			116
118	SUBTOTALS (sum of lines 1-117)	928,476	28,804,350		28,804,350			118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		57,815		57,815			190
194	IROQUOIS WOMEN'S HEALTH		2,846,985		2,846,985			194
194.01	OTHER NON-REIMBURSABLE COSTS		497,799		497,799			194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	928,476	32,206,949		32,206,949			202

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
		0	1	2	2A	4	5.01	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT	32	4,562		4,594	4,594		4
5.01	ADMISSIONS	4,651	9,195		13,846	94	13,940	5.01
5.02	PURCHASING, RECEIVING, AND STORES	1,129	11,955		13,084	32		5.02
5.03	DATA PROCESSING	2,254	3,589	82,340	88,183	87		5.03
5.04	COMMUNICATIONS		2,393	1,202	3,595	2		5.04
5.05	BUSINESS OFFICE		10,224	302	10,526	78		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	579	60,372	2,815	63,766	209		5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	22	106,302	22,499	128,823	72		7
8	LAUNDRY & LINEN SERVICE		18,423		18,423	11		8
9	HOUSEKEEPING		5,335		5,335	83		9
10	DIETARY	1,638	24,994	3,788	30,420	49		10
11	CAFETERIA	1,477	8,294		9,771	44		11
13	NURSING ADMINISTRATION	7,120	7,409		14,529	110		13
14	CENTRAL SERVICES & SUPPLY		12,003	8,864	20,867			14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	3,916	13,678	1,017	18,611	143		16
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	11,503	132,810	77,579	221,892	467	801	30
43	NURSERY		4,474	4,703	9,177	60	47	43
44	SKILLED NURSING FACILITY	2,577	76,682	27,625	106,884	267	461	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	7,152	130,451	127,227	264,830	192	1,628	50
52	DELIVERY ROOM & LABOR ROOM		1,786		1,786	43	26	52
53	ANESTHESIOLOGY		877	14,718	15,595		66	53
54	RADIOLOGY-DIAGNOSTIC	162,423	36,527	189,362	388,312	191	1,577	54
57	CT SCAN		7,289	171,541	178,830	28	1,345	57
58	MRI			1,004	1,004	13	420	58
60	LABORATORY	3,772	28,081	53,014	84,867	167	1,991	60
65	RESPIRATORY THERAPY	7,334	23,774	16,989	48,097	101	201	65
66	PHYSICAL THERAPY	4,525	98,598	17,240	120,363	187	628	66
69	ELECTROCARDIOLOGY	177	4,785	10,291	15,253	13	312	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						232	71
72	IMPL. DEV. CHARGED TO PATIENTS						557	72
73	DRUGS CHARGED TO PATIENTS	1,538	14,930	35,749	52,217	129	1,531	73
	OUTPATIENT SERVICE COST CENTERS							
88	RURAL HEALTH CLINIC	1,411	20,736	61	22,208	111		88
88.01	RHC II	1,591	14,595		16,186	71		88.01
88.02	RHC III	4,341	33,592	4,687	42,620	232		88.02
90	CLINIC	1,776	24,348	292	26,416	86	17	90
91	EMERGENCY	2,645	23,838	19,205	45,688	224	1,363	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	27,240	1,651	20,877	49,768	207	737	95
101	HOME HEALTH AGENCY	5,724	10,160	439	16,323	141		101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE	106,852	10,224	639	117,715	228		116
118	SUBTOTALS (sum of lines 1-117)	375,399	998,936	916,069	2,290,404	4,172	13,940	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		7,321		7,321			190
194	IROQUOIS WOMEN'S HEALTH	33,184	50,627	1,762	85,573	365		194
194.01	OTHER NON-REIMBURSABLE COSTS		24,269	631	24,900	57		194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	408,583	1,081,153	918,462	2,408,198	4,594	13,940	202

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	PURCHASING RECEIVING AND STORES	DATA PROCESSING	COMMUNICATIONS	BUSINESS OFFICE	OTHER ADMINISTRATIVE AND GENER	OPERATION OF PLANT	
		5.02	5.03	5.04	5.05	5.06	7	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	ADMISSIONS							5.01
5.02	PURCHASING, RECEIVING, AND STORES	13,116						5.02
5.03	DATA PROCESSING	3	88,273					5.03
5.04	COMMUNICATIONS			3,597				5.04
5.05	BUSINESS OFFICE	24	2,596	102	13,326			5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	33	2,611	242		66,861		5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	210	2,067	102		3,035	134,309	7
8	LAUNDRY & LINEN SERVICE	22	481	9		168	2,836	8
9	HOUSEKEEPING	116	3,860	19		947	821	9
10	DIETARY	86	2,074	56		906	3,847	10
11	CAFETERIA	78	1,871	9		426	1,277	11
13	NURSING ADMINISTRATION	3	1,374	93		1,355	1,140	13
14	CENTRAL SERVICES & SUPPLY	83				90	1,848	14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	15	3,457	428		1,832	2,105	16
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	314	8,771	864	723	5,629	20,442	30
43	NURSERY		960	46	43	703	689	43
44	SKILLED NURSING FACILITY	265	8,016	102	416	3,421	11,803	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	66	3,364	335	1,471	3,267	20,080	50
52	DELIVERY ROOM & LABOR ROOM		688	28	24	492	275	52
53	ANESTHESIOLOGY	37			60	46	135	53
54	RADIOLOGY-DIAGNOSTIC	462	3,908	214	1,425	3,880	5,622	54
57	CT SCAN		466	19	1,215	1,076	1,122	57
58	MRI		290	9	379	646		58
60	LABORATORY	1,520	3,948	158	1,818	3,918	4,322	60
65	RESPIRATORY THERAPY	233	2,102	65	182	1,216	3,659	65
66	PHYSICAL THERAPY	27	3,382	149	567	2,356	15,177	66
69	ELECTROCARDIOLOGY	4	283	37	281	296	737	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,266			209	1,838		71
72	IMPL. DEV. CHARGED TO PATIENTS	5,215			503	2,967		72
73	DRUGS CHARGED TO PATIENTS	31	2,104	74	1,383	4,478	2,298	73
	OUTPATIENT SERVICE COST CENTERS							
88	RURAL HEALTH CLINIC	35	1,425		93	1,416	3,192	88
88.01	RHC II	47	1,080		85	951	2,246	88.01
88.02	RHC III	53	3,305		209	2,742	5,171	88.02
90	CLINIC	41	2,049	158	15	374	3,748	90
91	EMERGENCY	194	4,245	139	1,231	2,664	3,669	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	66	6,024		666	2,485	254	95
101	HOME HEALTH AGENCY	33	2,313			1,609	1,564	101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE	420	4,301			3,094	1,574	116
118	SUBTOTALS (sum of lines 1-117)	13,002	83,415	3,457	12,998	60,323	121,653	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		26	19		85	1,127	190
194	IROQUOIS WOMEN'S HEALTH	68	3,421		328	5,613	7,793	194
194.01	OTHER NON-REIMBURSABLE COSTS	46	1,411	121		840	3,736	194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	13,116	88,273	3,597	13,326	66,861	134,309	202

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	
		8	9	10	11	13	14	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	ADMISSIONS							5.01
5.02	PURCHASING, RECEIVING, AND STORES							5.02
5.03	DATA PROCESSING							5.03
5.04	COMMUNICATIONS							5.04
5.05	BUSINESS OFFICE							5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL							5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE	21,950						8
9	HOUSEKEEPING	868	12,049					9
10	DIETARY	144	386	37,968				10
11	CAFETERIA		128		13,604			11
13	NURSING ADMINISTRATION		114		350	19,068		13
14	CENTRAL SERVICES & SUPPLY	13	185				23,086	14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY		211		882			16
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	4,343	2,053	7,071	2,237	7,540	1,513	30
43	NURSERY	44	69		245	825		43
44	SKILLED NURSING FACILITY	9,983	1,185	28,025	2,045			44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	2,183	2,015	48	858	2,892	14,268	50
52	DELIVERY ROOM & LABOR ROOM		28		176	592		52
53	ANESTHESIOLOGY		14					53
54	RADIOLOGY-DIAGNOSTIC	901	564		997		541	54
57	CT SCAN		113		119			57
58	MRI				74			58
60	LABORATORY	29	434		1,007			60
65	RESPIRATORY THERAPY		367		536	1,807	27	65
66	PHYSICAL THERAPY	839	1,523		863			66
69	ELECTROCARDIOLOGY		74		72			69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS		231		537			73
	OUTPATIENT SERVICE COST CENTERS							
88	RURAL HEALTH CLINIC						210	88
88.01	RHC II						107	88.01
88.02	RHC III						442	88.02
90	CLINIC	233	376	117	522	1,762	102	90
91	EMERGENCY	2,265	368	243	1,083	3,650	390	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	105	26					95
101	HOME HEALTH AGENCY		157					101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE		158					116
118	SUBTOTALS (sum of lines 1-117)	21,950	10,779	35,504	12,603	19,068	17,600	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		113		6			190
194	IROQUOIS WOMEN'S HEALTH		782		635		5,486	194
194.01	OTHER NON-REIMBURSABLE COSTS		375	2,464	360			194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	21,950	12,049	37,968	13,604	19,068	23,086	202

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL			
		16	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
5.01	ADMISSIONS							5.01
5.02	PURCHASING, RECEIVING, AND STORES							5.02
5.03	DATA PROCESSING							5.03
5.04	COMMUNICATIONS							5.04
5.05	BUSINESS OFFICE							5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL							5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	27,684						16
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	1,741	286,401		286,401			30
43	NURSERY	102	13,010		13,010			43
44	SKILLED NURSING FACILITY		172,873		172,873			44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	3,539	321,036		321,036			50
52	DELIVERY ROOM & LABOR ROOM	57	4,215		4,215			52
53	ANESTHESIOLOGY	143	16,096		16,096			53
54	RADIOLOGY-DIAGNOSTIC	3,429	412,023		412,023			54
57	CT SCAN	2,925	187,258		187,258			57
58	MRI	912	3,747		3,747			58
60	LABORATORY	4,314	108,493		108,493			60
65	RESPIRATORY THERAPY	438	59,031		59,031			65
66	PHYSICAL THERAPY	1,365	147,426		147,426			66
69	ELECTROCARDIOLOGY	677	18,039		18,039			69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	504	6,049		6,049			71
72	IMPL. DEV. CHARGED TO PATIENTS	1,211	10,453		10,453			72
73	DRUGS CHARGED TO PATIENTS	3,327	68,340		68,340			73
	OUTPATIENT SERVICE COST CENTERS							
88	RURAL HEALTH CLINIC		28,690		28,690			88
88.01	RHC II		20,773		20,773			88.01
88.02	RHC III		54,774		54,774			88.02
90	CLINIC	37	36,053		36,053			90
91	EMERGENCY	2,963	70,379		70,379			91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES		60,338		60,338			95
101	HOME HEALTH AGENCY		22,140		22,140			101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE		127,490		127,490			116
118	SUBTOTALS (sum of lines 1-117)	27,684	2,255,127		2,255,127			118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		8,697		8,697			190
194	IROQUOIS WOMEN'S HEALTH		110,064		110,064			194
194.01	OTHER NON-REIMBURSABLE COSTS		34,310		34,310			194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	27,684	2,408,198		2,408,198			202

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE NEW	EMPLOYEE BENEFITS DEPARTMENT GROSS SAL	ADMITTING GROSS CHARGES	PURCHASING RECEIVING AND STORES COST REQ'S	DATA PROCESSING TIME SPENT	
		1	2	4	5.01	5.02	5.03	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	135,564						1
2	CAP REL COSTS-MVBLE EQUIP		903,338					2
4	EMPLOYEE BENEFITS DEPARTMENT	572		16,445,310				4
5.01	ADMISSIONS	1,153		336,262	67,353,474			5.01
5.02	PURCHASING, RECEIVING, AND STORES	1,499		116,366		3,070,201		5.02
5.03	DATA PROCESSING	450	80,984	311,663		586	650,920	5.03
5.04	COMMUNICATIONS	300	1,182	6,759				5.04
5.05	BUSINESS OFFICE	1,282	297	277,921		5,722	19,146	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	7,570	2,769	750,273		7,826	19,254	5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	13,329	22,129	259,508		49,064	15,242	7
8	LAUNDRY & LINEN SERVICE	2,310		39,369		5,080	3,546	8
9	HOUSEKEEPING	669		295,701		27,046	28,465	9
10	DIETARY	3,134	3,726	175,667		20,222	15,293	10
11	CAFETERIA	1,040		158,433		18,238	13,793	11
13	NURSING ADMINISTRATION	929		393,244		657	10,133	13
14	CENTRAL SERVICES & SUPPLY	1,505	8,718			19,418		14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	1,715	1,000	512,261		3,411	25,494	16
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	16,653	76,302	1,662,559	3,868,029	73,428	64,671	30
43	NURSERY	561	4,626	216,137	227,727		7,077	43
44	SKILLED NURSING FACILITY	9,615	27,170	956,533	2,225,575	62,032	59,107	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	16,357	125,132	687,889	7,864,271	15,351	24,805	50
52	DELIVERY ROOM & LABOR ROOM	224		155,003	127,755		5,074	52
53	ANESTHESIOLOGY	110	14,476		318,592	8,581		53
54	RADIOLOGY-DIAGNOSTIC	4,580	186,243	683,417	7,619,209	108,175	28,815	54
57	CT SCAN	914	168,716	99,139	6,499,865	29	3,434	57
58	MRI		987	45,387	2,026,757	8	2,140	58
60	LABORATORY	3,521	52,141	597,421	9,631,941	355,890	29,113	60
65	RESPIRATORY THERAPY	2,981	16,709	361,971	972,904	54,641	15,498	65
66	PHYSICAL THERAPY	12,363	16,956	670,338	3,034,007	6,362	24,937	66
69	ELECTROCARDIOLOGY	600	10,122	44,958	1,505,174	891	2,090	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS				1,119,978	764,417		71
72	IMPL. DEV. CHARGED TO PATIENTS				2,691,034	1,221,163		72
73	DRUGS CHARGED TO PATIENTS	1,872	35,160	461,488	7,394,038	7,210	15,517	73
	OUTPATIENT SERVICE COST CENTERS							
88	RURAL HEALTH CLINIC	2,600	60	396,870		8,213	10,509	88
88.01	RHC II	1,830		252,816		11,058	7,964	88.01
88.02	RHC III	4,212	4,610	833,272		12,300	24,374	88.02
90	CLINIC	3,053	287	307,179	82,550	9,557	15,108	90
91	EMERGENCY	2,989	18,889	802,879	6,584,263	45,482	31,302	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	207	20,533	742,637	3,559,805	15,369	44,422	95
101	HOME HEALTH AGENCY	1,274	432	504,478		7,631	17,053	101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE	1,282	628	817,406		98,400	31,715	116
118	SUBTOTALS (sum of lines 1-117)	125,255	900,984	14,933,204	67,353,474	3,043,458	615,091	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	918				100	195	190
194	IROQUOIS WOMEN'S HEALTH	6,348	1,733	1,309,297		15,869	25,229	194
194.01	OTHER NON-REIMBURSABLE COSTS	3,043	621	202,809		10,774	10,405	194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	1,081,153	918,462	2,206,492	572,059	215,487	791,753	202
203	UNIT COST MULT-WS B PT I	7.975222	1.016742	0.134172	0.008493	0.070187	1.216360	203
204	COST TO BE ALLOC PER B PT II			4,594	13,940	13,116	88,273	204
205	UNIT COST MULT-WS B PT II			0.000279	0.000207	0.004272	0.135613	205

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	COMMUNICATIONS # OF PHONES	BUSINESS OFFICE GROSS CHARGES	RECON-CILIATION	OTHER ADMINISTRATIVE AND GENER ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS	
		5.04	5.05	5A.06	5.06	7	8	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	ADMISSIONS							5.01
5.02	PURCHASING, RECEIVING, AND STORES							5.02
5.03	DATA PROCESSING							5.03
5.04	COMMUNICATIONS	387						5.04
5.05	BUSINESS OFFICE	11	71,171,033					5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	26		-1,888,947	30,318,002			5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	11			1,376,234	109,409		7
8	LAUNDRY & LINEN SERVICE	1			76,110	2,310	362,480	8
9	HOUSEKEEPING	2			429,591	669	14,330	9
10	DIETARY	6			410,744	3,134	2,380	10
11	CAFETERIA	1			193,117	1,040		11
13	NURSING ADMINISTRATION	10			614,631	929		13
14	CENTRAL SERVICES & SUPPLY				40,867	1,505	220	14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	46			831,017	1,715		16
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	93	3,868,029		2,547,789	16,653	71,725	30
43	NURSERY	5	227,727		318,854	561	720	43
44	SKILLED NURSING FACILITY	11	2,225,575		1,551,655	9,615	164,840	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	36	7,864,271		1,481,622	16,357	36,055	50
52	DELIVERY ROOM & LABOR ROOM	3	127,755		223,050	224		52
53	ANESTHESIOLOGY		318,592		20,806	110		53
54	RADIOLOGY-DIAGNOSTIC	23	7,619,209		1,759,516	4,580	14,875	54
57	CT SCAN	2	6,499,865		487,974	914		57
58	MRI	1	2,026,757		292,882			58
60	LABORATORY	17	9,631,941		1,776,653	3,521	480	60
65	RESPIRATORY THERAPY	7	972,904		551,256	2,981		65
66	PHYSICAL THERAPY	16	3,034,007		1,068,603	12,363	13,860	66
69	ELECTROCARDIOLOGY	4	1,505,174		134,265	600		69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,119,978		833,742			71
72	IMPL. DEV. CHARGED TO PATIENTS		2,691,034		1,345,792			72
73	DRUGS CHARGED TO PATIENTS	8	7,394,038		2,030,967	1,872		73
	OUTPATIENT SERVICE COST CENTERS							
88	RURAL HEALTH CLINIC		495,254		642,375	2,600		88
88.01	RHC II		455,150		431,226	1,830		88.01
88.02	RHC III		1,115,057		1,243,572	4,212		88.02
90	CLINIC	17	82,550		169,797	3,053	3,855	90
91	EMERGENCY	15	6,584,263		1,208,072	2,989	37,410	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES		3,559,805		1,126,974	207	1,730	95
101	HOME HEALTH AGENCY				729,844	1,274		101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE				1,403,191	1,282		116
118	SUBTOTALS (sum of lines 1-117)	372	69,418,935	-1,888,947	27,352,788	99,100	362,480	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2			38,625	918		190
194	IROQUOIS WOMEN'S HEALTH		1,752,098		2,545,775	6,348		194
194.01	OTHER NON-REIMBURSABLE COSTS	13			380,814	3,043		194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	201,020	424,906		1,888,947	1,461,979	111,719	202
203	UNIT COST MULT-WS B PT I	519.431525	0.005970		0.062304	13.362511	0.308207	203
204	COST TO BE ALLOC PER B PT II	3,597	13,326		66,861	134,309	21,950	204
205	UNIT COST MULT-WS B PT II	9.294574	0.000187		0.002205	1.227586	0.060555	205

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS	CAFETERIA FTE'S	NURSING ADMINIS-TRATION NURSING HOURS	CENTRAL SERVICES & SUPPLY CSS CSTED REQ'	MEDICAL RECORDS & LIBRARY GROSS REVENUE	
		9	10	11	13	14	16	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	ADMISSIONS							5.01
5.02	PURCHASING, RECEIVING, AND STORES							5.02
5.03	DATA PROCESSING							5.03
5.04	COMMUNICATIONS							5.04
5.05	BUSINESS OFFICE							5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL							5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING	97,788						9
10	DIETARY	3,134	47,590					10
11	CAFETERIA	1,040		18,906				11
13	NURSING ADMINISTRATION	929		487	163,538			13
14	CENTRAL SERVICES & SUPPLY	1,505				14,729		14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	1,715		1,226			61,568,094	16
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	16,653	8,863	3,109	64,674	965	3,868,029	30
43	NURSERY	561		340	7,077		227,727	43
44	SKILLED NURSING FACILITY	9,615	35,128	2,842				44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	16,357	60	1,193	24,805	9,104	7,864,271	50
52	DELIVERY ROOM & LABOR ROOM	224		244	5,074		127,755	52
53	ANESTHESIOLOGY	110					318,592	53
54	RADIOLOGY-DIAGNOSTIC	4,580		1,385		345	7,619,209	54
57	CT SCAN	914		165			6,499,865	57
58	MRI			103			2,026,757	58
60	LABORATORY	3,521		1,400			9,631,941	60
65	RESPIRATORY THERAPY	2,981		745	15,498	17	972,904	65
66	PHYSICAL THERAPY	12,363		1,199			3,034,007	66
69	ELECTROCARDIOLOGY	600		100			1,505,174	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						1,119,978	71
72	IMPL. DEV. CHARGED TO PATIENTS						2,691,034	72
73	DRUGS CHARGED TO PATIENTS	1,872		746			7,394,038	73
	OUTPATIENT SERVICE COST CENTERS							
88	RURAL HEALTH CLINIC					134		88
88.01	RHC II					68		88.01
88.02	RHC III					282		88.02
90	CLINIC	3,053	147	726	15,108	65	82,550	90
91	EMERGENCY	2,989	304	1,505	31,302	249	6,584,263	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	207						95
101	HOME HEALTH AGENCY	1,274						101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE	1,282						116
118	SUBTOTALS (sum of lines 1-117)	87,479	44,502	17,515	163,538	11,229	61,568,094	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	918		9				190
194	IROQUOIS WOMEN'S HEALTH	6,348		882		3,500		194
194.01	OTHER NON-REIMBURSABLE COSTS	3,043	3,088	500				194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	469,713	494,001	224,042	675,572	70,821	928,476	202
203	UNIT COST MULT-WS B PT I	4.803381	10.380353	11.850312	4.130979	4.808269	0.015080	203
204	COST TO BE ALLOC PER B PT II	12,049	37,968	13,604	19,068	23,086	27,684	204
205	UNIT COST MULT-WS B PT II	0.123216	0.797815	0.719560	0.116597	1.567384	0.000450	205

