

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

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

**WORKSHEET S
PARTS I, II & III**

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report 4. <input checked="" type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.		Date: 05/23/2018 Time: 11:41
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by BELOIT MEMORIAL HOSPITAL, INC. (52-0100) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 01/01/2017 and ending 12/31/2017, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) _____
Chief Financial 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		171,145	490,754		1,542,841	1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		171,145	490,754		1,542,841	200

The above amounts represent 'due to' or 'due from' the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 673 hours per response, including the time to review instructions,

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY**WORKSHEET S
PARTS I, II & III**

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.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence

not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions

or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

1	Street: 1969 WEST HART ROAD	P.O. Box:								1
2	City: BELOIT	State: WI	ZIP Code: 53511	County: ROCK						2

Hospital and Hospital-Based Component Identification:

	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	BELOIT MEMORIAL HOSPITAL, INC.	52-0100	27500	1	07 / 01 / 1966	N	P	O	3
4	Subprovider - IPF									4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA	AT HOME HEALTH CARE	52-7075	27500		09 / 01 / 1996	N	P	N	12
13	Separately Certified ASC									13
14	Hospital-Based Hospice	BELOIT REGIONAL HOSPICE	52-1525	27500		01 / 01 / 2017				14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis	BELOIT MEMORIAL DIALYSIS	52-2324	27500		01 / 01 / 2004				18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 01 / 01 / 2017	To: 12 / 31 / 2017							20
21	Type of control (see instructions)	2								21

Inpatient PPS Information

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

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	934	262	98		1,669		24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.							25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1						26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1						27

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.			35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.			37
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPPS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N		37.01
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	38

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

			1	2	
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (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)(i) or (ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)		N	N	39
40	Is this hospital subject to the HAC program reduction adjustment? Enter 'Y' for yes or 'N' for no in column 1, for discharges prior to October 1. Enter 'Y' for yes or 'N' for no in column 2, for discharges on or after October 1. (see instructions)		N	N	40
		V	XVIII	XIX	
	Prospective Payment System (PPS)-Capital	1	2	3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?		N	Y	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.		N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.		N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.		N	N	48

		1	2	3	
Teaching Hospitals					
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.		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 Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.		N		57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, chapter 21, section 2148? If yes, complete Wkst. D-5.		N		58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N		59
		NAHE 413.85 Y/N 1	Worksheet A Line # 2	Pass-Through Qualification Criteria Code 3	
60	Are you claiming nursing and allied health education (NAHE) costs for any program(s) that meet the criteria under 42 CFR 413.85? (see instructions)		N		60
		Y/N 1	IME 4	Direct GME 5	
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 osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery 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. Enter in column 4, the 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. Enter in column 4 direct the GME FTE unweighted count.

ACA Provisions Affecting the Health Resources and Services Administration (HRSA)

62	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				62
62.01	Enter the number of FTE residents that rotated from a teaching health center (THC) into your hospital in this cost reporting period of HRSA THC program. (see instructions)				62.01

Teaching Hospitals that Claim Residents in Nonprovider Settings

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64 through 67. (see instructions)		N		63
----	--	--	---	--	----

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						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 nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						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 Facility PPS				1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.			N			70
71	If line 70 is yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)						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 is yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)						76
Long Term Care Hospital PPS							
80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.				N		80
81	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter 'Y' for yes and 'N' for no.				N		81
TEFRA Providers							
85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA?. Enter 'Y' for yes or 'N' for no.				N		85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.						86
87	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter 'Y' for yes and 'N' for no.				N		87

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Title V and XIX Services		V	XIX	
		1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	Y	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97
98	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06

Rural Providers

		1	2	
105	Does this hospital qualify as a CAH?	N		105
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106
107	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes, complete Wkst. D-2, Pt. II.			107
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N		108
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.	Physical	Occupational Speech Respiratory	109

		1	2	
110	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110
111	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: 'A' for Ambulance services; 'B' for additional beds; and/or 'C' for tele-health services.	1	2	111

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-1, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	Y			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118
118.01	List amounts of malpractice premiums and paid losses:	Premiums 243,900	Paid Losses	Self Insurance	118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N	N		120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	N			121
122	Does the cost report contain state health care related taxes as defined in §1983(w)(3) of the Act? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N			122

Transplant Center Information

125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	N		125
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date in column 2.			126

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**WORKSHEET S-2
PART I**

127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date in column 2.			127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date in column 2.			128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date in column 2.			129
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date in column 2.			130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date in column 2.			131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date in column 2.			132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date 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

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**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 the name of the home office, the home office contractor name, and home office contractor number on line 141. Enter the address of the home office on lines 142 and 143.

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

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

		Title XVIII				
		Part A	Part B	Title V	Title XIX	
		1	2	3	4	
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			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. (see instructions)						166
	Name	County	State	ZIP Code	CBSA	FTE/Campus	
	0	1	2	3	4	5	

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y			167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)				168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)				168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)	9.99			169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01 / 01 / 2018	03 / 31 / 2018		170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no in column 1. If column 1 is 'Y', enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0	171

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

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 in the filed financial statements? If yes, submit reconciliation.	Y		5

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

		Y/N
Bad Debts		Y/N
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y
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
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data		1	2	3	4
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/30/2018	Y	04/30/2018
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

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

Capital Related Cost			
22	Have assets been relifed for Medicare purposes? If yes, see instructions.		22
23	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23
24	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions.		24
25	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25
26	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26
27	Has the provider's capitalization policy changed during the cost reporting period? If yes, see instructions.		27

Interest Expense			
28	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28
29	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions.		29
30	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30
31	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31

Purchased Services			
32	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		32
33	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33

Provider-Based Physicians			
34	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		34
35	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		35

Home Office Costs		Y/N	Date	
		1	2	
36	Are home office costs claimed on the cost report?			36
37	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37
38	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38
39	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39
40	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40