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS							

	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	ADMISSIONS							5.01
5.02	PURCHASING, RECEIVING, AND STORES							5.02
5.03	DATA PROCESSING							5.03
5.04	COMMUNICATIONS							5.04
5.05	BUSINESS OFFICE							5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL							5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS							30
43	NURSERY							43
44	SKILLED NURSING FACILITY							44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
57	CT SCAN							57
58	MRI							58
60	LABORATORY							60
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
69	ELECTROCARDIOLOGY							69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
	OUTPATIENT SERVICE COST CENTERS							
88	RURAL HEALTH CLINIC							88
88.01	RHC II							88.01
88.02	RHC III							88.02
90	CLINIC							90
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
101	HOME HEALTH AGENCY							101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
194	IROQUOIS WOMEN'S HEALTH							194
194.01	OTHER NON-REIMBURSABLE COSTS							194.01
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

Optimizer Systems, Inc. *WinLASH* Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

POST STEPDOWN ADJUSTMENTS **WORKSHEET B-2**

		WORKSHEET			
	DESCRIPTION	PART	LINE NO.	AMOUNT	
	1	2	3	4	

Optimizer Systems, Inc. *WinLASH* Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

				COSTS			
	COST CENTER DESCRIPTIONS	TOTAL COST (from Wkst. B, Part I, col. 26)	THERAPY LIMIT ADJ.	TOTAL COSTS	RCE DISALLOW-ANCE	TOTAL COSTS	
		1	2	3	4	5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	3,490,141		3,490,141		3,490,141	30
43	NURSERY	385,831		385,831		385,831	43
44	SKILLED NURSING FACILITY	2,272,118		2,272,118		2,272,118	44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	2,161,781		2,161,781		2,161,781	50
52	DELIVERY ROOM & LABOR ROOM	266,795		266,795		266,795	52
53	ANESTHESIOLOGY	28,904		28,904		28,904	53
54	RADIOLOGY-DIAGNOSTIC	2,089,895		2,089,895		2,089,895	54
57	CT SCAN	634,953		634,953		634,953	57
58	MRI	342,914		342,914		342,914	58
60	LABORATORY	2,113,325		2,113,325		2,113,325	60
65	RESPIRATORY THERAPY	727,357		727,357		727,357	65
66	PHYSICAL THERAPY	1,424,000		1,424,000		1,424,000	66
69	ELECTROCARDIOLOGY	177,413		177,413		177,413	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	902,576		902,576		902,576	71
72	IMPL. DEV. CHARGED TO PATIENTS	1,470,221		1,470,221		1,470,221	72
73	DRUGS CHARGED TO PATIENTS	2,311,853		2,311,853		2,311,853	73
	OUTPATIENT SERVICE COST CENTERS						
88	RURAL HEALTH CLINIC	717,785		717,785		717,785	88
88.01	RHC II	482,873		482,873		482,873	88.01
88.02	RHC III	1,378,691		1,378,691		1,378,691	88.02
90	CLINIC	311,123		311,123		311,123	90
91	EMERGENCY	1,599,955		1,599,955		1,599,955	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	947,958		947,958		947,958	92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES	1,201,482		1,201,482		1,201,482	95
101	HOME HEALTH AGENCY	798,460		798,460		798,460	101
113	INTEREST EXPENSE						113
116	HOSPICE	1,513,904		1,513,904		1,513,904	116
200	SUBTOTAL (SEE INSTRUCTIONS)	29,752,308		29,752,308		29,752,308	200
201	LESS OBSERVATION BEDS	947,958		947,958		947,958	201
202	TOTAL (SEE INSTRUCTIONS)	28,804,350		28,804,350		28,804,350	202

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

COMPUTATION OF RATIO OF COST TO CHARGES **WORKSHEET C PART I**

		CHARGES						
	COST CENTER DESCRIPTIONS	INPATIENT	OUTPATIENT	TOTAL (column 6 + column 7)	COST OR OTHER RATIO	TEFRA INPATIENT RATIO	PPS INPATIENT RATIO	
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	2,263,296		2,263,296				30
43	NURSERY	227,727		227,727				43
44	SKILLED NURSING FACILITY	2,225,575		2,225,575				44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,752,440	6,111,831	7,864,271	0.274886	0.274886	0.274886	50
52	DELIVERY ROOM & LABOR ROOM	127,755		127,755	2.088333	2.088333	2.088333	52
53	ANESTHESIOLOGY	92,679	225,913	318,592	0.090724	0.090724	0.090724	53
54	RADIOLOGY-DIAGNOSTIC	941,669	6,677,540	7,619,209	0.274293	0.274293	0.274293	54
57	CT SCAN	496,451	6,003,414	6,499,865	0.097687	0.097687	0.097687	57
58	MRI	14,525	2,012,232	2,026,757	0.169193	0.169193	0.169193	58
60	LABORATORY	962,331	8,669,610	9,631,941	0.219408	0.219408	0.219408	60
65	RESPIRATORY THERAPY	282,289	690,615	972,904	0.747614	0.747614	0.747614	65
66	PHYSICAL THERAPY	539,627	2,494,380	3,034,007	0.469346	0.469346	0.469346	66
69	ELECTROCARDIOLOGY	467,470	1,037,704	1,505,174	0.117869	0.117869	0.117869	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	519,856	600,122	1,119,978	0.805887	0.805887	0.805887	71
72	IMPL. DEV. CHARGED TO PATIENTS	1,056,794	1,634,240	2,691,034	0.546341	0.546341	0.546341	72
73	DRUGS CHARGED TO PATIENTS	2,202,360	5,191,678	7,394,038	0.312664	0.312664	0.312664	73
	OUTPATIENT SERVICE COST CENTERS							
88	RURAL HEALTH CLINIC		495,254	495,254				88
88.01	RHC II		455,150	455,150				88.01
88.02	RHC III		1,115,057	1,115,057				88.02
90	CLINIC		82,550	82,550	3.768904	3.768904	3.768904	90
91	EMERGENCY	539,917	6,044,346	6,584,263	0.242997	0.242997	0.242997	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	245,916	1,358,817	1,604,733	0.590726	0.590726	0.590726	92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	2,046	3,557,759	3,559,805	0.337513	0.337513	0.337513	95
101	HOME HEALTH AGENCY		666,762	666,762				101
113	INTEREST EXPENSE							113
116	HOSPICE		2,064,308	2,064,308				116
200	SUBTOTAL (SEE INSTRUCTIONS)	14,960,723	57,189,282	72,150,005				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	14,960,723	57,189,282	72,150,005				202

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS **WORKSHEET D PART I**

CHECK APPLICABLE BOXES: [ ] TITLE V [XX] PPS [XX] TITLE XVIII, PART A [ ] TEFRA [ ] TITLE XIX

		CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26)	SWING BED ADJUST-MENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 ÷ col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS (General Routine Care)	286,401		286,401	2,927	97.85	1,317	128,868	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	13,010		13,010	168	77.44			43
44	SKILLED NURSING FACILITY	172,873		172,873	12,320	14.03	1,167	16,373	44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	472,284		472,284	15,415		2,484	145,241	200

(A) Worksheet A line numbers

Optimizer Systems, Inc. *WinLASH* Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS **COMPONENT CCN: 14-0167** **WORKSHEET D PART II**

CHECK APPLICABLE BOXES: [ ] TITLE V [XX] TITLE XVIII, PART A [ ] TITLE XIX | [XX] HOSPITAL [ ] IPF [ ] IRF | [ ] SUB (OTHER) | [XX] PPS [ ] TEFRA

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26)	TOTAL CHARGES (from Wkst. C, Part I, (col. 8)	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	321,036	7,864,271	0.040822	914,513	37,332	50
52	DELIVERY ROOM & LABOR ROOM	4,215	127,755	0.032993			52
53	ANESTHESIOLOGY	16,096	318,592	0.050522	42,809	2,163	53
54	RADIOLOGY-DIAGNOSTIC	412,023	7,619,209	0.054077	641,093	34,668	54
57	CT SCAN	187,258	6,499,865	0.028810	427,548	12,318	57
58	MRI	3,747	2,026,757	0.001849			58
60	LABORATORY	108,493	9,631,941	0.011264	860,873	9,697	60
65	RESPIRATORY THERAPY	59,031	972,904	0.060675	179,852	10,913	65
66	PHYSICAL THERAPY	147,426	3,034,007	0.048591	98,553	4,789	66
69	ELECTROCARDIOLOGY	18,039	1,505,174	0.011985	312,035	3,740	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,049	1,119,978	0.005401	309,625	1,672	71
72	IMPL. DEV. CHARGED TO PATIENTS	10,453	2,691,034	0.003884	658,410	2,557	72
73	DRUGS CHARGED TO PATIENTS	68,340	7,394,038	0.009243	1,251,637	11,569	73
	OUTPATIENT SERVICE COST CENTERS						
88	RURAL HEALTH CLINIC	28,690	495,254	0.057930			88
88.01	RHC II	20,773	455,150	0.045640			88.01
88.02	RHC III	54,774	1,115,057	0.049122			88.02
90	CLINIC	36,053	82,550	0.436741			90
91	EMERGENCY	70,379	6,584,263	0.010689	433,347	4,632	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	77,789	1,604,733	0.048475	181,233	8,785	92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES						95
200	TOTAL (sum of lines 50-199)	1,650,664	61,142,532		6,311,528	144,835	200

(A) Worksheet A line numbers

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS **WORKSHEET D PART III**

CHECK APPLICABLE BOXES: **[ ] TITLE V [XX] PPS**
[XX] TITLE XVIII, PART A [ ] TEFRA
[ ] TITLE XIX

		NURSING SCHOOL	ALLIED HEALTH COST	ALL OTHER MEDICAL EDUCATION COST	SWING-BED ADJUST-MENT AMOUNT (see instruct-ions)	TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS (General Routine Care)						30
31	INTENSIVE CARE UNIT						31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	OTHER SPECIAL CARE (SPECIFY)						35
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)						200

(A) Worksheet A line numbers

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS **WORKSHEET D PART III**

CHECK APPLICABLE BOXES: **[ ] TITLE V [XX] PPS**
[XX] TITLE XVIII, PART A [ ] TEFRA
[ ] TITLE XIX

		TOTAL PATIENT DAYS	PER DIEM (col. 5÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
(A)	COST CENTER DESCRIPTION	6	7	8	9	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	2,927		1,317		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	168				43
44	SKILLED NURSING FACILITY	12,320		1,167		44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	15,415		2,484		200

(A) Worksheet A line numbers

Optimizer Systems, Inc. *WinLASH* Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | **COMPONENT CCN: 14-0167** | **WORKSHEET D PART IV**

CHECK APPLICABLE BOXES: [ ] TITLE V [XX] TITLE XVIII, PART A [ ] TITLE XIX | [XX] HOSPITAL [ ] IPF [ ] IRF | [ ] SUB (OTHER) [ ] SNF [ ] NF | [ ] ICF/MR | [XX] PPS [ ] TEFRA

		NON PHYSICIAN ANESTH-ETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPAT-IENT COST (sum of col. 2, 3, and 4)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
57	CT SCAN							57
58	MRI							58
60	LABORATORY							60
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
69	ELECTROCARDIOLOGY							69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
	OUTPATIENT SERVICE COST CENTERS							
88	RURAL HEALTH CLINIC							88
88.01	RHC II							88.01
88.02	RHC III							88.02
90	CLINIC							90
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS **COMPONENT CCN: 14-0167** **WORKSHEET D PART IV**

CHECK APPLICABLE BOXES: [ ] TITLE V [XX] TITLE XVIII, PART A [ ] TITLE XIX | [XX] HOSPITAL [ ] IPF [ ] IRF | [ ] SUB (OTHER) [ ] SNF [ ] NF | [ ] ICF/MR | [XX] PPS [ ] TEFRA

		TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)	
(A)	COST CENTER DESCRIPTION	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	7,864,271			914,513		2,521,695		50
52	DELIVERY ROOM & LABOR ROOM	127,755							52
53	ANESTHESIOLOGY	318,592			42,809		67,562		53
54	RADIOLOGY-DIAGNOSTIC	7,619,209			641,093		3,431,205		54
57	CT SCAN	6,499,865			427,548		2,403,894		57
58	MRI	2,026,757					701,603		58
60	LABORATORY	9,631,941			860,873		1,156,978		60
65	RESPIRATORY THERAPY	972,904			179,852		274,053		65
66	PHYSICAL THERAPY	3,034,007			98,553				66
69	ELECTROCARDIOLOGY	1,505,174			312,035		610,495		69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,119,978			309,625		335,734		71
72	IMPL. DEV. CHARGED TO PATIENTS	2,691,034			658,410		1,055,264		72
73	DRUGS CHARGED TO PATIENTS	7,394,038			1,251,637		2,404,670		73
	OUTPATIENT SERVICE COST CENTERS								
88	RURAL HEALTH CLINIC	495,254							88
88.01	RHC II	455,150							88.01
88.02	RHC III	1,115,057							88.02
90	CLINIC	82,550					3,226		90
91	EMERGENCY	6,584,263			433,347		1,900,718		91
92	OBSERVATION BEDS (NON-DISTINCT PART)	1,604,733			181,233		892,788		92
	OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES								95
200	TOTAL (sum of lines 50-199)	61,142,532			6,311,528		17,759,885		200

(A) Worksheet A line numbers

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS **COMPONENT CCN: 14-0167** **WORKSHEET D PART V**

CHECK APPLICABLE BOXES: [ ] TITLE V - O/P [XX] TITLE XVIII, PART B [ ] TITLE XIX - O/P [XX] HOSPITAL [ ] IPF [ ] IRF [ ] SUB (OTHER) [ ] SNF [ ] NF [ ] SWING BED SNF [ ] SWING BED NF [ ] ICF/MR

			PROGRAM CHARGES			PROGRAM COST			
		COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.274886	2,521,695			693,179			50
52	DELIVERY ROOM & LABOR ROOM	2.088333							52
53	ANESTHESIOLOGY	0.090724	67,562			6,129			53
54	RADIOLOGY-DIAGNOSTIC	0.274293	3,431,205			941,156			54
57	CT SCAN	0.097687	2,403,894			234,829			57
58	MRI	0.169193	701,603			118,706			58
60	LABORATORY	0.219408	1,156,978			253,850			60
65	RESPIRATORY THERAPY	0.747614	274,053			204,886			65
66	PHYSICAL THERAPY	0.469346							66
69	ELECTROCARDIOLOGY	0.117869	610,495			71,958			69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.805887	335,734			270,564			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.546341	1,055,264			576,534			72
73	DRUGS CHARGED TO PATIENTS	0.312664	2,404,670	5,072		751,854	1,586		73
	OUTPATIENT SERVICE COST CENTERS								
88	RURAL HEALTH CLINIC								88
88.01	RHC II								88.01
88.02	RHC III								88.02
90	CLINIC	3.768904	3,226			12,158			90
91	EMERGENCY	0.242997	1,900,718			461,869			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.590726	892,788			527,393			92
	OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES	0.337513							95
200	SUBTOTAL (see instructions)		17,759,885	5,072		5,125,065	1,586		200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)		17,759,885	5,072		5,125,065	1,586		202

(A) Worksheet A line numbers

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS **COMPONENT CCN: 14-U167** **WORKSHEET D PART V**

CHECK APPLICABLE BOXES: [ ] TITLE V - O/P [XX] TITLE XVIII, PART B [ ] TITLE XIX - O/P | [ ] HOSPITAL [ ] IPF [ ] IRF | [ ] SUB (OTHER) [ ] SNF [ ] NF | [XX] SWING BED SNF [ ] SWING BED NF [ ] ICF/MR

			PROGRAM CHARGES			PROGRAM COST			
		COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.274886							50
52	DELIVERY ROOM & LABOR ROOM	2.088333							52
53	ANESTHESIOLOGY	0.090724							53
54	RADIOLOGY-DIAGNOSTIC	0.274293							54
57	CT SCAN	0.097687							57
58	MRI	0.169193							58
60	LABORATORY	0.219408							60
65	RESPIRATORY THERAPY	0.747614							65
66	PHYSICAL THERAPY	0.469346							66
69	ELECTROCARDIOLOGY	0.117869							69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.805887							71
72	IMPL. DEV. CHARGED TO PATIENTS	0.546341							72
73	DRUGS CHARGED TO PATIENTS	0.312664							73
	OUTPATIENT SERVICE COST CENTERS								
88	RURAL HEALTH CLINIC								88
88.01	RHC II								88.01
88.02	RHC III								88.02
90	CLINIC	3.768904							90
91	EMERGENCY	0.242997							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.590726							92
	OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES	0.337513							95
200	SUBTOTAL (see instructions)								200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)								202

(A) Worksheet A line numbers

Optimizer Systems, Inc. *WinLASH* Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS **COMPONENT CCN: 14-6049** **WORKSHEET D PART IV**

CHECK APPLICABLE BOXES: [ ] TITLE V [XX] TITLE XVIII, PART A [ ] TITLE XIX | [ ] HOSPITAL [ ] IPF [ ] IRF | [ ] SUB (OTHER) [XX] SNF [ ] NF | [ ] ICF/MR | [XX] PPS [ ] TEFRA

(A)	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTH-ETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (sum of col. 1 through col. 4) 5	TOTAL OUTPAT-IENT COST (sum of col. 2, 3, and 4) 6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
57	CT SCAN							57
58	MRI							58
60	LABORATORY							60
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
69	ELECTROCARDIOLOGY							69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
	OUTPATIENT SERVICE COST CENTERS							
88	RURAL HEALTH CLINIC							88
88.01	RHC II							88.01
88.02	RHC III							88.02
90	CLINIC							90
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS **COMPONENT CCN: 14-6049** **WORKSHEET D PART IV**

CHECK APPLICABLE BOXES: [ ] TITLE V [XX] TITLE XVIII, PART A [ ] TITLE XIX | [ ] HOSPITAL [ ] IPF [ ] IRF | [ ] SUB (OTHER) [XX] SNF [ ] NF | [ ] ICF/MR | [XX] PPS [ ] TEFRA

		TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)	
(A)	COST CENTER DESCRIPTION	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	7,864,271							50
52	DELIVERY ROOM & LABOR ROOM	127,755							52
53	ANESTHESIOLOGY	318,592							53
54	RADIOLOGY-DIAGNOSTIC	7,619,209			8,297				54
57	CT SCAN	6,499,865							57
58	MRI	2,026,757							58
60	LABORATORY	9,631,941			12,057				60
65	RESPIRATORY THERAPY	972,904			210				65
66	PHYSICAL THERAPY	3,034,007			386,874				66
69	ELECTROCARDIOLOGY	1,505,174			160				69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,119,978			4,221				71
72	IMPL. DEV. CHARGED TO PATIENTS	2,691,034							72
73	DRUGS CHARGED TO PATIENTS	7,394,038			44,996				73
	OUTPATIENT SERVICE COST CENTERS								
88	RURAL HEALTH CLINIC	495,254							88
88.01	RHC II	455,150							88.01
88.02	RHC III	1,115,057							88.02
90	CLINIC	82,550							90
91	EMERGENCY	6,584,263							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	1,604,733			488				92
	OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES								95
200	TOTAL (sum of lines 50-199)	61,142,532			457,303				200

(A) Worksheet A line numbers

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS **COMPONENT CCN: 14-6049** **WORKSHEET D PART V**

CHECK APPLICABLE BOXES:
[ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] SWING BED SNF
[XX] TITLE XVIII, PART B [ ] IPF [XX] SNF [ ] SWING BED NF
[ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

			PROGRAM CHARGES			PROGRAM COST			
		COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.274886							50
52	DELIVERY ROOM & LABOR ROOM	2.088333							52
53	ANESTHESIOLOGY	0.090724							53
54	RADIOLOGY-DIAGNOSTIC	0.274293							54
57	CT SCAN	0.097687							57
58	MRI	0.169193							58
60	LABORATORY	0.219408							60
65	RESPIRATORY THERAPY	0.747614							65
66	PHYSICAL THERAPY	0.469346							66
69	ELECTROCARDIOLOGY	0.117869							69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.805887							71
72	IMPL. DEV. CHARGED TO PATIENTS	0.546341							72
73	DRUGS CHARGED TO PATIENTS	0.312664							73
	OUTPATIENT SERVICE COST CENTERS								
88	RURAL HEALTH CLINIC								88
88.01	RHC II								88.01
88.02	RHC III								88.02
90	CLINIC	3.768904							90
91	EMERGENCY	0.242997							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.590726							92
	OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES	0.337513							95
200	SUBTOTAL (see instructions)								200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)								202

(A) Worksheet A line numbers

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS **WORKSHEET D PART I**

CHECK APPLICABLE BOXES: [ ] TITLE V [XX] PPS [ ] TITLE XVIII, PART A [ ] TEFRA [XX] TITLE XIX

		CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26)	SWING BED ADJUST-MENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 ÷ col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS (General Routine Care)	286,401		286,401	2,927	97.85	274	26,811	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	13,010		13,010	168	77.44	126	9,757	43
44	SKILLED NURSING FACILITY	172,873		172,873	12,320	14.03			44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	472,284		472,284	15,415		400	36,568	200

(A) Worksheet A line numbers

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS **COMPONENT CCN: 14-0167** **WORKSHEET D PART II**

CHECK APPLICABLE BOXES: [ ] TITLE V [XX] TITLE XVIII, PART A [XX] TITLE XIX [XX] HOSPITAL [ ] IPF [ ] IRF [ ] SUB (OTHER) [XX] PPS [ ] TEFRA

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26)	TOTAL CHARGES (from Wkst. C, Part I, (col. 8)	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	321,036	7,864,271	0.040822			50
52	DELIVERY ROOM & LABOR ROOM	4,215	127,755	0.032993			52
53	ANESTHESIOLOGY	16,096	318,592	0.050522			53
54	RADIOLOGY-DIAGNOSTIC	412,023	7,619,209	0.054077			54
57	CT SCAN	187,258	6,499,865	0.028810			57
58	MRI	3,747	2,026,757	0.001849			58
60	LABORATORY	108,493	9,631,941	0.011264			60
65	RESPIRATORY THERAPY	59,031	972,904	0.060675			65
66	PHYSICAL THERAPY	147,426	3,034,007	0.048591			66
69	ELECTROCARDIOLOGY	18,039	1,505,174	0.011985			69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,049	1,119,978	0.005401			71
72	IMPL. DEV. CHARGED TO PATIENTS	10,453	2,691,034	0.003884			72
73	DRUGS CHARGED TO PATIENTS	68,340	7,394,038	0.009243			73
	OUTPATIENT SERVICE COST CENTERS						
88	RURAL HEALTH CLINIC	28,690	495,254	0.057930			88
88.01	RHC II	20,773	455,150	0.045640			88.01
88.02	RHC III	54,774	1,115,057	0.049122			88.02
90	CLINIC	36,053	82,550	0.436741			90
91	EMERGENCY	70,379	6,584,263	0.010689			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	77,789	1,604,733	0.048475			92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES						95
200	TOTAL (sum of lines 50-199)	1,650,664	61,142,532				200