Cost Report Preparer Contact Information				
41	First name: AARON	Last name: WIERSEMA	Title: SR FINANCIAL ANALYST	41
42	Employer: BELOIT HEALTH SYSTEM INC			42
43	Phone number: 6083645102	E-mail Address: AWIERSEMA@BELOITHEALTHSYSTEM.ORG		43

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips				
						Title V	Title XVIII	Title XIX	Total All Patients	
		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	91	33,215			6,398	761	12,850	1
2	HMO and other (see instructions)						1,991	2,029		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)		91	33,215			6,398	761	12,850	7
8	Intensive Care Unit	31	12	4,380			951	35	1,484	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						138	1,010	13
14	Total (see instructions)		103	37,595			7,349	934	15,344	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								19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101					6,201	574	9,751	22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116		28,860			26,872	431	28,860	24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		103							27
28	Observation Bed Days							52	1,020	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)								5	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33
33.01	LTCH site neutral days and discharges									33.01

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					1,778	243	4,045	1
2	HMO and other (see instructions)					487	530		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)		1,254.00			1,778	243	4,045	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF								17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency		19.00						22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)		38.00						24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)		1,311.00						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32.01
33	LTCH non-covered days								33
33.01	LTCH site neutral days and discharges								33.01

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

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	96,618,169	96,618,169	2,727,200.00	35.43	1
2	Non-physician anesthetist Part A						2
3	Non-physician anesthetest Part B		114,204	114,204	3,172.00	36.00	3
4	Physician-Part A - Administrative		475,510	475,510	2,828.00	168.14	4
4.01	Physician-Part A - Teaching						4.01
5	Physician-Part B		23,017,767	23,017,767	119,722.00	192.26	5
6	Non-physician-Part B						6
7	Interns & residents (in an approved program)	21					7
7.01	Contracted interns & residents (in an approved program)						7.01
8	Home office and/or related organization personnel						8
9	SNF	44					9
10	Excluded area salaries (see instructions)		7,132,076	7,132,076	286,920.00	24.86	10
OTHER WAGES & RELATED COSTS							
11	Contract labor (see instructions)		383,555	383,555	5,053.00	75.91	11
12	Contract management and administrative services						12
13	Contract labor: Physician-Part A - Administrative						13
14	Home office salaries & wage-related costs						14
14.01	Home office salaries						14.01
14.02	Related organization salaries						14.02
15	Home office: Physician Part A - Administrative						15
16	Home office & Contract Physicians Part A - Teaching						16
WAGE-RELATED COSTS							
17	Wage-related costs (core)(see instructions)		33,005,427	33,005,427			17
18	Wage-related costs (other)(see instructions)						18
19	Excluded areas		3,670,109	3,670,109			19
20	Non-physician anesthetist Part A						20
21	Non-physician anesthetist Part B		46,433	46,433			21
22	Physician Part A - Administrative		72,440	72,440			22
22.01	Physician Part A - Teaching						22.01
23	Physician Part B		3,513,722	3,513,722			23
24	Wage-related costs (RHC/FQHC)						24
25	Interns & residents (in an approved program)						25
25.50	Home office wage-related						25.50
25.51	Related organization wage-related						25.51
25.52	Home office: Physician Part A - Administrative - wage-related						25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related						25.53
OVERHEAD COSTS - DIRECT SALARIES							
26	Employee Benefits Department						26
27	Administrative & General		10,659,934	10,659,934	425,075.00	25.08	27
28	Administrative & General under contract (see instructions)		181,534	181,534	830.00	218.72	28
29	Maintenance & Repairs						29
30	Operation of Plant		1,854,471	1,854,471	70,194.00	26.42	30
31	Laundry & Linen Service		43,630	43,630	3,559.00	12.26	31
32	Housekeeping		1,316,736	1,316,736	101,564.00	12.96	32
33	Housekeeping under contract (see instructions)						33
34	Dietary		860,410	860,410	54,745.00	15.72	34
35	Dietary under contract (see instructions)						35
36	Cafeteria		95,488	95,488	8,272.00	11.54	36
37	Maintenance of Personnel						37
38	Nursing Administration		1,345,705	1,345,705	45,006.00	29.90	38
39	Central Services and Supply		531,900	531,900	28,093.00	18.93	39
40	Pharmacy		1,777,875	1,777,875	44,134.00	40.28	40
41	Medical Records & Medical Records Library		2,367,356	2,367,356	113,043.00	20.94	41
42	Social Service		536,734	536,734	16,415.00	32.70	42
43	Other General Service						43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		73,667,732	73,667,732	2,605,136.00	28.28	1
2	Excluded area salaries (see instructions)		7,132,076	7,132,076	286,920.00	24.86	2
3	Subtotal salaries (line 1 minus line 2)		66,535,656	66,535,656	2,318,216.00	28.70	3
4	Subtotal other wages & related costs (see instructions)		383,555	383,555	5,053.00	75.91	4

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

HOSPITAL WAGE INDEX INFORMATION**WORKSHEET S-3
PARTS II-III**

5	Subtotal wage-related costs (see instructions)		33,077,867		33,077,867		49.71%	5
6	Total (sum of lines 3 through 5)		99,997,078		99,997,078	2,323,269.00	43.04	6
7	Total overhead cost (see instructions)		21,571,773		21,571,773	910,930.00	23.68	7

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

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	3,626,782	2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)	738,920	4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)		8
8.01	Health Insurance (Self Funded without a Third Party Administrator)		8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	27,801,986	8.02
8.03	Health Insurance (Purchased)		8.03
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	534,394	10
11	Life Insurance (If employee is owner or beneficiary)	64,495	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	330,167	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	626,237	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	5,857,411	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	49,865	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	677,874	23
24	Total Wage Related cost (Sum of lines 1-23)	40,308,131	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
----	------------------------------------	--	----

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

HOSPITAL CONTRACT LABOR AND BENEFIT COST

**WORKSHEET S-3
PART V**

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

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

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA CCN: 52-7075

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

County: **ROCK COUNTY**

	Description	Title V 1	Title XVIII 2	Title XIX 3	Other 4	Total 5	
1	Home Health Aide Hours		2,120	197	1,016	3,333	1
2	Unduplicated Census Count (see instructions)		319.00				2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

	Enter the number of hours in your normal work week	Number of Employees (Full Time Equivalent)				
		Staff	Contract	Total		
		1	2	3		
3	Administrator and Assistant Administrator(s)				3	
4	Director(s) and Assistant Director(s)		1.00		1.00	4
5	Other Administrative Personnel		2.00		2.00	5
6	Direct Nursing Service		10.00		10.00	6
7	Nursing Supervisor					7
8	Physical Therapy Service		4.00		4.00	8
9	Physical Therapy Supervisor					9
10	Occupational Therapy Service		1.00		1.00	10
11	Occupational Therapy Supervisor					11
12	Speech Pathology Service					12
13	Speech Pathology Supervisor					13
14	Medical Social Service					14
15	Medical Social Service Supervisor					15
16	Home Health Aide		2.00		2.00	16
17	Home Health Aide Supervisor					17
18	Other (specify)					18

HOME HEALTH AGENCY CBSA CODES

19	Enter the number of CBSAs where you provided services during the cost reporting period.		4	19
20	List those CBSA code(s) serviced during this cost reporting period (line 20 contains the first code).		27500	20
20.01			31540	20.01
20.02			40420	20.02
20.03			99952	20.03

PPS ACTIVITY

		Full Episodes		LUPA Episodes	PEP only Episodes	Total (columns 1 through 4)	
		Without Outliers	With Outliers				
		1	2	3	4	5	
21	Skilled Nursing Visits	2,241	729	131	16	3,117	21
22	Skilled Nursing Visit Charges	893,108	291,054	52,209	6,309	1,242,680	22
23	Physical Therapy Visits	1,635	120	28	7	1,790	23
24	Physical Therapy Visit Charges	713,356	52,270	12,236	3,042	780,904	24
25	Occupational Therapy Visits	374	25	10	2	411	25
26	Occupational Therapy Visit Charges	163,098	10,891	4,370	874	179,233	26
27	Speech Pathology Visits	10				10	27
28	Speech Pathology Visit Charges	4,370				4,370	28
29	Medical Social Service Visits	7	1			8	29
30	Medical Social Service Visit Charges	3,990	548			4,538	30
31	Home Health Aide Visits	348	339	9		696	31
32	Home Health Aide Visit Charges	65,868	64,172	1,696		131,736	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	4,615	1,214	178	25	6,032	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	1,843,790	418,935	70,511	10,225	2,343,461	35
36	Total Number of Episodes (standard/non-outlier)	333		65	4	402	36
37	Total Number of Outlier Episodes		31			31	37
38	Total Non-Routine Medical Supply Charges	87,674	57,945	9,411	22	155,052	38

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

	DESCRIPTION	Outpatient		Training		Home		
		Regular	High Flux	Hemo-dialysis	CAPD CCPD	Hemo-dialysis	CAPD CCPD	
		1	2	3	4	5	6	
1	Number of patients in program at end of cost reporting period	63					30	1
2	Number of times per week patient receives dialysis	3.00					7.00	2
3	Average patient dialysis time including setup	5.00						3
4	CAPD exchanges per day						4	4
5	Number of days in year dialysis furnished	312						5
6	Number of stations	18						6
7	Treatment capacity per day per station	6						7
8	Utilization (see instructions)							8
9	Average times dialyzers re-used							9
10	Percentage of patients re-using dialyzers							10

ESRD PPS

		1	2	
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter 'Y' for yes or 'N' for no. (see instructions)	N		10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter 'Y' for yes or 'N' for no. (see instructions for 'new' providers)	Y		10.02
10.03	If you responded 'N' to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)			10.03

TRANSPLANT INFORMATION

11	Number of patients on transplant list		13	11
12	Number of patients transplanted during the cost reporting period		6	12

EPOETIN

13	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider			13
14	Epoetin amount from Worksheet A for home dialysis program			14
15	Number of EPO units furnished relating to the renal dialysis department			15
16	Number of EPO units furnished relating to the home dialysis department			16

ARANESP

17	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider			17
18	ARANESP amount from Worksheet A for home dialysis program			18
19	Number of ARANESP units furnished relating to the renal dialysis department			19
20	Number of ARANESP units furnished relating to the home dialysis department			20

PHYSICIAN PAYMENT METHOD (Enter 'X' for applicable method(s))

21	MCP X	INITIAL METHOD	
----	-------	----------------	--

Erythropoiesis-Stimulating Agents (ESA) Statistics:		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.	
		1	2	3	4	5	
22	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						22

LOW VOLUME		CCN	Treatments		
		1	2		
23	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part 1, line 18 and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)				23

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

HOSPICE CCN: 52-1525

WORKSHEET S-9
PARTS I THROUGH IV

PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015

		Unduplicated Days					Total (sum of cols. 1, 2, & 5)	
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other		
		1	2	3	4	5	6	
1	Continuous Home Care							1
2	Routine Home Care							2
3	Inpatient Respite Care							3
4	General Inpatient Care							4
5	Total Hospice Days							5

PART II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015

		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							6
7	Total Number of Unduplicated Continuous Care Hours Billable to Medicare							7
8	Average Length of Stay (line 5/line 6)							8
9	Unduplicated Census Count							9

PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015

		Unduplicated Days			Total (sum of cols. 1 through 3)	
		Title XVIII	Title XIX	Other		
		1	2	3	4	
10	Hospice Continuous Home Care					10
11	Hospice Routine Home Care	27,369	431	1,060	28,860	11
12	Hospice Inpatient Respite Care					12
13	Hospice General Inpatient Care					13
14	Total Hospice Days	27,369	431	1,060	28,860	14

PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1	2	3	4	
15	Hospice Inpatient Respite Care					15
16	Hospice General Inpatient Care					16

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

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

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)	0.245183	1
---	--	----------	---

Medicaid (see instructions for each line)

2	Net revenue from Medicaid	15,616,573	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 and/or supplemental payments from Medicaid?	Y	4
5	If line 4 is no, enter DSH and/or supplemental payments from Medicaid		5
6	Medicaid charges	127,916,025	6
7	Medicaid cost (line 1 times line 6)	31,362,835	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.	15,746,262	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

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

17	Private grants, donations, or endowment income restricted to fundng charity care		17
18	Government grants, appropriations of transfers for support of hospital operations		18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	15,746,262	19

Uncompensated care (see instructions for each line)

		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Charity care charges and uninsured discounts for the entire facility (see instructions)	75,754	14,263	90,017	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	18,574	14,263	32,837	21
22	Payments received from patients for amounts previously written off as charity care				22
23	Cost of charity care (line 21 minus line 22)	18,574	14,263	32,837	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?				24
25	If line 24 is yes, charges for patient days beyond the indigent care program's length of stay limit				25
26	Total bad debt expense for the entire hospital complex (see instructions)			14,822,060	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			591,916	27
27.0	Medicare allowable bad debts for the entire hospital complex (see instructions)			910,640	27.0
1					1
28	Non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			13,911,420	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			3,729,568	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)			3,762,405	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			19,508,667	31

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt		7,581,223	7,581,223	4,627,689	12,208,912	-899,714	11,309,198	1
2	00200	Cap Rel Costs-Mvble Equip		3,780,653	3,780,653	728,113	4,508,766		4,508,766	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department		40,492,644	40,492,644		40,492,644	-12,298,745	28,193,899	4
5	00500	Administrative & General	10,659,934	21,894,013	32,553,947	-1,206,938	31,347,009	-7,750,040	23,596,969	5
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	1,854,471	5,166,317	7,020,788	-6,783	7,014,005	-690,017	6,323,988	7
8	00800	Laundry & Linen Service	43,630	630,750	674,380		674,380	-23,808	650,572	8
9	00900	Housekeeping	1,316,736	387,661	1,704,397		1,704,397	-280,670	1,423,727	9
10	01000	Dietary	860,410	364,997	1,225,407	-90	1,225,317	-75	1,225,242	10
11	01100	Cafeteria	95,488	519,511	614,999		614,999	-477,738	137,261	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,345,705	71,950	1,417,655		1,417,655	-563,533	854,122	13
14	01400	Central Services & Supply	531,900	440,059	971,959	-186,399	785,560		785,560	14
15	01500	Pharmacy	1,777,875	209,718	1,987,593	-1,709	1,985,884	-126	1,985,758	15
16	01600	Medical Records & Library	2,367,356	881,281	3,248,637		3,248,637	-662,100	2,586,537	16
17	01700	Social Service	536,734	18,599	555,333		555,333		555,333	17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd								21
22	02200	I&R Services-Other Prgm Costs Apprvd								22
23	02300	Paramed Ed Prgm-(specify)								23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	6,949,401	306,172	7,255,573	-20,784	7,234,789		7,234,789	30
31	03100	Intensive Care Unit	1,619,384	361,988	1,981,372	-1,000	1,980,372		1,980,372	31
43	04300	Nursery	180,197		180,197		180,197		180,197	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	1,909,087	481,721	2,390,808	-25,446	2,365,362		2,365,362	50
51	05100	Recovery Room	307,265	11,978	319,243		319,243		319,243	51
52	05200	Delivery Room & Labor Room	445,192		445,192		445,192		445,192	52
53	05300	Anesthesiology	114,204	188,392	302,596		302,596	-114,204	188,392	53
54	05400	Radiology-Diagnostic	1,433,960	570,170	2,004,130		2,004,130	-311,711	1,692,419	54
55	05500	Radiology-Therapeutic	377,788	544,984	922,772		922,772		922,772	55
57	05700	CT Scan	893,715	460,815	1,354,530		1,354,530		1,354,530	57
58	05800	MRI	344,069	292,236	636,305	-1,690	634,615	-2,700	631,915	58
59	05900	Cardiac Catheterization	1,610,511	321,737	1,932,248		1,932,248	-15	1,932,233	59
60	06000	Laboratory	3,047,163	4,776,111	7,823,274		7,823,274	-1,663	7,821,611	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	763,723	311,913	1,075,636	-625	1,075,011		1,075,011	65
66	06600	Physical Therapy	2,355,461	167,302	2,522,763	-18,923	2,503,840	-1,057,847	1,445,993	66
67	06700	Occupational Therapy	245,422	35,647	281,069		281,069	-123,236	157,833	67
68	06800	Speech Pathology	157,710	4,738	162,448		162,448		162,448	68
69	06900	Electrocardiology	277,355	52,274	329,629		329,629	-31,007	298,622	69
71	07100	Medical Supplies Charged to Patients		12,297,650	12,297,650		12,297,650	-1,197,482	11,100,168	71
73	07300	Drugs Charged to Patients		17,590,631	17,590,631		17,590,631	-4,306,459	13,284,172	73
74	07400	Renal Dialysis	1,432,080	1,819,203	3,251,283		3,251,283		3,251,283	74
75	07500	ASC (Non-Distinct Part)	619,952	163,321	783,273		783,273		783,273	75
76	03950	OTHER ANCILLARY								76
76.01	03280	SLEEP/EEG	227,038	45,631	272,669	-5,135	267,534		267,534	76.01
76.02	03340	GI	675,697	263,039	938,736		938,736		938,736	76.02
76.03	03450	NUCLEAR MED	263,413	249,735	513,148		513,148		513,148	76.03
76.04	03550	PSYCH	1,936,609	547,798	2,484,407	-3,060	2,481,347	-604,812	1,876,535	76.04
76.05	03630	ULTASOUND	469,349	107,777	577,126		577,126	-88,235	488,891	76.05
76.06	03650	VASCULAR LAB	523,464	87,120	610,584		610,584	-1,440	609,144	76.06
76.07	03951	MEDICAL OUTPATIENT	372,889	15,683	388,572		388,572		388,572	76.07
76.97	07697	CARDIAC REHABILITATION	195,827	5,826	201,653		201,653		201,653	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY		84,082	84,082		84,082		84,082	76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	34,230,444	4,862,583	39,093,027		39,093,027	-39,093,027		90
91	09100	Emergency	4,117,485	808,882	4,926,367		4,926,367	-337,885	4,588,482	91
92	09200	Observation Beds (Non-Distinct Part)								92
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM								93.99
		OTHER REIMBURSABLE COST CENTERS								