(A) Worksheet A line numbers

Optimizer Systems, Inc. *WinLASH* Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS **WORKSHEET D PART III**

CHECK APPLICABLE BOXES: **[ ] TITLE V [XX] PPS**
[ ] TITLE XVIII, PART A [ ] TEFRA
[XX] TITLE XIX

		NURSING SCHOOL	ALLIED HEALTH COST	ALL OTHER MEDICAL EDUCATION COST	SWING-BED ADJUST-MENT AMOUNT (see instruct-ions)	TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS (General Routine Care)						30
31	INTENSIVE CARE UNIT						31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	OTHER SPECIAL CARE (SPECIFY)						35
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)						200

(A) Worksheet A line numbers

Optimizer Systems, Inc. *WinLASH* Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS **WORKSHEET D PART III**

CHECK APPLICABLE BOXES: **[ ] TITLE V [XX] PPS**
[ ] TITLE XVIII, PART A [ ] TEFRA
[XX] TITLE XIX

		TOTAL PATIENT DAYS	PER DIEM (col. 5÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
(A)	COST CENTER DESCRIPTION	6	7	8	9	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	2,927		274		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	168		126		43
44	SKILLED NURSING FACILITY	12,320				44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	15,415		400		200

(A) Worksheet A line numbers

Optimizer Systems, Inc. *WinLASH* Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | **COMPONENT CCN: 14-0167** | **WORKSHEET D PART IV**

CHECK APPLICABLE BOXES: [ ] TITLE V [XX] TITLE XVIII, PART A [XX] TITLE XIX | [XX] HOSPITAL [ ] IPF [ ] IRF | [ ] SUB (OTHER) [ ] SNF [ ] NF | [ ] ICF/MR | [XX] PPS [ ] TEFRA

		NON PHYSICIAN ANESTH-ETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPAT-IENT COST (sum of col. 2, 3, and 4)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
57	CT SCAN							57
58	MRI							58
60	LABORATORY							60
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
69	ELECTROCARDIOLOGY							69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
	OUTPATIENT SERVICE COST CENTERS							
88	RURAL HEALTH CLINIC							88
88.01	RHC II							88.01
88.02	RHC III							88.02
90	CLINIC							90
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS **COMPONENT CCN: 14-0167** **WORKSHEET D PART IV**

CHECK APPLICABLE BOXES: [ ] TITLE V [XX] TITLE XVIII, PART A [XX] TITLE XIX [XX] HOSPITAL [ ] IPF [ ] IRF [ ] SUB (OTHER) [ ] SNF [ ] NF [ ] ICF/MR [XX] PPS [ ] TEFRA

		TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPATIENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)	
(A)	COST CENTER DESCRIPTION	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	7,864,271							50
52	DELIVERY ROOM & LABOR ROOM	127,755							52
53	ANESTHESIOLOGY	318,592							53
54	RADIOLOGY-DIAGNOSTIC	7,619,209							54
57	CT SCAN	6,499,865							57
58	MRI	2,026,757							58
60	LABORATORY	9,631,941							60
65	RESPIRATORY THERAPY	972,904							65
66	PHYSICAL THERAPY	3,034,007							66
69	ELECTROCARDIOLOGY	1,505,174							69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,119,978							71
72	IMPL. DEV. CHARGED TO PATIENTS	2,691,034							72
73	DRUGS CHARGED TO PATIENTS	7,394,038							73
	OUTPATIENT SERVICE COST CENTERS								
88	RURAL HEALTH CLINIC	495,254							88
88.01	RHC II	455,150							88.01
88.02	RHC III	1,115,057							88.02
90	CLINIC	82,550							90
91	EMERGENCY	6,584,263							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	1,604,733							92
	OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES								95
200	TOTAL (sum of lines 50-199)	61,142,532							200

(A) Worksheet A line numbers

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS **COMPONENT CCN: 14-0167** **WORKSHEET D PART V**

CHECK APPLICABLE BOXES: [ ] TITLE V - O/P [XX] HOSPITAL [ ] SUB (OTHER) [ ] SWING BED SNF
[ ] TITLE XVIII, PART B [ ] IPF [ ] SNF [ ] SWING BED NF
[XX] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

			PROGRAM CHARGES			PROGRAM COST			
		COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.274886							50
52	DELIVERY ROOM & LABOR ROOM	2.088333							52
53	ANESTHESIOLOGY	0.090724							53
54	RADIOLOGY-DIAGNOSTIC	0.274293							54
57	CT SCAN	0.097687							57
58	MRI	0.169193							58
60	LABORATORY	0.219408							60
65	RESPIRATORY THERAPY	0.747614							65
66	PHYSICAL THERAPY	0.469346							66
69	ELECTROCARDIOLOGY	0.117869							69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.805887							71
72	IMPL. DEV. CHARGED TO PATIENTS	0.546341							72
73	DRUGS CHARGED TO PATIENTS	0.312664							73
	OUTPATIENT SERVICE COST CENTERS								
88	RURAL HEALTH CLINIC								88
88.01	RHC II								88.01
88.02	RHC III								88.02
90	CLINIC	3.768904							90
91	EMERGENCY	0.242997							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.590726							92
	OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES	0.337513							95
200	SUBTOTAL (see instructions)								200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)								202

(A) Worksheet A line numbers

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 14-0167** **WORKSHEET D-1 PART I**

CHECK APPLICABLE BOXES: [ ] TITLE V - I/P [XX] TITLE XVIII, PART A [ ] TITLE XIX - I/P | [XX] HOSPITAL [ ] IPF [ ] IRF | [ ] SUB (OTHER) [ ] SNF [ ] NF | [ ] ICF/MR | [XX] PPS [ ] TEFRA [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

	INPATIENT DAYS		
1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	2,927	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	2,927	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	2,132	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	1,317	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	197.90	17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	202.51	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)	3,490,141	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	3,490,141	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	3,490,141	37

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 14-0167** **WORKSHEET D-1 PART II**

CHECK APPLICABLE BOXES: [ ] TITLE V - I/P [XX] TITLE XVIII, PART A [ ] TITLE XIX - I/P [XX] HOSPITAL [ ] IPF [ ] IRF [ ] SUB (OTHER) [XX] PPS [ ] TEFRA [ ] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

		1	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	1,192.40	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	1,570,391	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)	1,570,391	41

		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 ÷ col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)	
		1	2	3	4	5	
42	NURSERY (Titles V and XIX only)						42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT						43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

		1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)	2,092,202	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	3,662,593	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	128,868	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)	144,835	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	273,703	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)	3,388,890	53

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES		54
55	TARGET AMOUNT PER DISCHARGE		55
56	TARGET AMOUNT (line 54 x line 55)		56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT (line 56 minus line 53)		57
58	BONUS PAYMENT (see instructions)		58
59	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET		59
60	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61	IF LINE 53 ÷ 54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (line 53) ARE LESS THAN EXPECTED COSTS (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)		61
62	RELIEF PAYMENT (see instructions)		62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)		63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)		64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)		65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only. For CAH, see instructions)		66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)		67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)		68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)		69

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 14-0167** **WORKSHEET D-1**
PARTS III & IV

CHECK APPLICABLE BOXES:
[ ] TITLE V - I/P [XX] TITLE XVIII, PART A [ ] TITLE XIX - I/P
[XX] HOSPITAL [ ] IPF [ ] IRF
[ ] SUB (OTHER) [ ] SNF [ ] NF
[ ] ICF/MR
[XX] PPS [ ] TEFRA [ ] OTHER

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)					795	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)					1,192.40	88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)					947,958	89
		COST	ROUTINE COST (from line 27)	column 1 ÷ column 2	TOTAL OBSERV-ATION BED COST (from line89)	OBSERV-ATION BED PASS-THROUGH COST col. 3 x col. 4) (see instr-uctions	
		1	2	3	4	5	
90	CAPITAL-RELATED COST	286,401	3,490,141	0.082060	947,958	77,789	90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93

Optimizer Systems, Inc. **WinLASH** Micro System

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COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 14-6049** **WORKSHEET D-1 PART I**

CHECK APPLICABLE BOXES: [ ] TITLE V - I/P [XX] TITLE XVIII, PART A [ ] TITLE XIX - I/P | [ ] HOSPITAL [ ] IPF [ ] IRF | [ ] SUB (OTHER) [XX] SNF [ ] NF | [ ] ICF/MR | [XX] PPS [ ] TEFRA [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

	INPATIENT DAYS		
1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	12,320	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	12,320	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	12,320	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	1,167	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)	2,272,118	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	2,272,118	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	2,272,118	37

Optimizer Systems, Inc. **WinLASH** Micro System

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COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 14-6049** **WORKSHEET D-1**
PARTS III & IV

CHECK APPLICABLE BOXES: [ ] TITLE V - I/P [XX] TITLE XVIII, PART A [ ] TITLE XIX - I/P | [ ] HOSPITAL [ ] IPF [ ] IRF | [ ] SUB (OTHER) [XX] SNF [ ] NF | [ ] ICF/MR | [XX] PPS [ ] TEFRA [ ] OTHER

PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST (line 37)	2,272,118	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (line 70 ÷ line 2)	184.43	71
72	PROGRAM ROUTINE SERVICE COST (line 9 x line 71)	215,230	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (line 14 x line 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (line 72 + line 73)	215,230	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (from Worksheet B, Part II, column 26, line 45)		75
76	PER DIEM CAPITAL-RELATED COSTS (line 75 ÷ line 2)		76
77	PROGRAM CAPITAL-RELATED COSTS (line 9 x line 76)		77
78	INPATIENT ROUTINE SERVICE COST (line 74 minus line 77)		78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (from provider records)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (line 78 minus line 79)		80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (line 9 x line 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (see instructions)	215,230	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (see instructions)	204,434	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (see instructions)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (sum of lines 83 through 85)	419,664	86

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 14-0167** **WORKSHEET D-1 PART I**

CHECK APPLICABLE BOXES:	[ ]	**TITLE V - I/P**	[XX]	**HOSPITAL**	[ ]	**SUB (OTHER)**	[ ] **ICF/MR**	[XX] **PPS**
	[ ]	**TITLE XVIII, PART A**	[ ]	**IPF**	[ ]	**SNF**		[ ] **TEFRA**
	[XX]	**TITLE XIX - I/P**	[ ]	**IRF**	[ ]	**NF**		[ ] **OTHER**

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	2,927	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	2,927	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	2,132	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	274	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed days)		14
15	TOTAL NURSERY DAYS (Title V or Title XIX only)	168	15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)	126	16

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	197.90	17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	202.51	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)	3,490,141	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	3,490,141	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	3,490,141	37

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 14-0167** **WORKSHEET D-1 PART II**

CHECK APPLICABLE BOXES: [ ] TITLE V - I/P [XX] TITLE XVIII, PART A [XX] TITLE XIX - I/P [XX] HOSPITAL [ ] IPF [ ] IRF [ ] SUB (OTHER) [XX] PPS [ ] TEFRA [ ] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

						1	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					1,192.40	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					326,718	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)					326,718	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)	385,831	168	2,296.61	126	289,373	42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT						43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47
						1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)						48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					616,091	49
	PASS-THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					36,568	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)						51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					36,568	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)					579,523	53
	TARGET AMOUNT AND LIMIT COMPUTATION						
54	PROGRAM DISCHARGES						54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT (line 54 x line 55)						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT (line 56 minus line 53)						57
58	BONUS PAYMENT (see instructions)						58
59	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET						59
60	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET						60
61	IF LINE 53 ÷ 54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (line 53) ARE LESS THAN EXPECTED COSTS (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)						61
62	RELIEF PAYMENT (see instructions)						62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)						63
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)						64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)						65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only. For CAH, see instructions)						66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)						67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)						68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)						69

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 14-0167** **WORKSHEET D-1**
PARTS III & IV

CHECK APPLICABLE BOXES:
[ ] TITLE V - I/P [XX] TITLE XVIII, PART A [XX] TITLE XIX - I/P
[XX] HOSPITAL [ ] IPF [ ] IRF
[ ] SUB (OTHER) [ ] SNF [ ] NF
[ ] ICF/MR
[XX] PPS [ ] TEFRA [ ] OTHER

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)					795	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)	column 1 ÷ column 2	TOTAL OBSERV-ATION BED COST (from line89)	OBSERV-ATION BED PASS-THROUGH COST col. 3 x col. 4) (see instr-uctions	
		1	2	3	4	5	
90	CAPITAL-RELATED COST						90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT **COMPONENT CCN: 14-0167** **WORKSHEET D-3**

CHECK APPLICABLE BOXES: [ ] TITLE V [XX] TITLE XVIII, PART A [ ] TITLE XIX | [XX] HOSPITAL [ ] IPF [ ] IRF | [ ] SUB (OTHER) [ ] SNF [ ] NF | [ ] SWING BED SNF [ ] SWING BED NF [ ] ICF/MR | [XX] PPS [ ] TEFRA [ ] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (col. 1 x col. 2) 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS		1,289,713		30
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.274886	914,513	251,387	50
52	DELIVERY ROOM & LABOR ROOM	2.088333			52
53	ANESTHESIOLOGY	0.090724	42,809	3,884	53
54	RADIOLOGY-DIAGNOSTIC	0.274293	641,093	175,847	54
57	CT SCAN	0.097687	427,548	41,766	57
58	MRI	0.169193			58
60	LABORATORY	0.219408	860,873	188,882	60
65	RESPIRATORY THERAPY	0.747614	179,852	134,460	65
66	PHYSICAL THERAPY	0.469346	98,553	46,255	66
69	ELECTROCARDIOLOGY	0.117869	312,035	36,779	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.805887	309,625	249,523	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.546341	658,410	359,716	72
73	DRUGS CHARGED TO PATIENTS	0.312664	1,251,637	391,342	73
	OUTPATIENT SERVICE COST CENTERS				
88	RURAL HEALTH CLINIC				88
88.01	RHC II				88.01
88.02	RHC III				88.02
90	CLINIC	3.768904			90
91	EMERGENCY	0.242997	433,347	105,302	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.590726	181,233	107,059	92
	OTHER REIMBURSABLE COST CENTERS				
95	AMBULANCE SERVICES				95
200	TOTAL (sum of lines 50-94, and 96-98)		6,311,528	2,092,202	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		6,311,528		202

(A) Worksheet A line numbers

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT **COMPONENT CCN: 14-U167** **WORKSHEET D-3**

CHECK APPLICABLE BOXES:
[ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [XX] SWING BED SNF [XX] PPS
[XX] TITLE XVIII, PART A [ ] IPF [ ] SNF [ ] SWING BED NF [ ] TEFRA
[ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (col. 1 x col. 2) 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.274886			50
52	DELIVERY ROOM & LABOR ROOM	2.088333			52
53	ANESTHESIOLOGY	0.090724			53
54	RADIOLOGY-DIAGNOSTIC	0.274293			54
57	CT SCAN	0.097687			57
58	MRI	0.169193			58
60	LABORATORY	0.219408			60
65	RESPIRATORY THERAPY	0.747614			65
66	PHYSICAL THERAPY	0.469346			66
69	ELECTROCARDIOLOGY	0.117869			69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.805887			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.546341			72
73	DRUGS CHARGED TO PATIENTS	0.312664			73
	OUTPATIENT SERVICE COST CENTERS				
88	RURAL HEALTH CLINIC				88
88.01	RHC II				88.01
88.02	RHC III				88.02
90	CLINIC	3.768904			90
91	EMERGENCY	0.242997			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.590726			92
	OTHER REIMBURSABLE COST CENTERS				
95	AMBULANCE SERVICES				95
200	TOTAL (sum of lines 50-94, and 96-98)				200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)				202

(A) Worksheet A line numbers

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT **COMPONENT CCN: 14-6049** **WORKSHEET D-3**

CHECK APPLICABLE BOXES: [ ] TITLE V [XX] TITLE XVIII, PART A [ ] TITLE XIX | [ ] HOSPITAL [ ] IPF [ ] IRF | [ ] SUB (OTHER) [XX] SNF [ ] NF | [ ] SWING BED SNF [ ] SWING BED NF [ ] ICF/MR | [XX] PPS [ ] TEFRA [ ] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (col. 1 x col. 2) 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.274886			50
52	DELIVERY ROOM & LABOR ROOM	2.088333			52
53	ANESTHESIOLOGY	0.090724			53
54	RADIOLOGY-DIAGNOSTIC	0.274293	8,297	2,276	54
57	CT SCAN	0.097687			57
58	MRI	0.169193			58
60	LABORATORY	0.219408	12,057	2,645	60
65	RESPIRATORY THERAPY	0.747614	210	157	65
66	PHYSICAL THERAPY	0.469346	386,874	181,578	66
69	ELECTROCARDIOLOGY	0.117869	160	19	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.805887	4,221	3,402	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.546341			72
73	DRUGS CHARGED TO PATIENTS	0.312664	44,996	14,069	73
	OUTPATIENT SERVICE COST CENTERS				
88	RURAL HEALTH CLINIC				88
88.01	RHC II				88.01
88.02	RHC III				88.02
90	CLINIC	3.768904			90
91	EMERGENCY	0.242997			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.590726	488	288	92
	OTHER REIMBURSABLE COST CENTERS				
95	AMBULANCE SERVICES				95
200	TOTAL (sum of lines 50-94, and 96-98)		457,303	204,434	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		457,303		202

(A) Worksheet A line numbers

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT **COMPONENT CCN: 14-0167** **WORKSHEET D-3**

CHECK APPLICABLE BOXES: [ ] TITLE V [XX] TITLE XVIII, PART A [XX] TITLE XIX [XX] HOSPITAL [ ] IPF [ ] IRF [ ] SUB (OTHER) [ ] SNF [ ] NF [ ] SWING BED SNF [ ] SWING BED NF [ ] ICF/MR [XX] PPS [ ] TEFRA [ ] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (col. 1 x col. 2) 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
43	NURSERY				43
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.274886			50
52	DELIVERY ROOM & LABOR ROOM	2.088333			52
53	ANESTHESIOLOGY	0.090724			53
54	RADIOLOGY-DIAGNOSTIC	0.274293			54
57	CT SCAN	0.097687			57
58	MRI	0.169193			58
60	LABORATORY	0.219408			60
65	RESPIRATORY THERAPY	0.747614			65
66	PHYSICAL THERAPY	0.469346			66
69	ELECTROCARDIOLOGY	0.117869			69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.805887			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.546341			72
73	DRUGS CHARGED TO PATIENTS	0.312664			73
	OUTPATIENT SERVICE COST CENTERS				
88	RURAL HEALTH CLINIC				88
88.01	RHC II				88.01
88.02	RHC III				88.02
90	CLINIC	3.768904			90
91	EMERGENCY	0.242997			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.590726			92
	OTHER REIMBURSABLE COST CENTERS				
95	AMBULANCE SERVICES				95
200	TOTAL (sum of lines 50-94, and 96-98)				200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)				202

(A) Worksheet A line numbers

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

CALCULATION OF REIMBURSEMENT SETTLEMENT **WORKSHEET E PART A**

CHECK APPLICABLE BOX: **[XX] HOSPITAL**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	3,093,777			1
1.01	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCTOBER 1, 2013 (see instructions)				1.01
1.02	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 2013 (see instructions)				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)	9,483			2
2.01	OUTLIER RECONCILIATION AMOUNT				2.01
2.02	OUTLIER PAYMENT FOR MODEL 4 BPCI (see instructions)				
3	MANAGED CARE SIMULATED PAYMENTS				3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	22.82			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)(iv) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002				8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS				8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (see instructions)				8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (see instructions)				9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS				10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS				11
12	CURRENT YEAR ALLOWABLE FTE (see instructions)				12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR				13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO				14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3				15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM				16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE				17
18	ADJUSTED ROLLING AVERAGE FTE COUNT				18
19	CURRENT YEAR RESIDENT TO BED RATIO (line 18 divided by line 4)				19
20	PRIOR YEAR RESIDENT TO BED RATIO (see instructions)				20
21	ENTER THE LESSER OF LINES 19 OR 20 (see instructions)				21
22	IME PAYMENT ADJUSTMENT (see instructions)				22
	INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON				
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)				23
24	IME FTE RESIDENT COUNT OVER CAP (see instructions)				24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (see instructions)				25
26	RESIDENT TO BED RATIO (divide line 25 by line 4)				26
27	IME PAYMENTS ADJUSTMENT (see instructions)				27
28	IME ADJUSTMENT (see instructions)				28
29	TOTAL IME PAYMENT (sum of lines 22 and 28)				29
	DISPROPORTIONATE SHARE ADJUSTMENT				
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (see instructions)	0.0471			30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (see instructions)	0.2133			31
32	SUM OF LINES 30 AND 31	0.2604			32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.1070			33
34	DISPROPORTIONATE SHARE ADJUSTMENT (see instructions)	82,759			34
		PRIOR TO	ON OR AFTER		
	UNCOMPENSATED CARE ADJUSTMENT	OCTOBER 1	OCTOBER 1		
35	TOTAL UNCOMPENSATED CARE AMOUNT (see instructions)				35
35.01	FACTOR 3 (see instructions)				35.01
35.02	HOSPITAL UNCOMPENSATED CARE PAYMENT (if line 34 is zero, enter zero on this line) (see instructions)		245,841		35.02
35.03	PRO RATA SHARE OF THE HOSPITAL UNCOMPENSATED CARE PAYMENT AMOUNT (see instructions)		245,841		35.03
36	TOTAL UNCOMPENSATED CARE (sum of columns 1 and 2 on line 35.03)	245,841			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