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
101	10100	Home Health Agency	1,396,873	231,586	1,628,459		1,628,459	-2,319	1,626,140	101
		SPECIAL PURPOSE COST CENTERS								
113	11300	Interest Expense		3,747,271	3,747,271	-3,747,271				113
116	11600	Hospice	2,158,515	1,922,856	4,081,371	-108,275	3,973,096	-54,799	3,918,297	116
118		SUBTOTALS (sum of lines 1-117)	93,041,481	136,178,228	229,219,709	21,674	229,241,383	-70,975,407	158,265,976	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen	54,193	63,374	117,567		117,567		117,567	190
194	07950	PATHOLOGY	24,188	33,631	57,819		57,819		57,819	194
194.0 1	07951	PHYSIATRY CLINIC	262,199	327	262,526		262,526		262,526	194.0 1
194.0 2	07952	JANESVILLE MED CTR	198,133	73,422	271,555	-17,340	254,215		254,215	194.0 2
194.0 3	07953	OCCUPATIONAL HEALTH & WELLNESS	1,278,119	212,993	1,491,112		1,491,112		1,491,112	194.0 3
194.0 4	07954	ASSISTED LIVING CENTERS	1,499,974	851,199	2,351,173	-4,334	2,346,839		2,346,839	194.0 4
194.0 5	07955	NORTHPOINTE FITNESS & SPA CENTER	259,882	2,305,591	2,565,473		2,565,473		2,565,473	194.0 5
200		TOTAL (sum of lines 118-199)	96,618,169	139,718,765	236,336,934		236,336,934	-70,975,407	165,361,527	200

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	RECLASS INTEREST EXPENSE TO CAPITAL	A	Cap Rel Costs-Bldg & Fixt	1		3,584,235	1
2	RECLASS INTEREST EXPENSE TO CAPITAL	A	Cap Rel Costs-Mvble Equip	2		163,036	2
500	Total reclassifications					3,747,271	500
	Code Letter - A						
1	RENTS & LEASES	B	Cap Rel Costs-Bldg & Fixt	1		1,043,454	1
2	RENTS & LEASES	B	Cap Rel Costs-Mvble Equip	2		565,077	2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
500	Total reclassifications					1,608,531	500
	Code Letter - B						
	GRAND TOTAL (Increases)					5,355,802	

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

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

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 INTEREST EXPENSE TO CAPITAL	A	Interest Expense	113		3,584,235	11	1
2	RECLASS INTEREST EXPENSE TO CAPITAL	A	Interest Expense	113		163,036	11	2
500	Total reclassifications					3,747,271		500
	Code letter - A							
1	RENTS & LEASES	B	Administrative & General	5		1,206,938	10	1
2	RENTS & LEASES	B	Operation of Plant	7		6,783	10	2
3			Dietary	10		90	10	3
4			Central Services & Supply	14		186,399	10	4
5			Pharmacy	15		1,709	10	5
6			Adults & Pediatrics	30		20,784	10	6
7			Intensive Care Unit	31		1,000	10	7
8			Operating Room	50		25,446	10	8
9			MRI	58		1,690	10	9
10			Respiratory Therapy	65		625	10	10
11			Physical Therapy	66		18,923	10	11
12			SLEEP/EEG	76.01		5,135	10	12
13			PSYCH	76.04		3,060	10	13
14			Hospice	116		108,275	10	14
15			JANESVILLE MED CTR	194.02		17,340	10	15
16			ASSISTED LIVING CENTERS	194.04		4,334	10	16
500	Total reclassifications					1,608,531		500
	Code letter - B							
	GRAND TOTAL (Decreases)					5,355,802		

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

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

RECONCILIATION OF CAPITAL COST CENTERS

**WORKSHEET A-7
PARTS I, II & III**

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	8,100,877					8,100,877		1
2	Land Improvements	6,300,943	272,373		272,373		6,573,316	3,400,036	2
3	Buildings and Fixtures	121,649,868	23,002,386		23,002,386		144,652,254	21,009,019	3
4	Building Improvements								4
5	Fixed Equipment	41,231,969	2,571,668		2,571,668		43,803,637	13,791,397	5
6	Movable Equipment	63,931,169	8,299,643		8,299,643		72,230,812	43,939,285	6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	241,214,826	34,146,070		34,146,070		275,360,896	82,139,737	8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	241,214,826	34,146,070		34,146,070		275,360,896	82,139,737	10

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

	Description	SUMMARY OF CAPITAL							Total (1) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	7,581,223						7,581,223	1	
2	Cap Rel Costs-Mvble Equip	3,780,653						3,780,653	2	
3	Total (sum of lines 1-2)	11,361,876						11,361,876	3	

(1) The amount in columns 9 through 14 must equal the amount on Worksheet A, column 2, lines 1 and 2. Enter in each column the appropriate amounts including any directly assigned cost that may have been included in Worksheet A, column 2, lines 1 and 2.

* All lines numbers are to be consistent with Worksheet A line numbers for capital cost centers.