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

CALCULATION OF REIMBURSEMENT SETTLEMENT **WORKSHEET E PART A**

CHECK APPLICABLE BOX: **[XX] HOSPITAL**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				41
41.01	TOTAL ESRD MEDICARE COVERED AND PAID DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				41.01
42	DIVIDE LINE 41 BY LINE 40 (if less than 10%, you do not qualify for adjustment)				42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (line 43 divided by line 41.01 divided by 7 days)				44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (see instructions)				45
46	TOTAL ADDITIONAL PAYMENT (line 45 times line 44 times line 41.01)				46
47	SUBTOTAL (see instructions)	3,431,860			47
48	HOSPITAL SPECIFIC PAYMENTS (to be completed by SCH and MDH, small rural hospitals only (see instructions)	3,846,825			48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (see instructions)	3,846,825			49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (from Wkst L, Parts I, II, as applicable)	245,791			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)	4,092,616			59
60	PRIMARY PAYER PAYMENTS				60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (line 59 minus line 60)	4,092,616			61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	386,528			62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	1,216			63
64	ALLOWABLE BAD DEBTS (see instructions)	84,323			64
65	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	54,810			65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	84,323			66
67	SUBTOTAL (line 61 plus line 65 minus lines 62 and 63)	3,759,682			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
70.93	HVBP PAYMENT ADJUSTMENT (see instructions)	-7,395			70.93
70.97	LOW VOLUME ADJUSTMENT FOR FEDERAL FISCAL YEAR (2014)	728,633			70.97
71	AMOUNT DUE PROVIDER (see instructions)	4,480,920			71
71.01	SEQUESTRATION ADJUSTMENT (see instructions)	89,618			71.01
72	INTERIM PAYMENTS	4,451,692			72
73	TENTATIVE SETTLEMENT (for contractor use only)				73
74	BALANCE DUE PROVIDER/PROGRAM (line 71 minus lines 71.01, 72 and 73)	-60,390			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

Optimizer Systems, Inc. *WinLASH* Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	Supporting Exhibit for Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

LOW VOLUME ADJUSTMENT CALCULATION SCHEDULE (For Worksheet E Part A, Lines 70.96 and 70.97) **EXHIBIT 4**

		AMOUNTS FROM E PART A	PRIOR TO 10/1/2010 OR AFTER 3/31/2015 PRE/POST ENTITLE-MENT	NOT APPLICABLE		10/01/2013 through 09/30/2014		(COLUMNS 2 THROUGH 4) TOTAL	
		1	2	3	3.01	4	4.01	5	
1	DRG Amounts Other Than Outlier Payments	3,093,777				3,093,777		3,093,777	1
1.01	DRG Amounts Other Than Outlier Payments for Discharges prior to 10/1/2013								1.01
1.02	DRG Amounts Other Than Outlier Payments for Discharges on/after 10/1/2013								1.02
1.03	DRG for Federal Specific Operating Payment for Model 4 BPCI								1.03
2	Outlier Payments for Discharges	9,483				9,483		9,483	2
2.01	Outlier Payment for Discharges for Model 4 BPCI								2.01
3	Operating Outlier Reconciliation								3
4	Managed Care Simulated Payments								4
	INDIRECT MEDICAL EDUCATION ADJUSTMENT								
5	Amount from Worksheet E Part A, Line 21								5
6	IME Payment Adjustment								6
	INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON FOR MME SECTION 422								
7	Amount from Worksheet E Part A, Line 27								7
8	IME Add-on Adjustment								8
9	Total IME Payment								9
	DISPROPORTIONATE SHARE ADJUSTMENT								
10	Allowable Disproportionate Share Percentage	0.1070	0.1070	0.1070	0.1070	0.1070	0.1070		10
11	Disproportionate Share Adjustment	82,759				82,759		82,759	11
11.01	Uncompensated Care Payments	245,841				245,841		245,841	11.01
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES								
12	Total ESRD Additional Payment								12
13	Subtotal	3,431,860				3,431,860		3,431,860	13
14	Hospital Specific Payments	3,846,825				3,846,825		3,846,825	14
15	Total Payment for Inpatient Operating Costs - E Part A Line 49	3,846,825				3,846,825		3,846,825	15
16	Payment for Inpatient Program Capital	245,791				245,791		245,791	16
17	Special Add-on Payments for New Technologies								17
18	Capital Outlier Reconciliatino Adjustment Amount								18
19	Subtotal					4,092,616		4,092,616	19
	CAPITAL PAYMENTS								
20	Capital DRG Other Than Outlier	244,862				244,862		244,862	20
20.01	Model 4 BPCI Capital DRG Other Than Outlier								20.01
21	Capital DRG Outlier Payments	929				929		929	21
21.01	Model 4 BPCI Capital DRG Outlier Payments								21.01
22	Indirect Medical Education Percentage								22
23	Indirect Medical Education Adjustment								23
24	Allowable Disproportionate Share Percentage								24
25	Disproportionate Share Adjustment								25
26	Total Prospective Capital Payments	245,791				245,791		245,791	26
	LOW VOLUME ADJUSTMENT								
27	Low Volume Adjustment Factor					0.178036			27
28	Low Volume Adjustment								28
29	Low Volume Adjustment					728,633		728,633	29

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

CALCULATION OF REIMBURSEMENT SETTLEMENT **COMPONENT CCN: 14-0167** **WORKSHEET E PART B**

CHECK APPLICABLE BOX: [XX] HOSPITAL [ ] IPF [ ] IRF [ ] SUB (OTHER) [ ] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)	1,586			1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (see instructions)	5,125,065			2
3	PPS PAYMENTS	5,076,117			3
4	OUTLIER PAYMENT (see instructions)	3,312			4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)	0.805			5
6	LINE 2 TIMES LINE 5	4,125,677			6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6				7
8	TRANSITIONAL CORRIDOR PAYMENT (see instructions)				8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200				9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)	1,586			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES	5,072			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)	5,072			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)	5,072			18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions)	3,486			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)	1,586			21
22	INTERNS AND RESIDENTS (see instructions)				22
23	COST OF TEACHING PHYSICIANS (see instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)	5,079,429			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (see instructions)				25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)	1,071,970			26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)	4,009,045			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)	4,009,045			30
31	PRIMARY PAYER PAYMENTS				31
32	SUBTOTAL (line 30 minus line 31)	4,009,045			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)				33
34	ALLOWABLE BAD DEBTS (see instructions)	224,821			34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	146,134			35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	224,821			36
37	SUBTOTAL (see instructions)	4,155,179			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)	4,155,179			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	83,104			40.01
41	INTERIM PAYMENTS	4,059,360			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	12,715			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 (sse 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

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

CALCULATION OF REIMBURSEMENT SETTLEMENT **COMPONENT CCN: 14-6049** **WORKSHEET E PART B**

CHECK APPLICABLE BOX: [ ] HOSPITAL [ ] IPF [ ] IRF [ ] SUB (OTHER) [XX] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)				1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (see instructions)				2
3	PPS PAYMENTS				3
4	OUTLIER PAYMENT (see instructions)				4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)				5
6	LINE 2 TIMES LINE 5				6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6				7
8	TRANSITIONAL CORRIDOR PAYMENT (see instructions)				8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200				9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES				12
13	ORGAN ACQUISITION CHARGES (from Wkst D-4, Part III, line 69, col. 4)				13
14	TOTAL REASONABLE CHARGES (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)				16
17	RATIO OF LINE 15 TO LINE 16 (not to exceed 1.000000)	1.000000			17
18	TOTAL CUSTOMARY CHARGES (see instructions)				18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions)				19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 11 exceeds line 18 (see instructions)				20
21	LESSER OF COST OR CHARGES (line 11 minus line 20) (for CAH, see instructions)				21
22	INTERNS AND RESIDENTS (see instructions)				22
23	COST OF TEACHING PHYSICIANS (see instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)				24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (see instructions)				25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)				26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)				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)				30
31	PRIMARY PAYER PAYMENTS				31
32	SUBTOTAL (line 30 minus line 31)				32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)				33
34	ALLOWABLE BAD DEBTS (see instructions)				34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)				35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)				36
37	SUBTOTAL (see instructions)				37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)				40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)				40.01
41	INTERIM PAYMENTS				41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)				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 (sse 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

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED **COMPONENT CCN: 14-0167** **WORKSHEET E-1 PART I**

CHECK APPLICABLE BOXES: **[XX] HOSPITAL [ ] IPF [ ] IRF [ ] SUB (OTHER) [ ] SNF [ ] SWING BED SNF**

				INPATIENT PART A		PART B		
				mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
	DESCRIPTION			1	2	3	4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				4,451,692		4,059,360	1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. If NONE, WRITE 'NONE' OR ENTER A ZERO							2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT		.01					3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM		.02					3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM	.03					3.03
	EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO	.04					3.04
		PROVIDER	.05					3.05
			.06					3.06
			.07					3.07
			.08					3.08
			.09					3.09
			.10					3.10
			.50					3.50
			.51					3.51
		PROVIDER	.52					3.52
		TO	.53					3.53
		PROGRAM	.54					3.54
			.55					3.55
			.56					3.56
			.57					3.57
			.58					3.58
			.59					3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		.99					3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)				4,451,692		4,059,360	4
	TO BE COMPLETED BY CONTRACTOR							
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT		.01					5.01
	AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.		.02					5.02
	IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM	.03					5.03
		TO	.04					5.04
		PROVIDER	.05					5.05
			.06					5.06
			.07					5.07
			.08					5.08
			.09					5.09
			.10					5.10
			.50					5.50
			.51					5.51
		PROVIDER	.52					5.52
		TO	.53					5.53
		PROGRAM	.54					5.54
			.55					5.55
			.56					5.56
			.57					5.57
			.58					5.58
			.59					5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99					5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due)		.01		29,228		95,819	6.01
	BASED ON THE COST REPORT (1)		.02					6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)				4,480,920		4,155,179	7
8	NAME OF CONTRACTOR			CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)		8

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

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED **COMPONENT CCN: 14-6049** **WORKSHEET E-1 PART I**

CHECK APPLICABLE BOXES: **[ ] HOSPITAL [ ] SUB (OTHER) [ ] IPF [XX] SNF [ ] IRF [ ] SWING BED SNF**

				INPATIENT PART A		PART B		
				mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
	DESCRIPTION			1	2	3	4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				327,489			1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. If NONE, WRITE 'NONE' OR ENTER A ZERO							2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT		.01					3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM		.02					3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM	.03					3.03
	EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO	.04					3.04
		PROVIDER	.05					3.05
			.06					3.06
			.07					3.07
			.08					3.08
			.09					3.09
			.10					3.10
			.50					3.50
			.51					3.51
		PROVIDER	.52					3.52
		TO	.53					3.53
		PROGRAM	.54					3.54
			.55					3.55
			.56					3.56
			.57					3.57
			.58					3.58
			.59					3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		.99					3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)				327,489			4
	TO BE COMPLETED BY CONTRACTOR							
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT		.01					5.01
	AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.		.02					5.02
	IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM	.03					5.03
		TO	.04					5.04
		PROVIDER	.05					5.05
			.06					5.06
			.07					5.07
			.08					5.08
			.09					5.09
			.10					5.10
			.50					5.50
			.51					5.51
		PROVIDER	.52					5.52
		TO	.53					5.53
		PROGRAM	.54					5.54
			.55					5.55
			.56					5.56
			.57					5.57
			.58					5.58
			.59					5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99					5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due)		.01		6,683			6.01
	BASED ON THE COST REPORT (1)		.02					6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)				334,172			7
8	NAME OF CONTRACTOR			CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)		8

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

Optimizer Systems, Inc. **WinLASH** Micro System

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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK APPLICABLE BOX: **[XX] HOSPITAL [ ] CAH**

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	759	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	1,317	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	109	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	2,132	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	72,150,005	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	864,546	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)	677,000	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (see instructions)	13,540	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (see instructions)	663,460	10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	677,973	30
31	OTHER ADJUSTMENTS ()		31
32	BALANCE DUE PROVIDER (line 8 (or line 10) minus line 30 and line 31) (see instructions)	-14,513	32

Optimizer Systems, Inc. **WinLASH** Micro System

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CALCULATION OF REIMBURSEMENT SETTLEMENT **WORKSHEET E-3 PART VI**

PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES

	PROSPECTIVE PAYMENT AMOUNT (see instructions)		
1	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	432,529	1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS		2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		3
4	SUBTOTAL (sum of lines 1-3)	432,529	4
	COMPUTATION OF NET COST OF COVERED SERVICES		
5	DO NOT USE THIS LINE		5
6	DEDUCTIBLES		6
7	COINSURANCE	98,357	7
8	ALLOWABLE BAD DEBTS (see instructions)		8
9	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)		9
10	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)		10
11	UTILIZATION REVIEW		11
12	SUBTOTAL (sum of lines 4 and 5 minus 6 & 7 plus 10 and 11) (see instructions)	334,172	12
13	INPATIENT PRIMARY PAYER PAYMENTS		13
14	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		14
15	SUBTOTAL (line 12 minus 13 ± line 14)	334,172	15
15.01	SEQUESTRATION ADJUSTMENT (see instructions)	6,683	15.01
16	INTERIM PAYMENTS	327,489	16
17	TENTATIVE SETTLEMENT (for contractor use only)		17
18	BALANCE DUE PROVIDER/PROGRAM (line 15 minus 15.01, 16 and 17)		18
19	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		19

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

CALCULATION OF REIMBURSEMENT SETTLEMENT **COMPONENT CCN: 14-0167** **WORKSHEET E-3 PART VII**

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

PART VII - CALCULATION OF REIMBURSEMENT - 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			1
2	MEDICAL AND OTHER SERVICES			2
3	ORGAN ACQUISITION (certified transplant centers only)			3
4	SUBTOTAL (sum of lines 1, 2 and 3)			4
5	INPATIENT PRIMARY PAYER PAYMENTS			5
6	OUTPATIENT PRIMARY PAYER PAYMENTS			6
7	SUBTOTAL (line 4 less sum of lines 5 and 6)			7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES			8
9	ANCILLARY SERVICE CHARGES			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)			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	1	15
16	TOTAL CUSTOMARY CHARGES (see instructions)			16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 16 exceeds line 4) (see instructions)			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)			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			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)			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)			36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	SUBTOTAL (line 36 ± line 37)			38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4)			39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (sum of lines 38 and 39)			40
41	INTERIM PAYMENTS			41
42	BALANCE DUE PROVIDER/PROGRAM (line 40 minus 41)			42
43	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

BALANCE SHEET **WORKSHEET G**

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

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	(Omit Cents)	1	2	3	4	
	CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	597,445				1
2	TEMPORARY INVESTMENTS					2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	6,013,575				4
5	OTHER RECEIVABLES					5
6	ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE	-1,150,000				6
7	INVENTORY	1,106,013				7
8	PREPAID EXPENSES	1,323,760				8
9	OTHER CURRENT ASSETS	819,960				9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS (sum of lines 1-10)	8,710,753				11
	FIXED ASSETS					
12	LAND	291,325				12
13	LAND IMPROVEMENTS					13
14	ACCUMULATED DEPRECIATION					14
15	BUILDINGS	25,457,049				15
16	ACCUMULATED DEPRECIATION	-14,968,015				16
17	LEASEHOLD IMPROVEMENTS	483,750				17
18	ACCUMULATED AMORTIZATION	-451,632				18
19	FIXED EQUIPMENT					19
20	ACCUMULATED DEPRECIATION					20
21	AUTOMOBILES AND TRUCKS					21
22	ACCUMULATED DEPRECIATION					22
23	MAJOR MOVABLE EQUIPMENT	15,268,848				23
24	ACCUMULATED DEPRECIATION	-11,929,246				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)	14,152,079				30
	OTHER ASSETS					
31	INVESTMENTS	1,332,882				31
32	DEPOSITS ON LEASES					32
33	DUE FROM OWNERS/OFFICERS					33
34	OTHER ASSETS	7,688,044				34
35	TOTAL OTHER ASSETS (sum of lines 31-34)	9,020,926				35
36	TOTAL ASSETS (sum of lines 11, 30 and 35)	31,883,758				36

	LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	(Omit Cents)	1	2	3	4	
	CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	1,461,318				37
38	SALARIES, WAGES & FEES PAYABLE	2,695,566				38
39	PAYROLL TAXES PAYABLE					39
40	NOTES & LOANS PAYABLE (short term)	1,021,542				40
41	DEFERRED INCOME					41
42	ACCELERATED PAYMENTS					42
43	DUE TO OTHER FUNDS					43
44	OTHER CURRENT LIABILITIES	728,000				44
45	TOTAL CURRENT LIABILITIES (sum of lines 37 thru 44)	5,906,426				45
	LONG TERM LIABILITIES					
46	MORTGAGE PAYABLE					46
47	NOTES PAYABLE	5,174,777				47
48	UNSECURED LOANS					48
49	OTHER LONG TERM LIABILITIES					49
50	TOTAL LONG TERM LIABILITIES (sum of lines 46 thru 49)	5,174,777				50
51	TOTAL LIABILITIES (sum of lines 45 and 50)	11,081,203				51
	CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	20,802,555				52
53	SPECIFIC PURPOSE FUND BALANCE					53
54	DONOR CREATED - ENDOWMENT FUND BALANCE - RESTRICTED					54
55	DONOR CREATED - ENDOWMENT FUND BALANCE - UNRESTRICTED					55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BALANCE					56
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)	20,802,555				59
60	TOTAL LIABILITIES AND FUND BALANCES (sum of lines 51 and 59)	31,883,758				60

Optimizer Systems, Inc. *WinLASH* Micro System

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STATEMENT OF CHANGES IN FUND BALANCES **WORKSHEET G-1**

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	FUND BALANCES AT BEGINNING OF PERIOD		21,291,788			1
2	NET INCOME (loss) (from Worksheet G-3, line 29)		-489,233			2
3	TOTAL (sun of line 1 and line 2)		20,802,555			3
4	ADDITIONS (credit adjustments)					4
5	INCREASE IN PERPETUAL TRUST					5
6						6
7						7
8						8
9						9
10	TOTAL ADDITIONS (sum of lines 4-9)					10
11	SUBTOTAL (line 3 plus line 10)		20,802,555			11
12	DEDUCTIONS (debit adjustments)					12
13						13
14						14
15						15
16						16
17						17
18	TOTAL DEDUCTIONS (sum of lines 12-17)					18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)		20,802,555			19

		ENDOWMENT FUND		PLANT FUND		
		5	6	7	8	
1	FUND BALANCES AT BEGINNING OF PERIOD					1
2	NET INCOME (loss) (from Worksheet G-3, line 29)					2
3	TOTAL (sun of line 1 and line 2)					3
4	ADDITIONS (credit adjustments)					4
5	INCREASE IN PERPETUAL TRUST					5
6						6
7						7
8						8
9						9
10	TOTAL ADDITIONS (sum of lines 4-9)					10
11	SUBTOTAL (line 3 plus line 10)					11
12	DEDUCTIONS (debit adjustments)					12
13						13
14						14
15						15
16						16
17						17
18	TOTAL DEDUCTIONS (sum of lines 12-17)					18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)					19

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

		INPATIENT	OUTPATIENT	TOTAL	
	REVENUE CENTER	1	2	3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	2,263,926		2,263,926	1
2	SUBPROVIDER IPF				2
3	SUBPROVIDER IRF				3
5	SWING BED - SNF				5
6	SWING BED - NF				6
7	SKILLED NURSING FACILITY	2,225,575		2,225,575	7
8	NURSING FACILITY				8
9	OTHER LONG TERM CARE				9
10	TOTAL GENERAL INPATIENT CARE SERVICES (sum of lines 1-9)	4,489,501		4,489,501	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	INTENSIVE CARE UNIT				11
12	CORONARY CARE UNIT				12
13	BURN INTENSIVE CARE UNIT				13
14	SURGICAL INTENSIVE CARE UNIT				14
15	OTHER SPECIAL CARE (SPECIFY)				15
16	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (sum of lines 11-15)				16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (sum of lines 10 and 16)	4,489,501		4,489,501	17
18	ANCILLARY SERVICES	8,856,246	41,949,279	50,805,525	18
19	OUTPATIENT SERVICES	785,874	7,485,672	8,271,546	19
20	RHC		495,254	495,254	20
20.01	RHC II		455,150	455,150	20.01
20.02	RHC III		1,115,057	1,115,057	20.02
21	FQHC				21
22	HOME HEALTH AGENCY		666,762	666,762	22
23	AMBULANCE	2,046	3,557,759	3,559,805	23
25	ASC				25
26	HOSPICE		2,064,308	2,064,308	26
27	IROQUOIS WOMENS HEALTH		1,754,145	1,754,145	27
27.01	NURSERY	227,727		227,727	27.01
27.03	PROFESSIONAL FEES	135,688	203,533	339,221	27.03
28	TOTAL PATIENT REVENUES (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	14,497,082	59,746,919	74,244,001	28

PART II - OPERATING EXPENSES

		1	2	
29	OPERATING EXPENSES (per Worksheet A, column 3, line 200)		35,634,028	29
30	ADD (SPECIFY)			30
31				31
32				32
33				33
34				34
35				35
36	TOTAL ADDITIONS (sum of lines 30-35)			36
37	DEDUCT (SPECIFY)			37
38				38
39				39
40				40
41				41
42	TOTAL DEDUCTIONS (sum of lines 37-41)			42
43	TOTAL OPERATING EXPENSES (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		35,634,028	43

Optimizer Systems, Inc. *WinLASH* Micro System

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STATEMENT OF REVENUES AND EXPENSES **WORKSHEET G-3**

	DESCRIPTION		
1	TOTAL PATIENT REVENUES (from Worksheet G-2, Part I, column 3, line 28)	74,244,001	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	41,947,601	2
3	NET PATIENT REVENUES (line 1 minus line 2)	32,296,400	3
4	LESS - TOTAL OPERATING EXPENSES (from Worksheet G-2, Part II, line 43)	35,634,028	4
5	NET INCOME FROM SERVICE TO PATIENTS (line 3 minus line 4)	-3,337,628	5

OTHER INCOME

6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1,057,820	6
7	INCOME FROM INVESTMENTS	87,007	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	443	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	157,374	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	525	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	216	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 (EHR MEDICARE AND MEDICAID)	872,518	24
24.01	OTHER (TRUST DONATION)	205,000	24.01
24.02	OTHER (UNREALIZED GAINS)		24.02
24.03	OTHER (OTHER)	542,794	24.03
25	TOTAL OTHER INCOME (sum of lines 6-24)	2,923,697	25
26	TOTAL (line 5 plus line 25)	-413,931	26
27	OTHER EXPENSES (LOSS ON SALE OF ASSET)	75,302	27
28	TOTAL OTHER EXPENSES (sum of line 27 and subscripts)	75,302	28
29	NET INCOME (or loss) FOR THE PERIOD (line 26 minus line 28)	-489,233	29

Optimizer Systems, Inc. **WinLASH** Micro System

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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS **HHA CCN: 14-7586** **WORKSHEET H**

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR-TATION (see ins-tructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	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	42,819	3,056			70,223	5
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	285,446	20,370				6
7	PHYSICAL THERAPY	113,298	8,085		19,515		7
8	OCCUPATIONAL THERAPY	24,478	1,747		3,693		8
9	SPEECH PATHOLOGY	1,399	100		163		9
10	MEDICAL SOCIAL SERVICES	698	49				10
11	HOME HEALTH AIDE	36,340	2,593				11
12	SUPPLIES (see instructions)					4,998	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
23.50	TELEMEDICINE						23.50
24	TOTAL (sum of lines 1-23)	504,478	36,000		23,371	75,221	24

Optimizer Systems, Inc. *WinLASH* Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS **HHA CCN: 14-7586** **WORKSHEET H**

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	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	116,098	-3,793	112,305		112,305	5
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	305,816		305,816		305,816	6
7	PHYSICAL THERAPY	140,898		140,898		140,898	7
8	OCCUPATIONAL THERAPY	29,918		29,918		29,918	8
9	SPEECH PATHOLOGY	1,662		1,662		1,662	9
10	MEDICAL SOCIAL SERVICES	747		747		747	10
11	HOME HEALTH AIDE	38,933		38,933		38,933	11
12	SUPPLIES (see instructions)	4,998	-4,998				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
23.50	TELEMEDICINE						23.50
24	TOTAL (sum of lines 1-23)	639,070	-8,791	630,279		630,279	24

Column 6, line 24 should agree with Worksheet A, column 3, line 101, or subscript as applicable.

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS **HHA CCN: 14-7586** **WORKSHEET H-1 PART I**

			CAPITAL RELATED COSTS			
		NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANCE	
		0	1	2	3	
	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	112,305				5
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE	305,816				6
7	PHYSICAL THERAPY	140,898				7
8	OCCUPATIONAL THERAPY	29,918				8
9	SPEECH PATHOLOGY	1,662				9
10	MEDICAL SOCIAL SERVICES	747				10
11	HOME HEALTH AIDE	38,933				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
23.50	TELEMEDICINE					23.50
24	TOTAL (sum of lines 1-23)	630,279				24

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS **HHA CCN: 14-7586** **WORKSHEET H-1 PART I**

		TRANSPORT-ATION	SUBTOTAL (cols. 0-4)	ADMINI-STRATIVE & GENERAL	TOTAL (col. 4A + 5)	
		4	4A	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		112,305	112,305		5
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE		305,816	65,743	371,559	6
7	PHYSICAL THERAPY		140,898	30,290	171,188	7
8	OCCUPATIONAL THERAPY		29,918	6,432	36,350	8
9	SPEECH PATHOLOGY		1,662	357	2,019	9
10	MEDICAL SOCIAL SERVICES		747	161	908	10
11	HOME HEALTH AIDE		38,933	8,370	47,303	11
12	SUPPLIES (see instructions)			952	952	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
23.50	TELEMEDICINE					23.50
24	TOTAL (sum of lines 1-23)		630,279		630,279	24

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

COST ALLOCATION - HHA STATISTICAL BASIS **HHA CCN: 14-7586** **WORKSHEET H-1 PART II**

		CAPITAL RELATED COSTS						
		BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORT-ATION (Mileage)	RECONCIL-IATION	ADMINI-STRATIVE & GENERAL (Accum. Cost)	
		1	2	3	4	5A	5	
	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					-112,305	522,405	5
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE						305,816	6
7	PHYSICAL THERAPY						140,898	7
8	OCCUPATIONAL THERAPY						29,918	8
9	SPEECH PATHOLOGY						1,662	9
10	MEDICAL SOCIAL SERVICES						747	10
11	HOME HEALTH AIDE						38,933	11
12	SUPPLIES (see instructions)					4,429	4,429	12
13	DRUGS					2	2	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
23.50	TELEMEDICINE							23.50
24	TOTAL (sum of lines 1-23)					-107,874	522,405	24
25	COST TO BE ALLOC (per Worksheet H-1, Part I)						112,305	25
26	UNIT COST MULTIPLIER						0.214977	26

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS **HHA CCN: 14-7586** **WORKSHEET H-2 PART I**

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	PURCHASING RECEIVING AND STORES	
		0	1	2	4	5.01	5.02	
1	ADMINISTRATIVE AND GENERAL		10,160	439	5,745		536	1
2	SKILLED NURSING CARE	371,559			38,299			2
3	PHYSICAL THERAPY	171,188			15,201			3
4	OCCUPATIONAL THERAPY	36,350			3,284			4
5	SPEECH PATHOLOGY	2,019			188			5
6	MEDICAL SOCIAL SERVICES	908			94			6
7	HOME HEALTH AIDE	47,303			4,876			7
8	SUPPLIES	952						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	TOTALS (sum of lines 1-19)(2)	630,279	10,160	439	67,687		536	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS **HHA CCN: 14-7586** **WORKSHEET H-2 PART I**

	HHA COST CENTER (omit cents)	DATA PROCESSING	COMMUNICATIONS	BUSINESS OFFICE	SUBTOTAL (cols.0-4)	OTHER ADMINISTRATIVE AND GENER	MAINTENANCE & REPAIRS	
		5.03	5.04	5.05	4A	5.06	6	
1	ADMINISTRATIVE AND GENERAL	20,743			37,623	2,344		1
2	SKILLED NURSING CARE				409,858	25,536		2
3	PHYSICAL THERAPY				186,389	11,613		3
4	OCCUPATIONAL THERAPY				39,634	2,469		4
5	SPEECH PATHOLOGY				2,207	138		5
6	MEDICAL SOCIAL SERVICES				1,002	62		6
7	HOME HEALTH AIDE				52,179	3,251		7
8	SUPPLIES				952	59		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	TOTALS (sum of lines 1-19)(2)	20,743			729,844	45,472		20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

Optimizer Systems, Inc. *WinLASH* Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS **HHA CCN: 14-7586** **WORKSHEET H-2 PART I**

	HHA COST CENTER (omit cents)	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	
		7	8	9	10	11	13	
1	ADMINISTRATIVE AND GENERAL	17,024		6,120				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
20	TOTALS (sum of lines 1-19)(2)	17,024		6,120				20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

Optimizer Systems, Inc. *WinLASH* Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS **HHA CCN: 14-7586** **WORKSHEET H-2 PART I**

	HHA COST CENTER (omit cents)	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL (sum of col.4A-23)	I&R COST & POST STEP-DOWN ADJS	SUBTOTAL (sum of col.4A-23)	
		14	15	16	24	25	26	
1	ADMINISTRATIVE AND GENERAL				63,111		63,111	1
2	SKILLED NURSING CARE				435,394		435,394	2
3	PHYSICAL THERAPY				198,002		198,002	3
4	OCCUPATIONAL THERAPY				42,103		42,103	4
5	SPEECH PATHOLOGY				2,345		2,345	5
6	MEDICAL SOCIAL SERVICES				1,064		1,064	6
7	HOME HEALTH AIDE				55,430		55,430	7
8	SUPPLIES				1,011		1,011	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	TOTALS (sum of lines 1-19)(2)				798,460		798,460	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

Optimizer Systems, Inc. *WinLASH* Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS **HHA CCN: 14-7586** **WORKSHEET H-2 PART I**

	HHA COST CENTER (omit cents)	ALLOCATED HHA A&G (see Pt.2)	TOTAL HHA COSTS					
		27	28					
1	ADMINISTRATIVE AND GENERAL							1
2	SKILLED NURSING CARE	37,368	472,762					2
3	PHYSICAL THERAPY	16,994	214,996					3
4	OCCUPATIONAL THERAPY	3,613	45,716					4
5	SPEECH PATHOLOGY	201	2,546					5
6	MEDICAL SOCIAL SERVICES	91	1,155					6
7	HOME HEALTH AIDE	4,757	60,187					7
8	SUPPLIES	87	1,098					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	TOTALS (sum of lines 1-19)(2)	63,111	798,460					20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.	0.085825						21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS **HHA CCN: 14-7586** **WORKSHEET H-2 PART II**

	HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE NEW	EMPLOYEE BENEFITS DEPARTMENT GROSS SAL	ADMITTING GROSS CHARGES	PURCHASING RECEIVING AND STORES COST REQ'S	DATA PROCESSING TIME SPENT	
		1	2	4	5.01	5.02	5.03	
1	ADMINISTRATIVE AND GENERAL	1,274	432	42,819		7,631	17,053	1
2	SKILLED NURSING CARE			285,446				2
3	PHYSICAL THERAPY			113,298				3
4	OCCUPATIONAL THERAPY			24,478				4
5	SPEECH PATHOLOGY			1,399				5
6	MEDICAL SOCIAL SERVICES			698				6
7	HOME HEALTH AIDE			36,340				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	TOTALS (sum of lines 1-19)	1,274	432	504,478		7,631	17,053	20
21	TOTAL COST TO BE ALLOCATED	10,160	439	67,687		536	20,743	21
22	UNIT COST MULTIPLIER	7.974882		0.134172		0.070240		22
22	UNIT COST MULTIPLIER		1.016204				1.216384	22

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS **HHA CCN: 14-7586** **WORKSHEET H-2 PART II**

	HHA COST CENTER	COMMUNICATIONS # OF PHONES	BUSINESS OFFICE GROSS CHARGES	RECON-CILIATION	OTHER ADMINISTRATIVE AND GENER ACCUM COST	MAIN-TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	
		5.04	5.05	4A.06	5.06	6	7	
1	ADMINISTRATIVE AND GENERAL				37,623		1,274	1
2	SKILLED NURSING CARE				409,858			2
3	PHYSICAL THERAPY				186,389			3
4	OCCUPATIONAL THERAPY				39,634			4
5	SPEECH PATHOLOGY				2,207			5
6	MEDICAL SOCIAL SERVICES				1,002			6
7	HOME HEALTH AIDE				52,179			7
8	SUPPLIES				952			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	TOTALS (sum of lines 1-19)				729,844		1,274	20
21	TOTAL COST TO BE ALLOCATED				45,472		17,024	21
22	UNIT COST MULTIPLIER							22
22	UNIT COST MULTIPLIER				0.062304		13.362637	22

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS **HHA CCN: 14-7586** **WORKSHEET H-2 PART II**

	HHA COST CENTER	LAUNDRY & LINEN SERVICE POUNDS	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS	CAFETERIA FTE'S	NURSING ADMINIS-TRATION NURSING HOURS	CENTRAL SERVICES & SUPPLY CSS CSTED REQ'	
		8	9	10	11	13	14	
1	ADMINISTRATIVE AND GENERAL		1,274					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	TOTALS (sum of lines 1-19)		1,274					20
21	TOTAL COST TO BE ALLOCATED		6,120					21
22	UNIT COST MULTIPLIER							22
22	UNIT COST MULTIPLIER		4.803768					22

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS **HHA CCN: 14-7586** **WORKSHEET H-2 PART II**

	HHA COST CENTER	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE					
		15	16					
1	ADMINISTRATIVE AND GENERAL							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	TOTALS (sum of lines 1-19)							20
21	TOTAL COST TO BE ALLOCATED							21
22	UNIT COST MULTIPLIER							22
22	UNIT COST MULTIPLIER							22

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

APPORTIONMENT OF PATIENT SERVICE COSTS **HHA CCN: 14-7586** **WORKSHEET H-3 PARTS I & II**

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION

	PATIENT SERVICES	FROM WKST. H-2, PART I, COL. 28, LINE	FACILITY COSTS (from Wkst. H-2, Part I)	SHARED ANCILLARY COSTS (from Part II)	TOTAL HHA COSTS (cols. 1 + 2)	TOTAL VISITS	AVERAGE COST PEr VISIT (col. 3 ÷ col. 4)	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	472,762		472,762	2,256	209.56	1
2	PHYSICAL THERAPY	3	214,996		214,996	1,306	164.62	2
3	OCCUPATIONAL THERAPY	4	45,716		45,716	468	97.68	3
4	SPEECH PATHOLOGY	5	2,546		2,546	57	44.67	4
5	MEDICAL SOCIAL SERVICES	6	1,155		1,155	6	192.50	5
6	HOME HEALTH AIDE	7	60,187		60,187	886	67.93	6
7	TOTAL (sum of lines 1-6)		797,362		797,362	4,979		7

LIMITATION COST COMPUTATION

			PROGRAM VISITS			
				PART B		
	PATIENT SERVICES	CBSA NO.	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	
		1	2	3	4	
8	SKILLED NURSING CARE	99914	67	1,362		8
8.01	SKILLED NURSING CARE	16580		71		8.01
8.02	SKILLED NURSING CARE	19180	6	51		8.02
9	PHYSICAL THERAPY	99914	56	844		9
9.01	PHYSICAL THERAPY	16580		57		9.01
9.02	PHYSICAL THERAPY	19180		31		9.02
10	OCCUPATIONAL THERAPY	99914	10	390		10
10.01	OCCUPATIONAL THERAPY	16580		2		10.01
10.02	OCCUPATIONAL THERAPY	19180		6		10.02
11	SPEECH PATHOLOGY	99914		27		11
11.01	SPEECH PATHOLOGY	16580				11.01
11.02	SPEECH PATHOLOGY	19180		6		11.02
12	MEDICAL SOCIAL SERVICES	99914		6		12
12.01	MEDICAL SOCIAL SERVICES	16580				12.01
12.02	MEDICAL SOCIAL SERVICES	19180				12.02
13	HOME HEALTH AIDE	99914	34	621		13
13.01	HOME HEALTH AIDE	16580		22		13.01
13.02	HOME HEALTH AIDE	19180				13.02
14	TOTAL (sum of lines 8-13)		173	3,496		14

SUPPLIES AND DRUGS COSTS COMPUTATIONS

	OTHER PATIENT SERVICES	FROM WKST. H-2, PART I, COL. 28, LINE	FACILITY COSTS (from Wkst. H-2, Part I)	SHARED ANCILLARY COSTS (from Part II)	TOTAL HHA COSTS (cols. 1 + 2)	TOTAL CHARGES (from HHA Record)	RATIO (col. 3 ÷ col. 4)	
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	1,098	2,389	3,487	2,333	1.494642	15
16	COST OF DRUGS	9						16

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

		FROM WKST. C, PART I, COL. 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (from provider records	HHA SHARED ANCILLARY COSTS (col. 1 x col. 2)	TRANSFER TO PART I AS INDICATED	
			1	2	3	4	
1	PHYSICAL THERAPY	66	0.469346			col. 2, line 2	1
2	OCCUPATIONAL THERAPY	67				col. 2, line 3	2
3	SPEECH PATHOLOGY	68				col. 2, line 4	3
4	MEDICAL SUPPLIES CHARGED TO PAT	71	0.805887	2,964	2,389	col. 2, line 15	4
5	DRUGS CHARGED TO PATIENTS	73	0.312664			col. 2, line 16	5

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

APPORTIONMENT OF PATIENT SERVICE COSTS **HHA CCN: 14-7586** **WORKSHEET H-3 PARTS I & II**

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		PROGRAM VISITS			COST OF SERVICES				
			PART B			PART B			
	PATIENT SERVICES	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	TOTAL PROGRAM COST (sum of cols 9-10)	
		6	7	8	9	10	11	12	
1	SKILLED NURSING CARE	73	1,484		15,298	310,987		326,285	1
2	PHYSICAL THERAPY	56	932		9,219	153,426		162,645	2
3	OCCUPATIONAL THERAPY	10	398		977	38,877		39,854	3
4	SPEECH PATHOLOGY		33			1,474		1,474	4
5	MEDICAL SOCIAL SERVICES		6			1,155		1,155	5
6	HOME HEALTH AIDE	34	643		2,310	43,679		45,989	6
7	TOTAL (sum of lines 1-6)	173	3,496		27,804	549,598		577,402	7

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

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

CALCULATION OF HHA REIMBURSEMRNT SETTLEMENT **HHA CCN: 14-7586** **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

			PART B		
		PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	
	DESCRIPTION	1	2	3	
	REASONABLE COST OF PART A & PART B SERVICES				
1	REASONABLE COST OF SERVICES (see instructions)				1
2	TOTAL CHARGES				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 I ACCORDANCE WITH 42 CFR 413.13(b)				4
5	RATIO OF LINE 3 TO LINE 4 (not to excced 1.000000)				5
6	TOTAL CUSTOMARY CHARGES (see instructions)				6
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (complete only if line 6 exceeds line 1)				7
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 1 exceeds line 6)				8
9	PRIMARY PAYER PAYMENTS				9

COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

		PART A SERVICES	PART B SERVICES	
	DESCRIPTION	1	2	
10	TOTAL REASONABLE COST (see instructions)			10
11	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	26,428	543,484	11
12	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			12
13	TOTAL PPS REIMBURSEMENT - LUPA EPISODES		6,107	13
14	TOTAL PPS REIMBURSEMENT - PEP EPISODES		943	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)	26,428	550,534	22
23	EXCESS REASONABLE COST (from line 8)			23
24	SUBTOTAL (line 22 minus line 23)	26,428	550,534	24
25	COINSURANCE BILLED TO PROGRAM PATIENTS (from your records)			25
26	NET COST (line 24 minus line 25)	26,428	550,534	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)	26,428	550,534	29
30	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			30
31	SUBTOTAL (line 29 plus/minus line 30)	26,428	550,534	31
31.01	SEQUESTRATION ADJUSTMENT (see instructions)	529	11,011	31.01
32	INTERIM PAYMENTS (see instructions)	25,899	539,523	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

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES **HHA CCN: 14-7586** **WORKSHEET H-5**

				PART A		PART B		
				mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
	DESCRIPTION			1	2	3	4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				25,899		539,523	1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. If NONE, WRITE 'NONE' OR ENTER A ZERO							2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT		.01					3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM		.02					3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM	.03					3.03
	EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO	.04					3.04
		PROVIDER	.05					3.05
			.06					3.06
			.07					3.07
			.08					3.08
			.09					3.09
			.10					3.10
			.50					3.50
			.51					3.51
		PROVIDER	.52					3.52
		TO	.53					3.53
		PROGRAM	.54					3.54
			.55					3.55
			.56					3.56
			.57					3.57
			.58					3.58
			.59					3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		.99					3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)				25,899		539,523	4
	TO BE COMPLETED BY CONTRACTOR							
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT		.01					5.01
	AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.		.02					5.02
	IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM	.03					5.03
		TO	.04					5.04
		PROVIDER	.05					5.05
			.06					5.06
			.07					5.07
			.08					5.08
			.09					5.09
			.10					5.10
			.50					5.50
			.51					5.51
		PROVIDER	.52					5.52
		TO	.53					5.53
		PROGRAM	.54					5.54
			.55					5.55
			.56					5.56
			.57					5.57
			.58					5.58
			.59					5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99					5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due)		.01		529		11,011	6.01
	BASED ON THE COST REPORT (1)		.02					6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)				26,428		550,534	7
8	NAME OF CONTRACTOR			CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)		8

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

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS **HOSPICE CCN: 14-1616** **WORKSHEET K**

	COST CENTER DESCRIPTIONS	SALARIES (from Wkst. K-1)	EMPLOYEE BENEFITS (from Wkst. K-2)	TRANSPOR-TATION (see inst.)	CONTRACTED SERVICES (from Wkst. K-3)	OTHER	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED COSTS-BLDG AND FIXT.						1
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.						2
3	PLANT OPERATION AND MAINTENANCE					2,586	3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL	111,107	7,705		20,027	247,973	6
	INPATIENT CARE SERVICE						
7	INPATIENT - GENERAL CARE						7
8	INPATIENT - RESPITE CARE						8
	VISITING SERVICES						
9	PHYSICIAN SERVICES						9
10	NURSING CARE	607,429	42,125		67,906	282,905	10
11	NURSING CARE-CONTINUOUS HOME CARE						11
12	PHYSICAL THERAPY						12
13	OCCUPATIONAL THERAPY						13
14	SPEECH/LANGUAGE PATHOLOGY						14
15	MEDICAL SOCIAL SERVICES						15
16	SPIRITUAL COUNSELING						16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER						19
20	HH AIDE & HOMEMAKER - CONT. HOME CARE						20
21	OTHER	98,870	6,857				21
	OTHER HOSPICE SERVICE COSTS						
22	DRUGS, BIOLOGICAL AND INFUSION THERAPY						22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27	PATIENT TRANSPORTATION						27
28	IMAGING SERVICES						28
29	LABS AND DIAGNOSTICS						29
30	MEDICAL SUPPLIES						30
31	OUTPATIENT SERVICES (including E/R Dept.)						31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	BEREAVEMENT PROGRAM COSTS						35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING						37
38	OTHER PROGRAM COSTS						38
39	TOTAL (sum of lines 1-38)	817,406	56,687		87,933	533,464	39

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS **HOSPICE CCN: 14-1616** **WORKSHEET K**

		TOTAL (cols. 1-5)	RECLASSI-FICATION	SUBTOTAL (col. 6 ± col. 7)	ADJUST-MENTS	TOTAL (col. 8 ± col. 9)	
		6	7	8	9	10	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED COSTS-BLDG AND FIXT.						1
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.						2
3	PLANT OPERATION AND MAINTENANCE	2,586	-2,586				3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL	386,812	-2,281	384,531	-34,055	350,476	6
	INPATIENT CARE SERVICE						
7	INPATIENT - GENERAL CARE						7
8	INPATIENT - RESPITE CARE						8
	VISITING SERVICES						
9	PHYSICIAN SERVICES						9
10	NURSING CARE	1,000,365	-219,396	780,969		780,969	10
11	NURSING CARE-CONTINUOUS HOME CARE						11
12	PHYSICAL THERAPY						12
13	OCCUPATIONAL THERAPY						13
14	SPEECH/LANGUAGE PATHOLOGY						14
15	MEDICAL SOCIAL SERVICES						15
16	SPIRITUAL COUNSELING						16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER						19
20	HH AIDE & HOMEMAKER - CONT. HOME CARE						20
21	OTHER	105,727		105,727		105,727	21
	OTHER HOSPICE SERVICE COSTS						
22	DRUGS, BIOLOGICAL AND INFUSION THERAPY						22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27	PATIENT TRANSPORTATION						27
28	IMAGING SERVICES						28
29	LABS AND DIAGNOSTICS						29
30	MEDICAL SUPPLIES						30
31	OUTPATIENT SERVICES (including E/R Dept.)						31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	BEREAVEMENT PROGRAM COSTS						35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING						37
38	OTHER PROGRAM COSTS						38
39	TOTAL (sum of lines 1-38)	1,495,490	-448,526	1,271,227	-68,110	1,237,172	39

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES **HOSPICE CCN: 14-1616** **WORKSHEET K-1**

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS-TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED COSTS-BLDG AND FIX						1
2	CAPITAL RELATED COSTS-MOVABLE EQUI						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL	111,107					6
	INPATIENT CARE SERVICE						
7	INPATIENT - GENERAL CARE						7
8	INPATIENT - RESPITE CARE						8
	VISITING SERVICES						
9	PHYSICIAN SERVICES						9
10	NURSING CARE	607,429					10
11	NURSING CARE-CONTINUOUS HOME CARE						11
12	PHYSICAL THERAPY						12
13	OCCUPATIONAL THERAPY						13
14	SPEECH/LANGUAGE PATHOLOGY						14
15	MEDICAL SOCIAL SERVICES						15
16	SPIRITUAL COUNSELING						16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER						19
20	HH AIDE & HOMEMAKER - CONT. HOME C						20
21	OTHER	98,870					21
	OTHER HOSPICE SERVICE COSTS						
22	DRUGS, BIOLOGICAL AND INFUSION THE						22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27	PATIENT TRANSPORTATION						27
28	IMAGING SERVICES						28
29	LABS AND DIAGNOSTICS						29
30	MEDICAL SUPPLIES						30
31	OUTPATIENT SERVICES (including E/R						31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	BEREAVEMENT PROGRAM COSTS						35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING						37
38	OTHER PROGRAM COSTS						38
39	TOTAL (sum of lines 1-38)	817,406					39

(1) Transfer the amount in column 9 to Wkst. K, column 1.