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi	203,130,084		203,130,084	0.737687					1
2	Cap Rel Costs-Mvble Equip	72,230,812		72,230,812	0.262313					2
3	Total (sum of lines 1-2)	275,360,896		275,360,896	1.000000					3

	Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	6,681,509	1,043,454	3,584,235				11,309,198	1	
2	Cap Rel Costs-Mvble Equip	3,780,653	565,077	163,036				4,508,766	2	
3	Total (sum of lines 1-2)	10,462,162	1,608,531	3,747,271				15,817,964	3	

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

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

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2	2
3	Investment income-other (chapter 2)					3
4	Trade, quantity, and time discounts (chapter 8)					4
5	Refunds and rebates of expenses (chapter 8)					5
6	Rental of provider space by suppliers (chapter 8)					6
7	Telephone services (pay stations excl) (chapter 21)					7
8	Television and radio service (chapter 21)	A	-71,358	Operation of Plant	7	8
9	Parking lot (chapter 21)					9
10	Provider-based physician adjustment	Wkst A-8-2	-24,509,703			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1				12
13	Laundry and linen service					13
14	Cafeteria - employees and guests					14
15	Rental of quarters to employees & others					15
16	Sale of medical and surgical supplies to other than patients					16
17	Sale of drugs to other than patients					17
18	Sale of medical records and abstracts					18
19	Nursing and allied health education (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 anesthesiologist			Nonphysician Anesthetists	19	28
29	Physicians' assistant					29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67	30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68	31
32	CAH HIT Adj for Depreciation					32
33	CRNA OFFSET	A	-48,422	Employee Benefits Department	4	33
34	CRNA OFFSET	A	-114,204	Anesthesiology	53	34
35	PATIENT PORTION OF OPERATORS TIME	A	-1,628	Employee Benefits Department	4	35
36	PATIENT PORTION OF OPERATORS TIME	A	-3,840	Administrative & General	5	36
37	ADVERTISING OFFSET	A	-639,599	Administrative & General	5	37
38	ADVERTISING OFFSET	A	-203	Operation of Plant	7	38
39	ADVERTISING OFFSET	A	-75	Dietary	10	39
40	ADVERTISING OFFSET	A	-265	Nursing Administration	13	40
41	ADVERTISING OFFSET	A	-15	Cardiac Catheterization	59	41
42	ADVERTISING OFFSET	A	-9	Laboratory	60	42
43	ADVERTISING OFFSET	A	-9,435	Physical Therapy	66	43
44	ADVERTISING OFFSET	A	-1,500	PSYCH	76.04	44
45	ADVERTISING OFFSET	A	-385	Emergency	91	45
46	ADVERTISING OFFSET	A	-1,645	Home Health Agency	101	46
47	ADVERTISING OFFSET	A	-54,443	Hospice	116	47
48	MISC REV OFFSET	B	-760,384	Administrative & General	5	48
48.01	MISC REV OFFSET	B	-5,298	Operation of Plant	7	48.01
48.02	MISC REV OFFSET	B	-143	Laundry & Linen Service	8	48.02
48.03	MISC REV OFFSET	B	-7,421	Housekeeping	9	48.03
48.04	MISC REV OFFSET	B	-477,738	Cafeteria	11	48.04
48.05	MISC REV OFFSET	B	-1,786	Medical Records & Library	16	48.05
48.06	MISC REV OFFSET	B	-2,700	MRI	58	48.06
48.07	MISC REV OFFSET	B	-243	Physical Therapy	66	48.07
48.08	MISC REV OFFSET	B	-89,810	PSYCH	76.04	48.08
48.09	MISC REV OFFSET	B	-1,440	VASCULAR LAB	76.06	48.09

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

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	
48.10	MISC REV OFFSET	B	-674	Home Health Agency	101		48.10
48.11	MISC REV OFFSET	B	-356	Hospice	116		48.11
48.12	REMOVE EST OF PHYSICIAN CLINIC COS	A	-899,714	Cap Rel Costs-Bldg & Fixt	1	9	48.12
48.13	REMOVE EST OF PHYSICIAN CLINIC COS	A	-12,248,695	Employee Benefits Department	4		48.13
48.14	REMOVE EST OF PHYSICIAN CLINIC COS	A	-6,346,217	Administrative & General	5		48.14
48.15	REMOVE EST OF PHYSICIAN CLINIC COS	A	-613,158	Operation of Plant	7		48.15
48.16	REMOVE EST OF PHYSICIAN CLINIC COS	A	-23,665	Laundry & Linen Service	8		48.16
48.17	REMOVE EST OF PHYSICIAN CLINIC COS	A	-273,249	Housekeeping	9		48.17
48.18	REMOVE EST OF PHYSICIAN CLINIC COS	A	-563,268	Nursing Administration	13		48.18
48.19	REMOVE EST OF PHYSICIAN CLINIC COS	A	-126	Pharmacy	15		48.19
48.20	REMOVE EST OF PHYSICIAN CLINIC COS	A	-660,314	Medical Records & Library	16		48.20
48.21	REMOVE EST OF PHYSICIAN CLINIC COS	A	-311,711	Radiology-Diagnostic	54		48.21
48.22	REMOVE EST OF PHYSICIAN CLINIC COS	A	-1,654	Laboratory	60		48.22
48.23	REMOVE EST OF PHYSICIAN CLINIC COS	A	-1,048,169	Physical Therapy	66		48.23
48.24	REMOVE EST OF PHYSICIAN CLINIC COS	A	-123,236	Occupational Therapy	67		48.24
48.25	REMOVE EST OF PHYSICIAN CLINIC COS	A	-31,007	Electrocardiology	69		48.25
48.26	REMOVE EST OF PHYSICIAN CLINIC COS	A	-1,197,482	Medical Supplies Charged to Patients	71		48.26
48.27	REMOVE EST OF PHYSICIAN CLINIC COS	A	-4,306,459	Drugs Charged to Patients	73		48.27
48.28	REMOVE EST OF PHYSICIAN CLINIC COS	A	-88,235	ULTASOUND	76.05		48.28
48.29	REMOVE EST OF PHYSICIAN CLINIC COS	A	-15,434,326	Clinic	90		48.29
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-70,975,407				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.