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES **HOSPICE CCN: 14-1616** **WORKSHEET K-1**

		TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
		6	7	8	9	
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED COSTS-BLDG AND FIX					1
2	CAPITAL RELATED COSTS-MOVABLE EQUI					2
3	PLANT OPERATION AND MAINTENANCE					3
4	TRANSPORTATION - STAFF					4
5	VOLUNTEER SERVICE COORDINATION					5
6	ADMINISTRATIVE AND GENERAL				111,107	6
	INPATIENT CARE SERVICE					
7	INPATIENT - GENERAL CARE					7
8	INPATIENT - RESPITE CARE					8
	VISITING SERVICES					
9	PHYSICIAN SERVICES					9
10	NURSING CARE				607,429	10
11	NURSING CARE-CONTINUOUS HOME CARE					11
12	PHYSICAL THERAPY					12
13	OCCUPATIONAL THERAPY					13
14	SPEECH/LANGUAGE PATHOLOGY					14
15	MEDICAL SOCIAL SERVICES					15
16	SPIRITUAL COUNSELING					16
17	DIETARY COUNSELING					17
18	COUNSELING - OTHER					18
19	HOME HEALTH AIDE AND HOMEMAKER					19
20	HH AIDE & HOMEMAKER - CONT. HOME C					20
21	OTHER				98,870	21
	OTHER HOSPICE SERVICE COSTS					
22	DRUGS, BIOLOGICAL AND INFUSION THE					22
23	ANALGESICS					23
24	SEDATIVES/HYPNOTICS					24
25	OTHER - SPECIFY					25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN					26
27	PATIENT TRANSPORTATION					27
28	IMAGING SERVICES					28
29	LABS AND DIAGNOSTICS					29
30	MEDICAL SUPPLIES					30
31	OUTPATIENT SERVICES (including E/R					31
32	RADIATION THERAPY					32
33	CHEMOTHERAPY					33
34	OTHER					34
	HOSPICE NONREIMBURSABLE SERVICE					
35	BEREAVEMENT PROGRAM COSTS					35
36	VOLUNTEER PROGRAM COSTS					36
37	FUNDRAISING					37
38	OTHER PROGRAM COSTS					38
39	TOTAL (sum of lines 1-38)				817,406	39

(1) Transfer the amount in column 9 to Wkst. K, column 1.

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED) **HOSPICE CCN: 14-1616** **WORKSHEET K-2**

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS-TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED COSTS-BLDG AND FIX						1
2	CAPITAL RELATED COSTS-MOVABLE EQUI						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL	7,705					6
	INPATIENT CARE SERVICE						
7	INPATIENT - GENERAL CARE						7
8	INPATIENT - RESPITE CARE						8
	VISITING SERVICES						
9	PHYSICIAN SERVICES						9
10	NURSING CARE	42,125					10
11	NURSING CARE-CONTINUOUS HOME CARE						11
12	PHYSICAL THERAPY						12
13	OCCUPATIONAL THERAPY						13
14	SPEECH/LANGUAGE PATHOLOGY						14
15	MEDICAL SOCIAL SERVICES						15
16	SPIRITUAL COUNSELING						16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER						19
20	HH AIDE & HOMEMAKER - CONT. HOME C						20
21	OTHER	6,857					21
	OTHER HOSPICE SERVICE COSTS						
22	DRUGS, BIOLOGICAL AND INFUSION THE						22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27	PATIENT TRANSPORTATION						27
28	IMAGING SERVICES						28
29	LABS AND DIAGNOSTICS						29
30	MEDICAL SUPPLIES						30
31	OUTPATIENT SERVICES (including E/R						31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	BEREAVEMENT PROGRAM COSTS						35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING						37
38	OTHER PROGRAM COSTS						38
39	TOTAL (sum of lines 1-38)	56,687					39

(1) Transfer the amount in column 9 to Wkst. K, column 2.

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED) **HOSPICE CCN: 14-1616** **WORKSHEET K-2**

		TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
		6	7	8	9	
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED COSTS-BLDG AND FIX					1
2	CAPITAL RELATED COSTS-MOVABLE EQUI					2
3	PLANT OPERATION AND MAINTENANCE					3
4	TRANSPORTATION - STAFF					4
5	VOLUNTEER SERVICE COORDINATION					5
6	ADMINISTRATIVE AND GENERAL				7,705	6
	INPATIENT CARE SERVICE					
7	INPATIENT - GENERAL CARE					7
8	INPATIENT - RESPITE CARE					8
	VISITING SERVICES					
9	PHYSICIAN SERVICES					9
10	NURSING CARE				42,125	10
11	NURSING CARE-CONTINUOUS HOME CARE					11
12	PHYSICAL THERAPY					12
13	OCCUPATIONAL THERAPY					13
14	SPEECH/LANGUAGE PATHOLOGY					14
15	MEDICAL SOCIAL SERVICES					15
16	SPIRITUAL COUNSELING					16
17	DIETARY COUNSELING					17
18	COUNSELING - OTHER					18
19	HOME HEALTH AIDE AND HOMEMAKER					19
20	HH AIDE & HOMEMAKER - CONT. HOME C					20
21	OTHER				6,857	21
	OTHER HOSPICE SERVICE COSTS					
22	DRUGS, BIOLOGICAL AND INFUSION THE					22
23	ANALGESICS					23
24	SEDATIVES/HYPNOTICS					24
25	OTHER - SPECIFY					25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN					26
27	PATIENT TRANSPORTATION					27
28	IMAGING SERVICES					28
29	LABS AND DIAGNOSTICS					29
30	MEDICAL SUPPLIES					30
31	OUTPATIENT SERVICES (including E/R					31
32	RADIATION THERAPY					32
33	CHEMOTHERAPY					33
34	OTHER					34
	HOSPICE NONREIMBURSABLE SERVICE					
35	BEREAVEMENT PROGRAM COSTS					35
36	VOLUNTEER PROGRAM COSTS					36
37	FUNDRAISING					37
38	OTHER PROGRAM COSTS					38
39	TOTAL (sum of lines 1-38)				56,687	39

(1) Transfer the amount in column 9 to Wkst. K, column 2.

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES **HOSPICE CCN: 14-1616** **WORKSHEET K-3**

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS-TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED COSTS-BLDG AND FIX						1
2	CAPITAL RELATED COSTS-MOVABLE EQUI						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL						6
	INPATIENT CARE SERVICE						
7	INPATIENT - GENERAL CARE						7
8	INPATIENT - RESPITE CARE						8
	VISITING SERVICES						
9	PHYSICIAN SERVICES						9
10	NURSING CARE					67,906	10
11	NURSING CARE-CONTINUOUS HOME CARE						11
12	PHYSICAL THERAPY						12
13	OCCUPATIONAL THERAPY						13
14	SPEECH/LANGUAGE PATHOLOGY						14
15	MEDICAL SOCIAL SERVICES						15
16	SPIRITUAL COUNSELING						16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER						19
20	HH AIDE & HOMEMAKER - CONT. HOME C						20
21	OTHER						21
	OTHER HOSPICE SERVICE COSTS						
22	DRUGS, BIOLOGICAL AND INFUSION THE						22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27	PATIENT TRANSPORTATION						27
28	IMAGING SERVICES						28
29	LABS AND DIAGNOSTICS						29
30	MEDICAL SUPPLIES						30
31	OUTPATIENT SERVICES (including E/R						31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	BEREAVEMENT PROGRAM COSTS						35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING						37
38	OTHER PROGRAM COSTS						38
39	TOTAL (sum of lines 1-38)					67,906	39

(1) Transfer the amount in column 9 to Wkst. K, column 4.

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES **HOSPICE CCN: 14-1616** **WORKSHEET K-3**

		TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
		6	7	8	9	
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED COSTS-BLDG AND FIX					1
2	CAPITAL RELATED COSTS-MOVABLE EQUI					2
3	PLANT OPERATION AND MAINTENANCE					3
4	TRANSPORTATION - STAFF					4
5	VOLUNTEER SERVICE COORDINATION					5
6	ADMINISTRATIVE AND GENERAL			20,027	20,027	6
	INPATIENT CARE SERVICE					
7	INPATIENT - GENERAL CARE					7
8	INPATIENT - RESPITE CARE					8
	VISITING SERVICES					
9	PHYSICIAN SERVICES					9
10	NURSING CARE				67,906	10
11	NURSING CARE-CONTINUOUS HOME CARE					11
12	PHYSICAL THERAPY					12
13	OCCUPATIONAL THERAPY					13
14	SPEECH/LANGUAGE PATHOLOGY					14
15	MEDICAL SOCIAL SERVICES					15
16	SPIRITUAL COUNSELING					16
17	DIETARY COUNSELING					17
18	COUNSELING - OTHER					18
19	HOME HEALTH AIDE AND HOMEMAKER					19
20	HH AIDE & HOMEMAKER - CONT. HOME C					20
21	OTHER					21
	OTHER HOSPICE SERVICE COSTS					
22	DRUGS, BIOLOGICAL AND INFUSION THE					22
23	ANALGESICS					23
24	SEDATIVES/HYPNOTICS					24
25	OTHER - SPECIFY					25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN					26
27	PATIENT TRANSPORTATION					27
28	IMAGING SERVICES					28
29	LABS AND DIAGNOSTICS					29
30	MEDICAL SUPPLIES					30
31	OUTPATIENT SERVICES (including E/R					31
32	RADIATION THERAPY					32
33	CHEMOTHERAPY					33
34	OTHER					34
	HOSPICE NONREIMBURSABLE SERVICE					
35	BEREAVEMENT PROGRAM COSTS					35
36	VOLUNTEER PROGRAM COSTS					36
37	FUNDRAISING					37
38	OTHER PROGRAM COSTS					38
39	TOTAL (sum of lines 1-38)			20,027	87,933	39

(1) Transfer the amount in column 9 to Wkst. K, column 4.

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

COST ALLOCATION - HOSPICE GENERAL SERVICE COST **HOSPICE CCN: 14-1616** **WORKSHEET K-4 PART I**

			CAPITAL RELATED COSTS				
	COST CENTER DESCRIPTIONS	NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANS-PORTATION	
		0	1	2	3	4	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED COSTS-BLDG AND FIX						1
2	CAPITAL RELATED COSTS-MOVABLE EQUI						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL	350,476					6
	INPATIENT CARE SERVICE						
7	INPATIENT - GENERAL CARE						7
8	INPATIENT - RESPITE CARE						8
	VISITING SERVICES						
9	PHYSICIAN SERVICES						9
10	NURSING CARE	780,969					10
11	NURSING CARE-CONTINUOUS HOME CARE						11
12	PHYSICAL THERAPY						12
13	OCCUPATIONAL THERAPY						13
14	SPEECH/LANGUAGE PATHOLOGY						14
15	MEDICAL SOCIAL SERVICES						15
16	SPIRITUAL COUNSELING						16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER						19
20	HH AIDE & HOMEMAKER - CONT. HOME C						20
21	OTHER	105,727					21
	OTHER HOSPICE SERVICE COSTS						
22	DRUGS, BIOLOGICAL AND INFUSION THE						22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27	PATIENT TRANSPORTATION						27
28	IMAGING SERVICES						28
29	LABS AND DIAGNOSTICS						29
30	MEDICAL SUPPLIES						30
31	OUTPATIENT SERVICES (including E/R						31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	BEREAVEMENT PROGRAM COSTS						35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING						37
38	OTHER PROGRAM COSTS						38
39	TOTAL (sum of lines 1-38)	1,237,172					39

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

COST ALLOCATION - HOSPICE GENERAL SERVICE COST **HOSPICE CCN: 14-1616** **WORKSHEET K-4 PART I**

		VOLUNTEER SERVICES COORDI-NATOR	SUBTOTAL (cols. 0 - 5)	ADMINIS-TRATIVE & GENERAL	TOTAL (col. 5 ± col. 6)	
		5	5A	6	7	
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED COSTS-BLDG AND FIX					1
2	CAPITAL RELATED COSTS-MOVABLE EQUI					2
3	PLANT OPERATION AND MAINTENANCE					3
4	TRANSPORTATION - STAFF					4
5	VOLUNTEER SERVICE COORDINATION					5
6	ADMINISTRATIVE AND GENERAL		350,476	350,476		6
	INPATIENT CARE SERVICE					
7	INPATIENT - GENERAL CARE					7
8	INPATIENT - RESPITE CARE					8
	VISITING SERVICES					
9	PHYSICIAN SERVICES					9
10	NURSING CARE		780,969	308,686	1,089,655	10
11	NURSING CARE-CONTINUOUS HOME CARE					11
12	PHYSICAL THERAPY					12
13	OCCUPATIONAL THERAPY					13
14	SPEECH/LANGUAGE PATHOLOGY					14
15	MEDICAL SOCIAL SERVICES					15
16	SPIRITUAL COUNSELING					16
17	DIETARY COUNSELING					17
18	COUNSELING - OTHER					18
19	HOME HEALTH AIDE AND HOMEMAKER					19
20	HH AIDE & HOMEMAKER - CONT. HOME C					20
21	OTHER		105,727	41,790	147,517	21
	OTHER HOSPICE SERVICE COSTS					
22	DRUGS, BIOLOGICAL AND INFUSION THE					22
23	ANALGESICS					23
24	SEDATIVES/HYPNOTICS					24
25	OTHER - SPECIFY					25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN					26
27	PATIENT TRANSPORTATION					27
28	IMAGING SERVICES					28
29	LABS AND DIAGNOSTICS					29
30	MEDICAL SUPPLIES					30
31	OUTPATIENT SERVICES (including E/R					31
32	RADIATION THERAPY					32
33	CHEMOTHERAPY					33
34	OTHER					34
	HOSPICE NONREIMBURSABLE SERVICE					
35	BEREAVEMENT PROGRAM COSTS					35
36	VOLUNTEER PROGRAM COSTS					36
37	FUNDRAISING					37
38	OTHER PROGRAM COSTS					38
39	TOTAL (sum of lines 1-38)		1,237,172		1,237,172	39

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

COST ALLOCATION - HOSPICE STATISTICAL BASIS **HOSPICE CCN: 14-1616** **WORKSHEET K-4 PART II**

		CAPITAL RELATED COSTS							
	COST CENTER DESCRIPTIONS	BUILDINGS & FIXTURES (Sq. Ft.)	MOVABLE EQUIPMENT ($ Value)	PLANT OPERATION & MAINT. (Sq. Ft.)	TRANS-PORTATION (Mileage)	VOLUNTEER SERVICES COORDI-NATOR (Hours)	RECONCIL-IATION	ADMINIS-TRATIVE & GENERAL (Acc. Cost)	
		1	2	3	4	5	6A	6	
	GENERAL SERVICE COST CENTER								
1	CAPITAL RELATED COSTS-BLDG AND FIX								1
2	CAPITAL RELATED COSTS-MOVABLE EQUI								2
3	PLANT OPERATION AND MAINTENANCE								3
4	TRANSPORTATION - STAFF								4
5	VOLUNTEER SERVICE COORDINATION								5
6	ADMINISTRATIVE AND GENERAL						-350,476	886,696	6
	INPATIENT CARE SERVICE								
7	INPATIENT - GENERAL CARE								7
8	INPATIENT - RESPITE CARE								8
	VISITING SERVICES								
9	PHYSICIAN SERVICES								9
10	NURSING CARE							780,969	10
11	NURSING CARE-CONTINUOUS HOME CARE								11
12	PHYSICAL THERAPY								12
13	OCCUPATIONAL THERAPY								13
14	SPEECH/LANGUAGE PATHOLOGY								14
15	MEDICAL SOCIAL SERVICES								15
16	SPIRITUAL COUNSELING								16
17	DIETARY COUNSELING								17
18	COUNSELING - OTHER								18
19	HOME HEALTH AIDE AND HOMEMAKER								19
20	HH AIDE & HOMEMAKER - CONT. HOME C								20
21	OTHER							105,727	21
	OTHER HOSPICE SERVICE COSTS								
22	DRUGS, BIOLOGICAL AND INFUSION THE								22
23	ANALGESICS								23
24	SEDATIVES/HYPNOTICS								24
25	OTHER - SPECIFY								25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN								26
27	PATIENT TRANSPORTATION								27
28	IMAGING SERVICES								28
29	LABS AND DIAGNOSTICS								29
30	MEDICAL SUPPLIES								30
31	OUTPATIENT SERVICES (including E/R								31
32	RADIATION THERAPY								32
33	CHEMOTHERAPY								33
34	OTHER								34
	HOSPICE NONREIMBURSABLE SERVICE								
35	BEREAVEMENT PROGRAM COSTS								35
36	VOLUNTEER PROGRAM COSTS								36
37	FUNDRAISING								37
38	OTHER PROGRAM COSTS								38
39	TOTAL (sum of lines 1-38)							350,476	39
40	UNIT COST MULTIPLIER							0.395261	40

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS **HOSPICE CCN: 14-1616** **WORKSHEET K-5 PART I**

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	HOSPICE TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	PURCHASING RECEIVING AND STORES	
		0	1	2	4	5.01	5.02	
1	ADMINISTRATIVE AND GENERAL		10,224	639	14,907		6,906	1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE	1,089,655			81,500			5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER	147,517			13,266			16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)	1,237,172	10,224	639	109,673		6,906	34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.
(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS **HOSPICE CCN: 14-1616** **WORKSHEET K-5 PART I**

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	DATA PROCESSING	COMMUNICATIONS	BUSINESS OFFICE	SUBTOTAL	OTHER ADMINISTRATIVE AND GENER	MAIN-TENANCE & REPAIRS	
		5.03	5.04	5.05	4A	5.06	6	
1	ADMINISTRATIVE AND GENERAL	38,577			71,253	4,439		1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE				1,171,155	72,968		5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER				160,783	10,017		16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)	38,577			1,403,191	87,424		34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.
(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

Optimizer Systems, Inc. *WinLASH* Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS **HOSPICE CCN: 14-1616** **WORKSHEET K-5 PART I**

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	
		7	8	9	10	11	13	
1	ADMINISTRATIVE AND GENERAL	17,131		6,158				1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)	17,131		6,158				34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.
(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

Optimizer Systems, Inc. *WinLASH* Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS **HOSPICE CCN: 14-1616** **WORKSHEET K-5 PART I**

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL (cols. 4A-23)	I&R COST & POST STEP-DOWN ADJS	SUBTOTAL (cols. 24 ± 25)	
		14	15	16	24	25	26	
1	ADMINISTRATIVE AND GENERAL				98,981		98,981	1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE				1,244,123		1,244,123	5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER				170,800		170,800	16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)				1,513,904		1,513,904	34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.
(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS **HOSPICE CCN: 14-1616** **WORKSHEET K-5 PART I**

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	ALLOC HOSP A&G (See Part II)	TOTAL HOSP COSTS (col 26 + 27)					
		27	28					
1	ADMINISTRATIVE AND GENERAL							1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE	87,033	1,331,156					5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER	11,948	182,748					16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)		1,513,904					34
35	UNIT COST MULTIPLIER (see instruc	0.069955						35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.
(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS **HOSPICE CCN: 14-1616** **WORKSHEET K-5 PART II**

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE NEW	EMPLOYEE BENEFITS DEPARTMENT GROSS SAL	ADMITTING GROSS CHARGES	PURCHASING RECEIVING AND STORES COST REQ'S	DATA PROCESSING TIME SPENT	
		1	2	4	5.01	5.02	5.03	
1	ADMINISTRATIVE AND GENERAL	1,282	628	111,107		98,400	31,715	1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE			607,429				5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER			98,870				16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33)	1,282	628	817,406		98,400	31,715	34
35	TOTAL COST TO BE ALLOCATED	10,224	639	109,673		6,906	38,577	35
36	UNIT COST MULTIPLIER	7.975039		0.134172		0.070183		36
36	UNIT COST MULTIPLIER		1.017516				1.216364	36

Optimizer Systems, Inc. *WinLASH* Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS **HOSPICE CCN: 14-1616** **WORKSHEET K-5 PART II**

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	COMMUNICATIONS # OF PHONES	BUSINESS OFFICE GROSS CHARGES	RECON-CILIATION	OTHER ADMINISTRATIVE AND GENER ACCUM COST	MAIN-TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	
		5.04	5.05	4A.06	5.06	6	7	
1	ADMINISTRATIVE AND GENERAL				71,253		1,282	1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE				1,171,155			5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER				160,783			16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33)				1,403,191		1,282	34
35	TOTAL COST TO BE ALLOCATED				87,424		17,131	35
36	UNIT COST MULTIPLIER							36
36	UNIT COST MULTIPLIER				0.062304		13.362715	36

Optimizer Systems, Inc. *WinLASH* Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS **HOSPICE CCN: 14-1616** **WORKSHEET K-5 PART II**

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE POUNDS	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS	CAFETERIA FTE'S	NURSING ADMINIS-TRATION NURSING HOURS	CENTRAL SERVICES & SUPPLY CSS CSTED REQ'	
		8	9	10	11	13	14	
1	ADMINISTRATIVE AND GENERAL		1,282		1,525			1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33)		1,282		1,525			34
35	TOTAL COST TO BE ALLOCATED		6,158					35
36	UNIT COST MULTIPLIER							36
36	UNIT COST MULTIPLIER		4.803432					36

Optimizer Systems, Inc. *WinLASH* Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

APPORTIONMENT OF HOSPICE SHARED SERVICES **HOSPICE CCN: 14-1616** **WORKSHEET K-5 PART III**

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	COST CENTER	WKST C, PART I, COL. 9, LINE	COST TO CHARGE RATIO	TOTAL HOSPICE CHARGES (Provider Records)	HOSPICE SHARED ANCILLARY COSTS (cols. 1 x 2)	
		0	1	2	3	
	ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	66	0.469346			1
2	OCCUPATIONAL THERAPY	67				2
3	SPEECH/LANGUAGE PATHOLOGY	68				3
4	DRUGS, BIOLOGICAL AND INFUSION THERAPY	73	0.312664			4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96				5
6	LABS AND DIAGNOSTICS	60	0.219408			6
7	MEDICAL SUPPLIES	71	0.805887			7
8	OUTPATIENT SERVICES (including E/R Dept.)	93				8
9	RADIATION THERAPY	55				9
10	OTHER ANCILLARY (SPECIFY)	76				10
11	TOTALS (sum of lines 1-10)					11

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

CALCULATION OF HOSPICE PER DIEM COST **HOSPICE CCN: 14-1616** **WORKSHEET K-6**

	COMPUTATION OF PER DIEM COSTS	TITLE XVIII	TITLE XIX	OTHER	TOTAL	
		1	2	3	4	
1	TOTAL COST (see instructions)				1,513,904	1
2	TOTAL UNDUPLICATED DAYS (Worksheet S-9, column 6, line 5)				4,758	2
3	AVERAGE COST PER DIEM (line 1 divided by line 2)				318.18	3
4	UNDUPLICATED MEDICARE DAYS (Worksheet S-9, column 1, line 5)	3,981				4
5	AGGREGATE MEDICARE COST (line 3 times line 4)	1,266,675				5
6	UNDUPLICATED MEDICAID DAYS (Worksheet S-9, column 2, line 5)		440			6
7	AGGREGATE MEDICAID COST (line 3 times line 6)		139,999			7
8	UNDUPLICATED SNF DAYS (Worksheet S-9, column 3, line 5)	8,226				8
9	AGGREGATE SNF COST (line 3 times line 8)	2,617,349				9
10	UNDUPLICATED NF DAYS (Worksheet S-9, column 4, line 5)					10
11	AGGREGATE NF COST (line 3 times line 10)					11
12	OTHER UNDUPLICATED DAYS (Worksheet S-9, column 5, line 5)			337		12
13	AGGREGATE COST FOR OTHER DAYS (line 3 times line 12)			107,227		13

Note: The data for the SNF and NF on lines 8 through 11 are included in the Medicare and Medicaid lines 4 through 7.

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

CALCULATION OF CAPITAL PAYMENT **COMPONENT CCN: 14-0167** **WORKSHEET L**

CHECK APPLICABLE BOXES: **[ ] TITLE V** **[XX] TITLE XVIII, PART A** **[ ] TITLE XIX** **[XX] HOSPITAL** **[ ] SUB (OTHER)** **[XX] PPS** **[ ] COST METHOD**

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	CAPITAL DRG OTHER THAN OUTLIER	244,862	1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER		1.01
2	CAPITAL DRG OUTLIER PAYMENTS	929	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)	5.84	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 (Worksheet E, Part A line 30) (see instructions)		7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (see instructions)		8
9	SUM OF LINES 7 AND 8		9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)		10
11	DISPROPORTIONATE SHARE ADJUSTMENT (line 10 times the sum of lines 1 and 1.01)		11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	245,791	12

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (see instructions)		1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (see instructions)		2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (line 1 plus line 2)		3
4	CAPITAL COST PAYMENT FACTOR (see instructions)		4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (line 3 times line 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (see instructions)		1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (see instructions)		2
3	NET PROGRAM INPATIENT CAPITAL COSTS (line 1 minus line 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (see instructions)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (line 3 x line 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (see instructions)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (line 2 x line 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL (line 5 plus line 7)		8
9	CURRENT YEAR CAPITAL PAYMENTS (from Part I, line 12 as applicable)		9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (line 8 less line 9)		10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT (from prior year Worksheet L, Part III, line 14)		11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (line 10 plus line 11)		12
13	CURRENT YEAR EXCEPTION PAYMENT (if line 12 is positive, enter the amount on this line)		13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (if line 12 is negative, enter the amount on this line)		14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (see instructions)		15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (see instructions)		16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (see instructions)		17

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

CALCULATION OF CAPITAL PAYMENT **COMPONENT CCN: 14-0167** **WORKSHEET L**

CHECK APPLICABLE BOXES: [ ] TITLE V [ ] TITLE XVIII, PART A [XX] TITLE XIX [XX] HOSPITAL [ ] SUB (OTHER) [XX] PPS [ ] COST METHOD

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	CAPITAL DRG OTHER THAN OUTLIER		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)		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 (Worksheet E, Part A line 30) (see instructions)		7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (see instructions)		8
9	SUM OF LINES 7 AND 8		9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)		10
11	DISPROPORTIONATE SHARE ADJUSTMENT (line 10 times the sum of lines 1 and 1.01)		11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		12

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (see instructions)		1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (see instructions)		2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (line 1 plus line 2)		3
4	CAPITAL COST PAYMENT FACTOR (see instructions)		4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (line 3 times line 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (see instructions)		1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (see instructions)		2
3	NET PROGRAM INPATIENT CAPITAL COSTS (line 1 minus line 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (see instructions)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (line 3 x line 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (see instructions)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (line 2 x line 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL (line 5 plus line 7)		8
9	CURRENT YEAR CAPITAL PAYMENTS (from Part I, line 12 as applicable)		9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (line 8 less line 9)		10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT (from prior year Worksheet L, Part III, line 14)		11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (line 10 plus line 11)		12
13	CURRENT YEAR EXCEPTION PAYMENT (if line 12 is positive, enter the amount on this line)		13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (if line 12 is negative, enter the amount on this line)		14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (see instructions)		15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (see instructions)		16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (see instructions)		17

Optimizer Systems, Inc. **WinLASH** Micro System

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDI-NARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		0	2A	24	25	26		
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	ADMISSIONS							5.01
5.02	PURCHASING, RECEIVING, AND STORES							5.02
5.03	DATA PROCESSING							5.03
5.04	COMMUNICATIONS							5.04
5.05	BUSINESS OFFICE							5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL							5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS							30
43	NURSERY							43
44	SKILLED NURSING FACILITY							44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
57	CT SCAN							57
58	MRI							58
60	LABORATORY							60
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
69	ELECTROCARDIOLOGY							69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
	OUTPATIENT SERVICE COST CENTERS							
88	RURAL HEALTH CLINIC							88
88.01	RHC II							88.01
88.02	RHC III							88.02
90	CLINIC							90
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
101	HOME HEALTH AGENCY							101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
194	IROQUOIS WOMEN'S HEALTH							194
194.01	OTHER NON-REIMBURSABLE COSTS							194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)							202

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IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/ FEDERALLY QUALIFIED HEALTH CENTER COSTS

COMPONENT CCN: 14-3424

WORKSHEET M-1

CHECK APPLICABLE BOX: [XX] RHC I [ ] FQHC

		COMPENS-ATION	OTHER COSTS	TOTAL (col. 1 + col. 2)	RECLASS-IFICATIONS	RECLASS-IFIED TRIAL BALANCE (col. 3 + col. 4)	ADJUST-MENTS	NET EXPENSES FOR ALLOCATION (col. 5 + col. 6)	
		1	2	3	4	5	6	7	
	FACILITY HEALTH CARE STAFF COSTS								
1	PHYSICIAN	116,995		116,995		116,995		116,995	1
2	PHYSICIAN ASSISTANT								2
3	NURSE PRACTITIONER	129,028	11,030	140,058		140,058		140,058	3
4	VISITING NURSE								4
5	OTHER NURSE	79,129		79,129		79,129		79,129	5
6	CLINICAL PSYCHOLOGIST								6
7	CLINICAL SOCIAL WORKER								7
8	LABORATORY TECHNICIAN								8
9	OTHER FACILITY HEALTH CARE STAFF COSTS								9
10	SUBTOTAL (sum of lines 1-9)	325,152	11,030	336,182		336,182		336,182	10
	COSTS UNDER AGREEMENT								
11	PHYSICIAN SERVICES UNDER AGREEMENT								11
12	PHYSICIAN SUPERVISION UNDER AGREEMENT								12
13	OTHER COSTS UNDER AGREEMENT								13
14	SUBTOTAL (sum of lines 11-13)								14
	OTHER HEALTH CARE COSTS								
15	MEDICAL SUPPLIES		4,658	4,658		4,658		4,658	15
16	TRANSPORTATION (Health Care Staff)								16
17	DEPRECIATION-MEDICAL EQUIPMENT								17
18	PROFESSIONAL LIABILITY INSURANCE		6,566	6,566		6,566		6,566	18
19	OTHER HEALTH CARE COSTS		9,960	9,960		9,960		9,960	19
20	ALLOWABLE GME COSTS								20
21	SUBTOTAL (sum of lines 15-20)		21,184	21,184		21,184		21,184	21
22	TOTAL COST OF HEALTH CARE SERVICES (sum of lines 10, 14, and 21)	325,152	32,214	357,366		357,366		357,366	22
	COSTS OTHER THAN RHC/FQHC SERVICES								
23	PHARMACY								23
24	DENTAL								24
25	OPTOMETRY								25
26	ALL OTHER NONREIMBURSABLE COSTS								26
27	NONALLOWABLE GME COSTS								27
28	TOTAL NONREIMBURSABLE COSTS (sum of lines 23-27)								28
	FACILITY OVERHEAD								
29	FACILITY COSTS		4,040	4,040		4,040		4,040	29
30	ADMINISTRATIVE COSTS	71,718	148,942	220,660	-30,053	190,607		190,607	30
31	TOTAL FACILITY OVERHEAD (sum of lines 29 and 30)	71,718	152,982	224,700	-30,053	194,647		194,647	31
32	TOTAL FACILITY COSTS (sum of lines 22, 28 and 31)	396,870	185,196	582,066	-30,053	552,013		552,013	32

The net expenses for cost allocation on Worksheet A for the RHC/FQHC cost center line must equal the total facility costs in column 7, line 32 of this worksheet.

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES **COMPONENT CCN: 14-3424** **WORKSHEET M-2**

CHECK APPLICABLE BOX: [XX] RHC I [ ] FQHC

VISITS AND PRODUCTIVITY

		NUMBER OF FTE PERSONNEL	TOTAL VISITS	PRODUCTIVITY STANDARD (1)	MINIMUM VISITS (col. 1 x col. 3)	GREATER OF COL. 2 OR COL. 4	
	POSITIONS	1	2	3	4	5	
1	PHYSICIANS	0.42	1,549	4,200	1,764		1
2	PHYSICIAN ASSISTANTS			2,100			2
3	NURSE PRACTITIONERS	1.13	2,421	2,100	2,373		3
4	SUBTOTAL (sum of lines 1-3)	1.55	3,970		4,137	4,137	4
5	VISITING NURSE						5
6	CLINICAL PSYCHOLOGIST						6
7	CLINICAL SOCIAL WORKER						7
7.01	MEDICAL NUTRITION THERAPIST (FQHC only)						7.01
7.02	DIABETES SELF MANAGEMENT TRAINING (FQHC only)						7.02
8	TOTAL FTEs AND VISITS (sum of lines 4-7)	1.55	3,970			4,137	8
9	PHYSICIAN SERVICES UNDER AGREEMENTS						9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10	TOTAL COSTS OF HEALTH CARE SERVICES (from Worksheet M-1, column 7, line 22)	357,366	10
11	TOTAL NONREIMBURSABLE COSTS (from Worksheet M-1, column 7, line 28)		11
12	COST OF ALL SERVICES (excluding overhead) (sum of lines 10 and 11)	357,366	12
13	RATIO OF RHC/FQHC SERVICES (line 10 divided by line 12)	1.000000	13
14	TOTAL FACILITY OVERHEAD (from Worksheet M-1, column 7, line 31)	194,647	14
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (see instructions)	165,772	15
16	TOTAL OVERHEAD (sum of lines 14 and 15)	360,419	16
17	ALLOWABLE DIRECT GME OVERHEAD (see instructions)		17
18	SUBTRACT LINE 17 FROM LINE 16	360,419	18
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (line 13 x line 18)	360,419	19
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (sum of lines 10 and 19)	717,785	20

(1) The productivity standard for physicians is 4,200 and 2,100 for physician assistants and nurse practitioners. If an exception to the standard has been granted (Worksheet S-8, line 12 equals 'Y'), column 3, lines 1thru 3 of this worksheet should contain, at a minimum, one element that is different than the standard.

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES **COMPONENT CCN: 14-3424** **WORKSHEET M-3**

CHECK APPLICABLE BOXES: **[XX] RHC I** **[ ] FQHC** **[ ] TITLE V** **[XX] TITLE XVIII** **[ ] TITLE XIX**

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (from Worksheet M-2, line 20)	717,785	1
2	COST OF VACCINES AND THEIR ADMINISTRATION (from Worksheet M-4, line 15)	3,461	2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (line 1 minus line 2)	714,324	3
4	TOTAL VISITS (from Worksheet M-2, column 5, line 8)	4,137	4
5	PHYSICIANS VISITS UNDER AGREEMENT (from Worksheet M-2, column 5, line 9)		5
6	TOTAL ADJUSTED VISITS (line 4 plus line 5)	4,137	6
7	ADJUSTED COST PER VISIT (line 3 divided by line 6)	172.67	7

		CALCULATION OF LIMIT (1)			
		PRIOR TO JANUARY 1	ON OR AFTER JANUARY 1	(SEE INSTR.)	
		1	2	3	
8	PER VISIT PAYMENT LIMIT (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)				8
9	RATE FOR PROGRAM COVERED VISITS (see instructions)	172.67	172.67	172.67	9
	CALCULATION OF SETTLEMENT				
10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (from contractor records)	334	1,003		10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (line 9 x line 10)	57,672	173,188		11
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (from contractor records)				12
13	PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES (line 9 x line 12)				13
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (see instructions)				14
15	GRADUATE MEDICAL EDUCATION PASS-THROUGH COST (see instructions)				15
16	TOTAL PROGRAM COST (sum of lines 11, 14, and 15, columns 1, 2, and 3)		230,860		16
16.01	TOTAL PROGRAM CHARGES (see instructions)(from contractor's records)		143,134		16.01
16.02	TOTAL PROGRAM PREVENTIVE CHARGES (see instructions)(from provider's records)				16.02
16.03	TOTAL PROGRAM PREVENTIVE COSTS (see instructions)				16.03
16.04	TOTAL PROGRAM NON-PREVENTIVE COSTS (see instructions)		171,322		16.04
16.05	TOTAL PROGRAM COST (see instructions)		171,322		16.05
17	PRIMARY PAYER PAYMENTS				17
18	LESS: BENEFICIARY DEDUCTIBLE FOR RHC ONLY (see instructions)(from contractor records)		16,707		18
19	LESS: BENEFICIARY COINSURANCE FOR RHC/FQHC SERVICES (see instructions) (from contractor records)		25,285		19
20	NET MEDICARE COST EXCUDING VACCINES (see instructions)		171,322		20
21	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (from Worksheet M-4, line 16)		3,003		21
22	TOTAL REIMBURSABLE PROGRAM COST (line 20 plus line 21)		174,325		22
23	ALLOWABLE BAD DEBTS (see instructions)		8,448		23
23.01	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)		6,420		23.01
24	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)		8,448		24
25	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				25
26	NET REIMBURSABLE AMOUNT (see instructions)		180,745		26
26.01	SEQUESTRATION ADJUSTMENT (see instructions)		3,615		26.01
27	INTERIM PAYMENTS		136,695		27
28	TENTATIVE SETTLEMENT (for contractor use only)				28
29	BALANCE DUE COMPONENT/PROGRAM (line 26 minus lines 26.01, 27 and 28)		40,435		29
30	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-2, CHAPTER 1, SECTION 115.2				30

(1) Lines 8 through 14: Fiscal year providers use columns 1 & 2, calendar year providers use column 2 only.

Optimizer Systems, Inc. **WinLASH** Micro System

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CALCULATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST **COMPONENT CCN: 14-3424** **WORKSHEET M-4**

CHECK APPLICABLE BOXES: **[XX] RHC I** **[ ] FQHC** **[ ] TITLE V** **[XX] TITLE XVIII** **[ ] TITLE XIX**

		PNEUMO-COCCAL	INFLUENZA	
		1	2	
1	HEALTH CARE STAFF COST (from Worksheet M-1, column 7, line 10)	336,182	336,182	1
2	RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	0.000116	0.002013	2
3	PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST (line 1 x line 2)	39	677	3
4	MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE (from your records)	181	826	4
5	DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (line 3 plus line 4)	220	1,503	5
6	TOTAL DIRECT COST OF THE FACILITY (from Worksheet M-1, column 7, line 22)	357,366	357,366	6
7	TOTAL OVERHEAD (from Worksheet M-2, line 16)	360,419	360,419	7
8	RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (line 5 divided by line 6)	0.000616	0.004206	8
9	OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (line 7 x line 8)	222	1,516	9
10	TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COSTS AND THEIR ADMINISTRATION COSTS (sum of lines 5 and 9)	442	3,019	10
11	TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (from your records)	4	52	11
12	COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (line 10/line 11)	110.50	58.06	12
13	NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	3	46	13
14	PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR THEIR ADMINISTRATION COSTS (line 12 x line 13)	332	2,671	14
15	TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR ADMINISTRATION COSTS (sum of columns 1 and 2, line 10) (transfer this amount to Worksheet M-3, line 2)		3,461	15
16	TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR ADMINISTRATION COSTS (sum of columns 1 and 2, line 14) (transfer this amount to Worksheet M-3, line 21)		3,003	16

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ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

COMPONENT CCN: 14-3424

WORKSHEET M-5

CHECK APPLICABLE BOX: [XX] RHC I [ ] FQHC

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				136,695	1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. If NONE, WRITE 'NONE' OR ENTER A ZERO					2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT		.01			3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM		.02			3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM	.03			3.03
	EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO	.04			3.04
		PROVIDER	.05			3.05
			.06			3.06
			.07			3.07
			.08			3.08
			.09			3.09
			.10			3.10
			.50			3.50
			.51			3.51
		PROVIDER	.52			3.52
		TO	.53			3.53
		PROGRAM	.54			3.54
			.55			3.55
			.56			3.56
			.57			3.57
			.58			3.58
			.59			3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		.99			3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. J-3, line 27)				136,695	
	TO BE COMPLETED BY CONTRACTOR					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT		.01			5.01
	AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.		.02			5.02
	IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM	.03			5.03
		TO	.04			5.04
		PROVIDER	.05			5.05
			.06			5.06
			.07			5.07
			.08			5.08
			.09			5.09
			.10			5.10
			.50			5.50
			.51			5.51
		PROVIDER	.52			5.52
		TO	.53			5.53
		PROGRAM	.54			5.54
			.55			5.55
			.56			5.56
			.57			5.57
			.58			5.58
			.59			5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99			5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due)		.01		44,050	6.01
	BASED ON THE COST REPORT (1)		.02			6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)				180,745	

8	NAME OF CONTRACTOR	CONTRACTOR NUMBER	NPR DATE (Month/Day/Year)	8

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

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/ FEDERALLY QUALIFIED HEALTH CENTER COSTS

COMPONENT CCN: 14-3425

WORKSHEET M-1

CHECK APPLICABLE BOX: [XX] RHC II [ ] FQHC

		COMPENS-ATION	OTHER COSTS	TOTAL (col. 1 + col. 2)	RECLASS-IFICATIONS	RECLASS-IFIED TRIAL BALANCE (col. 3 + col. 4)	ADJUST-MENTS	NET EXPENSES FOR ALLOCATION (col. 5 + col. 6)	
		1	2	3	4	5	6	7	
	FACILITY HEALTH CARE STAFF COSTS								
1	PHYSICIAN	84,673		84,673		84,673		84,673	1
2	PHYSICIAN ASSISTANT								2
3	NURSE PRACTITIONER	52,823	23,440	76,263		76,263		76,263	3
4	VISITING NURSE								4
5	OTHER NURSE	79,180		79,180		79,180		79,180	5
6	CLINICAL PSYCHOLOGIST								6
7	CLINICAL SOCIAL WORKER								7
8	LABORATORY TECHNICIAN								8
9	OTHER FACILITY HEALTH CARE STAFF COSTS								9
10	SUBTOTAL (sum of lines 1-9)	216,676	23,440	240,116		240,116		240,116	10
	COSTS UNDER AGREEMENT								
11	PHYSICIAN SERVICES UNDER AGREEMENT								11
12	PHYSICIAN SUPERVISION UNDER AGREEMENT								12
13	OTHER COSTS UNDER AGREEMENT								13
14	SUBTOTAL (sum of lines 11-13)								14
	OTHER HEALTH CARE COSTS								
15	MEDICAL SUPPLIES		2,880	2,880		2,880		2,880	15
16	TRANSPORTATION (Health Care Staff)								16
17	DEPRECIATION-MEDICAL EQUIPMENT								17
18	PROFESSIONAL LIABILITY INSURANCE		3,478	3,478		3,478		3,478	18
19	OTHER HEALTH CARE COSTS		6,679	6,679		6,679		6,679	19
20	ALLOWABLE GME COSTS								20
21	SUBTOTAL (sum of lines 15-20)		13,037	13,037		13,037		13,037	21
22	TOTAL COST OF HEALTH CARE SERVICES (sum of lines 10, 14, and 21)	216,676	36,477	253,153		253,153		253,153	22
	COSTS OTHER THAN RHC/FQHC SERVICES								
23	PHARMACY								23
24	DENTAL								24
25	OPTOMETRY								25
26	ALL OTHER NONREIMBURSABLE COSTS								26
27	NONALLOWABLE GME COSTS								27
28	TOTAL NONREIMBURSABLE COSTS (sum of lines 23-27)								28
	FACILITY OVERHEAD								
29	FACILITY COSTS		1,336	1,336		1,336		1,336	29
30	ADMINISTRATIVE COSTS	36,140	128,280	164,420	-49,379	115,041		115,041	30
31	TOTAL FACILITY OVERHEAD (sum of lines 29 and 30)	36,140	129,616	165,756	-49,379	116,377		116,377	31
32	TOTAL FACILITY COSTS (sum of lines 22, 28 and 31)	252,816	166,093	418,909	-49,379	369,530		369,530	32

The net expenses for cost allocation on Worksheet A for the RHC/FQHC cost center line must equal the total facility costs in column 7, line 32 of this worksheet.