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

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

WORKSHEET A-8-1

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

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
1	2	3	4	5	6	7	
1						1	
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.

	Symbol (1)	Name	Related Organization(s) and/or Home Office			
			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:

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	90	Clinic FAMILY PRACTICE	2,425,034	2,299,947	125,087	179,000	1,140	98,106	4,905	1
2	90	Clinic INT MEDICINE	1,705,945	1,684,127	21,818	197,500	315	29,910	1,496	2
3	90	Clinic SURGERY	4,026,219	3,985,219	41,000	246,400	149	17,651	883	3
4	90	Clinic PEDIATRICS	879,372	878,205	1,167	169,700	9	734	37	4
5	90	Clinic OB/GYN	1,906,896	1,894,896	12,000	237,100	66	7,523	376	5
6	90	Clinic ALL OTHERS	12,549,811	12,275,373	274,438	211,500	1,149	116,833	5,842	6
7	91	Emergency ER PHYSICIANS	337,500	337,500		211,500				7
8	76.04	PSYCH PSYCH PHYSICIAN	513,502	513,502		181,300				8
9	90	Clinic ONCOLOGY PHYSIC	48,726	48,726		211,500				9
10	90	Clinic CARDIAC SURGERY	389,250	389,250		246,400				10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	24,782,255	24,306,745	475,510		2,828	270,757	13,539	200

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowanc e	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	90	Clinic FAMILY PRACTICE	43,682	2,253	19,110	986	101,345	23,742	2,323,689	1
2	90	Clinic INT MEDICINE	42,265	541	15,190	194	30,645		1,684,127	2
3	90	Clinic SURGERY	30,905	315	44,905	457	18,423	22,577	4,007,796	3
4	90	Clinic PEDIATRICS	8,514	11	10,540	14	759	408	878,613	4
5	90	Clinic OB/GYN	18,902	119	32,963	207	7,849	4,151	1,899,047	5
6	90	Clinic ALL OTHERS	131,486	2,875	121,192	2,650	122,358	152,080	12,427,453	6
7	91	Emergency ER PHYSICIANS							337,500	7
8	76.04	PSYCH PSYCH PHYSICIAN							513,502	8
9	90	Clinic ONCOLOGY PHYSIC							48,726	9
10	90	Clinic CARDIAC SURGERY							389,250	10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	275,754	6,114	243,900	4,508	281,379	202,958	24,509,703	200

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	11,309,198	11,309,198					1
2	Cap Rel Costs-Mvble Equip	4,508,766		4,508,766				2
4	Employee Benefits Department	28,193,899			28,193,899			4
5	Administrative & General	23,596,969	3,051,195	1,170,587	4,817,387	32,636,138	32,636,138	5
6	Maintenance & Repairs							6
7	Operation of Plant	6,323,988	595,463	62,807	838,061	7,820,319	1,922,954	7
8	Laundry & Linen Service	650,572	28,349		19,717	698,638	171,789	8
9	Housekeeping	1,423,727	8,300	2,517	595,051	2,029,595	499,061	9
10	Dietary	1,225,242	85,048	9,237	388,831	1,708,358	420,072	10
11	Cafeteria	137,261	78,882	1,946	43,152	261,241	64,237	11
12	Maintenance of Personnel							12
13	Nursing Administration	854,122	32,983	84,909	608,143	1,580,157	388,548	13
14	Central Services & Supply	785,560	145,815	223,493	240,373	1,395,241	343,079	14
15	Pharmacy	1,985,758	48,380	156,392	803,447	2,993,977	736,195	15
16	Medical Records & Library	2,586,537	186,040	94	1,069,841	3,842,512	944,843	16
17	Social Service	555,333	9,030		242,558	806,921	198,415	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	7,234,789	767,730	103,384	3,140,532	11,246,435	2,765,408	30
31	Intensive Care Unit	1,980,372	65,583	52,632	731,822	2,830,409	695,975	31
43	Nursery	180,197			81,434	261,631	64,333	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	2,365,362	213,495	248,097	862,743	3,689,697	907,267	50
51	Recovery Room	319,243	23,314		138,857	481,414	118,376	51
52	Delivery Room & Labor Room	445,192			201,188	646,380	158,940	52
53	Anesthesiology	188,392	8,848	17,914	51,610	266,764	65,595	53
54	Radiology-Diagnostic	1,692,419	252,061	216,866	648,027	2,809,373	690,802	54
55	Radiology-Therapeutic	922,772	123,796	66,812	170,728	1,284,108	315,752	55
57	CT Scan	1,354,530	24,226	112,091	403,882	1,894,729	465,899	57
58	MRI	631,915	17,294	79,504	155,490	884,203	217,418	58
59	Cardiac Catheterization	1,932,233	73,391	412,770	727,812	3,146,206	773,627	59
60	Laboratory	7,821,611	272,146	165,023	1,377,056	9,635,836	2,369,375	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	1,075,011	45,425	42,376	345,137	1,507,949	370,793	65
66	Physical Therapy	1,445,993	287,999	37,516	1,064,466	2,835,974	697,343	66
67	Occupational Therapy	157,833	14,521		110,910	283,264	69,652	67
68	Speech Pathology	162,448	8,300	316	71,271	242,335	59,588	68
69	Electrocardiology	298,622	8,939	10,037	125,341	442,939	108,915	69
71	Medical Supplies Charged to Patients	11,100,168				11,100,168	2,729,443	71
73	Drugs Charged to Patients	13,284,172				13,284,172	3,266,498	73
74	Renal Dialysis	3,251,283	128,739	59,966	647,177	4,087,165	1,005,001	74
75	ASC (Non-Distinct Part)	783,273	708,076	223,787	280,165	1,995,301	490,629	75
76	OTHER ANCILLARY							76
76.01	SLEEP/EEG	267,534	12,332	13,284	102,602	395,752	97,312	76.01
76.02	GI	938,736	56,315	145,023	305,357	1,445,431	355,420	76.02
76.03	NUCLEAR MED	513,148	14,248	6,511	119,040	652,947	160,554	76.03
76.04	PSYCH	1,876,535	114,711	2,271	875,181	2,868,698	705,390	76.04
76.05	ULTASOUND	488,891	28,404	87,695	212,105	817,095	200,917	76.05
76.06	VASCULAR LAB	609,144	36,413	104,337	986,455	236,561	242,561	76.06
76.07	MEDICAL OUTPATIENT	388,572	18,243	2,203	168,514	577,532	142,010	76.07
76.97	CARDIAC REHABILITATION	201,653	30,703	11,173	88,497	332,026	81,643	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY	84,082				84,082	20,675	76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency	4,588,482	480,059	449,899	1,860,749	7,379,189	1,814,484	91
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	1,626,140	61,223	3,626	631,266	2,322,255	571,024	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINIS-TRATIVE & GENERAL	
		0	1	2	4	4A	5	
116	Hospice	3,918,297	72,971	41,519	975,463	5,008,250	1,231,489	116
118	SUBTOTALS (sum of lines 1-117)	158,265,976	8,238,990	4,428,614	26,577,544	153,499,261	29,719,301	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	117,567	21,381	6,469	24,491	169,908	41,779	190
194	PATHOLOGY	57,819	9,468	5,520	10,931	83,738	20,591	194
194.0 1	PHYSIATRY CLINIC	262,526	12,296		118,491	393,313	96,713	194.0 1
194.0 2	JANESVILLE MED CTR	254,215	91,707	4,212	89,539	439,673	108,112	194.0 2
194.0 3	OCCUPATIONAL HEALTH & WELLNESS	1,491,112	159,205	2,619	577,600	2,230,536	548,471	194.0 3
194.0 4	ASSISTED LIVING CENTERS	2,346,839	1,736,403	21,919	677,859	4,783,020	1,176,106	194.0 4
194.0 5	NORTHPOINTE FITNESS & SPA CENTER	2,565,473	1,039,748	39,413	117,444	3,762,078	925,065	194.0 5
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	165,361,527	11,309,198	4,508,766	28,193,899	165,361,527	32,636,138	202