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES **COMPONENT CCN: 14-3425** **WORKSHEET M-2**

CHECK APPLICABLE BOX: [XX] RHC II [ ] FQHC

VISITS AND PRODUCTIVITY

		NUMBER OF FTE PERSONNEL	TOTAL VISITS	PRODUCTIVITY STANDARD (1)	MINIMUM VISITS (col. 1 x col. 3)	GREATER OF COL. 2 OR COL. 4	
	POSITIONS	1	2	3	4	5	
1	PHYSICIANS	0.36	1,658	4,200	1,512		1
2	PHYSICIAN ASSISTANTS			2,100			2
3	NURSE PRACTITIONERS	0.59	1,532	2,100	1,239		3
4	SUBTOTAL (sum of lines 1-3)	0.95	3,190		2,751	3,190	4
5	VISITING NURSE						5
6	CLINICAL PSYCHOLOGIST						6
7	CLINICAL SOCIAL WORKER						7
7.01	MEDICAL NUTRITION THERAPIST (FQHC only)						7.01
7.02	DIABETES SELF MANAGEMENT TRAINING (FQHC only)						7.02
8	TOTAL FTEs AND VISITS (sum of lines 4-7)	0.95	3,190			3,190	8
9	PHYSICIAN SERVICES UNDER AGREEMENTS						9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10	TOTAL COSTS OF HEALTH CARE SERVICES (from Worksheet M-1, column 7, line 22)	253,153	10
11	TOTAL NONREIMBURSABLE COSTS (from Worksheet M-1, column 7, line 28)		11
12	COST OF ALL SERVICES (excluding overhead) (sum of lines 10 and 11)	253,153	12
13	RATIO OF RHC/FQHC SERVICES (line 10 divided by line 12)	1.000000	13
14	TOTAL FACILITY OVERHEAD (from Worksheet M-1, column 7, line 31)	116,377	14
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (see instructions)	113,343	15
16	TOTAL OVERHEAD (sum of lines 14 and 15)	229,720	16
17	ALLOWABLE DIRECT GME OVERHEAD (see instructions)		17
18	SUBTRACT LINE 17 FROM LINE 16	229,720	18
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (line 13 x line 18)	229,720	19
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (sum of lines 10 and 19)	482,873	20

(1) The productivity standard for physicians is 4,200 and 2,100 for physician assistants and nurse practitioners. If an exception to the standard has been granted (Worksheet S-8, line 12 equals 'Y'), column 3, lines 1thru 3 of this worksheet should contain, at a minimum, one element that is different than the standard.

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES **COMPONENT CCN: 14-3425** **WORKSHEET M-3**

CHECK APPLICABLE BOXES: **[XX] RHC II** **[ ] FQHC** **[ ] TITLE V** **[XX] TITLE XVIII** **[ ] TITLE XIX**

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (from Worksheet M-2, line 20)	482,873	1
2	COST OF VACCINES AND THEIR ADMINISTRATION (from Worksheet M-4, line 15)	4,436	2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (line 1 minus line 2)	478,437	3
4	TOTAL VISITS (from Worksheet M-2, column 5, line 8)	3,190	4
5	PHYSICIANS VISITS UNDER AGREEMENT (from Worksheet M-2, column 5, line 9)		5
6	TOTAL ADJUSTED VISITS (line 4 plus line 5)	3,190	6
7	ADJUSTED COST PER VISIT (line 3 divided by line 6)	149.98	7

		CALCULATION OF LIMIT (1)			
		PRIOR TO JANUARY 1	ON OR AFTER JANUARY 1	(SEE INSTR.)	
		1	2	3	
8	PER VISIT PAYMENT LIMIT (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)				8
9	RATE FOR PROGRAM COVERED VISITS (see instructions)	149.98	149.98	149.98	9
	CALCULATION OF SETTLEMENT				
10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (from contractor records)	330	989		10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (line 9 x line 10)	49,493	148,330		11
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (from contractor records)				12
13	PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES (line 9 x line 12)				13
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (see instructions)				14
15	GRADUATE MEDICAL EDUCATION PASS-THROUGH COST (see instructions)				15
16	TOTAL PROGRAM COST (sum of lines 11, 14, and 15, columns 1, 2, and 3)		197,823		16
16.01	TOTAL PROGRAM CHARGES (see instructions)(from contractor's records)		134,081		16.01
16.02	TOTAL PROGRAM PREVENTIVE CHARGES (see instructions)(from provider's records)		419		16.02
16.03	TOTAL PROGRAM PREVENTIVE COSTS (see instructions)		618		16.03
16.04	TOTAL PROGRAM NON-PREVENTIVE COSTS (see instructions)		144,965		16.04
16.05	TOTAL PROGRAM COST (see instructions)		145,583		16.05
17	PRIMARY PAYER PAYMENTS				17
18	LESS: BENEFICIARY DEDUCTIBLE FOR RHC ONLY (see instructions)(from contractor records)		15,999		18
19	LESS: BENEFICIARY COINSURANCE FOR RHC/FQHC SERVICES (see instructions) (from contractor records)		23,615		19
20	NET MEDICARE COST EXCUDING VACCINES (see instructions)		145,583		20
21	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (from Worksheet M-4, line 16)		4,094		21
22	TOTAL REIMBURSABLE PROGRAM COST (line 20 plus line 21)		149,677		22
23	ALLOWABLE BAD DEBTS (see instructions)		12,602		23
23.01	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)		9,578		23.01
24	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)		12,602		24
25	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				25
26	NET REIMBURSABLE AMOUNT (see instructions)		159,255		26
26.01	SEQUESTRATION ADJUSTMENT (see instructions)		3,185		26.01
27	INTERIM PAYMENTS		109,287		27
28	TENTATIVE SETTLEMENT (for contractor use only)				28
29	BALANCE DUE COMPONENT/PROGRAM (line 26 minus lines 26.01, 27 and 28)		46,783		29
30	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-2, CHAPTER 1, SECTION 115.2				30

(1) Lines 8 through 14: Fiscal year providers use columns 1 & 2, calendar year providers use column 2 only.

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

CALCULATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST **COMPONENT CCN: 14-3425** **WORKSHEET M-4**

CHECK APPLICABLE BOXES: **[XX] RHC II** **[ ] FQHC** **[ ] TITLE V** **[XX] TITLE XVIII** **[ ] TITLE XIX**

		PNEUMO-COCCAL	INFLUENZA	
		1	2	
1	HEALTH CARE STAFF COST (from Worksheet M-1, column 7, line 10)	240,116	240,116	1
2	RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	0.000232	0.003950	2
3	PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST (line 1 x line 2)	56	948	3
4	MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE (from your records)	241	1,081	4
5	DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (line 3 plus line 4)	297	2,029	5
6	TOTAL DIRECT COST OF THE FACILITY (from Worksheet M-1, column 7, line 22)	253,153	253,153	6
7	TOTAL OVERHEAD (from Worksheet M-2, line 16)	229,720	229,720	7
8	RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (line 5 divided by line 6)	0.001173	0.008015	8
9	OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (line 7 x line 8)	269	1,841	9
10	TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COSTS AND THEIR ADMINISTRATION COSTS (sum of lines 5 and 9)	566	3,870	10
11	TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (from your records)	4	68	11
12	COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (line 10/line 11)	141.50	56.91	12
13	NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	4	62	13
14	PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR THEIR ADMINISTRATION COSTS (line 12 x line 13)	566	3,528	14
15	TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR ADMINISTRATION COSTS (sum of columns 1 and 2, line 10) (transfer this amount to Worksheet M-3, line 2)		4,436	15
16	TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR ADMINISTRATION COSTS (sum of columns 1 and 2, line 14) (transfer this amount to Worksheet M-3, line 21)		4,094	16

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

COMPONENT CCN: 14-3425

WORKSHEET M-5

CHECK APPLICABLE BOX: [XX] RHC II [ ] FQHC

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				109,287	1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. If NONE, WRITE 'NONE' OR ENTER A ZERO					2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT		.01			3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM		.02			3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM	.03			3.03
	EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO	.04			3.04
		PROVIDER	.05			3.05
			.06			3.06
			.07			3.07
			.08			3.08
			.09			3.09
			.10			3.10
			.50			3.50
			.51			3.51
		PROVIDER	.52			3.52
		TO	.53			3.53
		PROGRAM	.54			3.54
			.55			3.55
			.56			3.56
			.57			3.57
			.58			3.58
			.59			3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		.99			3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. J-3, line 27)				109,287	
	TO BE COMPLETED BY CONTRACTOR					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT		.01			5.01
	AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.		.02			5.02
	IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM	.03			5.03
		TO	.04			5.04
		PROVIDER	.05			5.05
			.06			5.06
			.07			5.07
			.08			5.08
			.09			5.09
			.10			5.10
			.50			5.50
			.51			5.51
		PROVIDER	.52			5.52
		TO	.53			5.53
		PROGRAM	.54			5.54
			.55			5.55
			.56			5.56
			.57			5.57
			.58			5.58
			.59			5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99			5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due)		.01		49,968	6.01
	BASED ON THE COST REPORT (1)		.02			6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)				159,255	

8	NAME OF CONTRACTOR	CONTRACTOR NUMBER	NPR DATE (Month/Day/Year)	8

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

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/ FEDERALLY QUALIFIED HEALTH CENTER COSTS

COMPONENT CCN: 15-3979

WORKSHEET M-1

CHECK APPLICABLE BOX: [XX] RHC III [ ] FQHC

		COMPENS-ATION	OTHER COSTS	TOTAL (col. 1 + col. 2)	RECLASS-IFICATIONS	RECLASS-IFIED TRIAL BALANCE (col. 3 + col. 4)	ADJUST-MENTS	NET EXPENSES FOR ALLOCATION (col. 5 + col. 6)	
		1	2	3	4	5	6	7	
	FACILITY HEALTH CARE STAFF COSTS								
1	PHYSICIAN	305,259		305,259		305,259		305,259	1
2	PHYSICIAN ASSISTANT	104,752		104,752		104,752		104,752	2
3	NURSE PRACTITIONER	207,316		207,316		207,316		207,316	3
4	VISITING NURSE								4
5	OTHER NURSE	147,306		147,306		147,306		147,306	5
6	CLINICAL PSYCHOLOGIST								6
7	CLINICAL SOCIAL WORKER								7
8	LABORATORY TECHNICIAN								8
9	OTHER FACILITY HEALTH CARE STAFF COSTS								9
10	SUBTOTAL (sum of lines 1-9)	764,633		764,633		764,633		764,633	10
	COSTS UNDER AGREEMENT								
11	PHYSICIAN SERVICES UNDER AGREEMENT								11
12	PHYSICIAN SUPERVISION UNDER AGREEMENT								12
13	OTHER COSTS UNDER AGREEMENT								13
14	SUBTOTAL (sum of lines 11-13)								14
	OTHER HEALTH CARE COSTS								
15	MEDICAL SUPPLIES		7,436	7,436		7,436		7,436	15
16	TRANSPORTATION (Health Care Staff)								16
17	DEPRECIATION-MEDICAL EQUIPMENT								17
18	PROFESSIONAL LIABILITY INSURANCE		8,695	8,695		8,695		8,695	18
19	OTHER HEALTH CARE COSTS		14,538	14,538		14,538		14,538	19
20	ALLOWABLE GME COSTS								20
21	SUBTOTAL (sum of lines 15-20)		30,669	30,669		30,669		30,669	21
22	TOTAL COST OF HEALTH CARE SERVICES (sum of lines 10, 14, and 21)	764,633	30,669	795,302		795,302		795,302	22
	COSTS OTHER THAN RHC/FQHC SERVICES								
23	PHARMACY								23
24	DENTAL								24
25	OPTOMETRY								25
26	ALL OTHER NONREIMBURSABLE COSTS								26
27	NONALLOWABLE GME COSTS								27
28	TOTAL NONREIMBURSABLE COSTS (sum of lines 23-27)								28
	FACILITY OVERHEAD								
29	FACILITY COSTS		13,630	13,630	-3,072	10,558		10,558	29
30	ADMINISTRATIVE COSTS	68,639	265,049	333,688	-83,225	250,463		250,463	30
31	TOTAL FACILITY OVERHEAD (sum of lines 29 and 30)	68,639	278,679	347,318	-86,297	261,021		261,021	31
32	TOTAL FACILITY COSTS (sum of lines 22, 28 and 31)	833,272	309,348	1,142,620	-86,297	1,056,323		1,056,323	32

The net expenses for cost allocation on Worksheet A for the RHC/FQHC cost center line must equal the total facility costs in column 7, line 32 of this worksheet.

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES **COMPONENT CCN: 15-3979** **WORKSHEET M-2**

CHECK APPLICABLE BOX: [XX] RHC III [ ] FQHC

VISITS AND PRODUCTIVITY

		NUMBER OF FTE PERSONNEL	TOTAL VISITS	PRODUCTIVITY STANDARD (1)	MINIMUM VISITS (col. 1 x col. 3)	GREATER OF COL. 2 OR COL. 4	
	POSITIONS	1	2	3	4	5	
1	PHYSICIANS	0.60	3,457	4,200	2,520		1
2	PHYSICIAN ASSISTANTS	1.00	2,146	2,100	2,100		2
3	NURSE PRACTITIONERS	1.39	3,693	2,100	2,919		3
4	SUBTOTAL (sum of lines 1-3)	2.99	9,296		7,539	9,296	4
5	VISITING NURSE						5
6	CLINICAL PSYCHOLOGIST						6
7	CLINICAL SOCIAL WORKER						7
7.01	MEDICAL NUTRITION THERAPIST (FQHC only)						7.01
7.02	DIABETES SELF MANAGEMENT TRAINING (FQHC only)						7.02
8	TOTAL FTEs AND VISITS (sum of lines 4-7)	2.99	9,296			9,296	8
9	PHYSICIAN SERVICES UNDER AGREEMENTS						9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10	TOTAL COSTS OF HEALTH CARE SERVICES (from Worksheet M-1, column 7, line 22)	795,302	10
11	TOTAL NONREIMBURSABLE COSTS (from Worksheet M-1, column 7, line 28)		11
12	COST OF ALL SERVICES (excluding overhead) (sum of lines 10 and 11)	795,302	12
13	RATIO OF RHC/FQHC SERVICES (line 10 divided by line 12)	1.000000	13
14	TOTAL FACILITY OVERHEAD (from Worksheet M-1, column 7, line 31)	261,021	14
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (see instructions)	322,368	15
16	TOTAL OVERHEAD (sum of lines 14 and 15)	583,389	16
17	ALLOWABLE DIRECT GME OVERHEAD (see instructions)		17
18	SUBTRACT LINE 17 FROM LINE 16	583,389	18
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (line 13 x line 18)	583,389	19
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (sum of lines 10 and 19)	1,378,691	20

(1) The productivity standard for physicians is 4,200 and 2,100 for physician assistants and nurse practitioners. If an exception to the standard has been granted (Worksheet S-8, line 12 equals 'Y'), column 3, lines 1thru 3 of this worksheet should contain, at a minimum, one element that is different than the standard.

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES **COMPONENT CCN: 15-3979** **WORKSHEET M-3**

CHECK APPLICABLE BOXES: **[XX] RHC III** **[ ] FQHC** **[ ] TITLE V** **[XX] TITLE XVIII** **[ ] TITLE XIX**

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (from Worksheet M-2, line 20)	1,378,691	1
2	COST OF VACCINES AND THEIR ADMINISTRATION (from Worksheet M-4, line 15)	10,270	2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (line 1 minus line 2)	1,368,421	3
4	TOTAL VISITS (from Worksheet M-2, column 5, line 8)	9,296	4
5	PHYSICIANS VISITS UNDER AGREEMENT (from Worksheet M-2, column 5, line 9)		5
6	TOTAL ADJUSTED VISITS (line 4 plus line 5)	9,296	6
7	ADJUSTED COST PER VISIT (line 3 divided by line 6)	147.21	7

		CALCULATION OF LIMIT (1)			
		PRIOR TO JANUARY 1	ON OR AFTER JANUARY 1	(SEE INSTR.)	
		1	2	3	
8	PER VISIT PAYMENT LIMIT (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)				8
9	RATE FOR PROGRAM COVERED VISITS (see instructions)	147.21	147.21	147.21	9
	CALCULATION OF SETTLEMENT				
10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (from contractor records)	909	2,727		10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (line 9 x line 10)	133,814	401,442		11
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (from contractor records)				12
13	PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES (line 9 x line 12)				13
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (see instructions)				14
15	GRADUATE MEDICAL EDUCATION PASS-THROUGH COST (see instructions)				15
16	TOTAL PROGRAM COST (sum of lines 11, 14, and 15, columns 1, 2, and 3)		535,256		16
16.01	TOTAL PROGRAM CHARGES (see instructions)(from contractor's records)		297,267		16.01
16.02	TOTAL PROGRAM PREVENTIVE CHARGES (see instructions)(from provider's records)				16.02
16.03	TOTAL PROGRAM PREVENTIVE COSTS (see instructions)				16.03
16.04	TOTAL PROGRAM NON-PREVENTIVE COSTS (see instructions)		388,710		16.04
16.05	TOTAL PROGRAM COST (see instructions)		388,710		16.05
17	PRIMARY PAYER PAYMENTS				17
18	LESS: BENEFICIARY DEDUCTIBLE FOR RHC ONLY (see instructions)(from contractor records)		49,368		18
19	LESS: BENEFICIARY COINSURANCE FOR RHC/FQHC SERVICES (see instructions) (from contractor records)		69,652		19
20	NET MEDICARE COST EXCUDING VACCINES (see instructions)		388,710		20
21	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (from Worksheet M-4, line 16)		7,275		21
22	TOTAL REIMBURSABLE PROGRAM COST (line 20 plus line 21)		395,985		22
23	ALLOWABLE BAD DEBTS (see instructions)		16,805		23
23.01	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)		12,772		23.01
24	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)		16,805		24
25	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				25
26	NET REIMBURSABLE AMOUNT (see instructions)		408,757		26
26.01	SEQUESTRATION ADJUSTMENT (see instructions)		8,175		26.01
27	INTERIM PAYMENTS		391,417		27
28	TENTATIVE SETTLEMENT (for contractor use only)				28
29	BALANCE DUE COMPONENT/PROGRAM (line 26 minus lines 26.01, 27 and 28)		9,165		29
30	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-2, CHAPTER 1, SECTION 115.2				30

(1) Lines 8 through 14: Fiscal year providers use columns 1 & 2, calendar year providers use column 2 only.

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

CALCULATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST **COMPONENT CCN: 15-3979** **WORKSHEET M-4**

CHECK APPLICABLE BOXES: **[XX] RHC III** **[ ] FQHC** **[ ] TITLE V** **[XX] TITLE XVIII** **[ ] TITLE XIX**

		PNEUMO-COCCAL	INFLUENZA	
		1	2	
1	HEALTH CARE STAFF COST (from Worksheet M-1, column 7, line 10)	764,633	764,633	1
2	RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	0.000412	0.002371	2
3	PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST (line 1 x line 2)	315	1,813	3
4	MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE (from your records)	1,508	2,288	4
5	DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (line 3 plus line 4)	1,823	4,101	5
6	TOTAL DIRECT COST OF THE FACILITY (from Worksheet M-1, column 7, line 22)	795,302	795,302	6
7	TOTAL OVERHEAD (from Worksheet M-2, line 16)	583,389	583,389	7
8	RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (line 5 divided by line 6)	0.002292	0.005157	8
9	OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (line 7 x line 8)	1,337	3,009	9
10	TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COSTS AND THEIR ADMINISTRATION COSTS (sum of lines 5 and 9)	3,160	7,110	10
11	TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (from your records)	25	144	11
12	COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (line 10/line 11)	126.40	49.38	12
13	NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	22	91	13
14	PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR THEIR ADMINISTRATION COSTS (line 12 x line 13)	2,781	4,494	14
15	TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR ADMINISTRATION COSTS (sum of columns 1 and 2, line 10) (transfer this amount to Worksheet M-3, line 2)		10,270	15
16	TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR ADMINISTRATION COSTS (sum of columns 1 and 2, line 14) (transfer this amount to Worksheet M-3, line 21)		7,275	16

Optimizer Systems, Inc. **WinLASH** Micro System

IROQUOIS MEMORIAL HOSPITAL Provider CCN: 14-0167	In Lieu of Form **CMS-2552-10**	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/17/2015 Run Time: 10:21 Version: 2014.10

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

COMPONENT CCN: 15-3979

WORKSHEET M-5

CHECK APPLICABLE BOX: [XX] RHC III [ ] FQHC

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				371,227	1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. If NONE, WRITE 'NONE' OR ENTER A ZERO					2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT		.01	05/30/2014	20,190	3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM		.02			3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM	.03			3.03
	EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO	.04			3.04
		PROVIDER	.05			3.05
			.06			3.06
			.07			3.07
			.08			3.08
			.09			3.09
			.10			3.10
			.50			3.50
			.51			3.51
		PROVIDER	.52			3.52
		TO	.53			3.53
		PROGRAM	.54			3.54
			.55			3.55
			.56			3.56
			.57			3.57
			.58			3.58
			.59			3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		.99		20,190	3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. J-3, line 27)				391,417	
	TO BE COMPLETED BY CONTRACTOR					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT		.01			5.01
	AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.		.02			5.02
	IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM	.03			5.03
		TO	.04			5.04
		PROVIDER	.05			5.05
			.06			5.06
			.07			5.07
			.08			5.08
			.09			5.09
			.10			5.10
			.50			5.50
			.51			5.51
		PROVIDER	.52			5.52
		TO	.53			5.53
		PROGRAM	.54			5.54
			.55			5.55
			.56			5.56
			.57			5.57
			.58			5.58
			.59			5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99			5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due)		.01		17,340	6.01
	BASED ON THE COST REPORT (1)		.02			6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)				408,757	

8	NAME OF CONTRACTOR	CONTRACTOR NUMBER	NPR DATE (Month/Day/Year)	8

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