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	9,743,273						7
8	Laundry & Linen Service	36,047	906,474					8
9	Housekeeping	10,554		2,539,210				9
10	Dietary	108,142		28,319	2,264,891			10
11	Cafeteria	100,302		26,265		452,045		11
12	Maintenance of Personnel							12
13	Nursing Administration	41,939		10,982		15,467	2,037,093	13
14	Central Services & Supply	185,410		48,552		9,842		14
15	Pharmacy	61,517		16,109		14,764		15
16	Medical Records & Library	236,558		61,946		37,963		16
17	Social Service	11,482		3,007		5,624		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	976,204	402,411	255,633	2,030,488	85,771	791,483	30
31	Intensive Care Unit	83,392	50,825	21,837	234,403	17,576	162,189	31
43	Nursery					2,109	19,463	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	271,469	132,330	71,088		18,279	168,676	50
51	Recovery Room	29,645		7,763		2,812	25,950	51
52	Delivery Room & Labor Room					4,218	38,925	52
53	Anesthesiology	11,250		2,946		1,406	12,975	53
54	Radiology-Diagnostic	320,507	75,307	83,929		16,873		54
55	Radiology-Therapeutic	157,412		41,221		2,812		55
57	CT Scan	30,805		8,067		8,436		57
58	MRI	21,990		5,758		2,812		58
59	Cardiac Catheterization	93,320		24,437		14,060		59
60	Laboratory	346,046		90,617		42,181		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	57,759		15,125		8,436		65
66	Physical Therapy	366,204	20,919	95,896		23,200		66
67	Occupational Therapy	18,464		4,835		2,109		67
68	Speech Pathology	10,554		2,764		1,406		68
69	Electrocardiology	11,366		2,976		4,218		69
71	Medical Supplies Charged to Patients							71
73	Drugs Charged to Patients							73
74	Renal Dialysis	163,698	33,470	42,867		16,873	155,701	74
75	ASC (Non-Distinct Part)	900,351	28,046	235,770		9,842	90,826	75
76	OTHER ANCILLARY							76
76.01	SLEEP/EEG	15,681		4,106		2,812	25,950	76.01
76.02	GI	71,608		18,752		8,436	77,851	76.02
76.03	NUCLEAR MED	18,117		4,744		2,109		76.03
76.04	PSYCH	145,860		38,195		14,764		76.04
76.05	ULTASOUND	36,117		9,458		4,218		76.05
76.06	VASCULAR LAB	46,300	10,847	12,124		4,218	38,925	76.06
76.07	MEDICAL OUTPATIENT	23,197		6,074		3,515	32,438	76.07
76.97	CARDIAC REHABILITATION	39,040		10,223		2,109	19,463	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency	610,417	152,319	159,846		40,775	376,278	91
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	77,848		20,386				101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	92,786		24,297				116
118	SUBTOTALS (sum of lines 1-117)	5,839,358	906,474	1,516,914	2,264,891	452,045	2,037,093	118

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
		7	8	9	10	11	13	
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	27,186		7,119				190
194	PATHOLOGY	12,039		3,153				194
194.0 1	PHYSIATRY CLINIC	15,634		4,094				194.0 1
194.0 2	JANESVILLE MED CTR	116,609		30,536				194.0 2
194.0 3	OCCUPATIONAL HEALTH & WELLNESS	202,436		53,011				194.0 3
194.0 4	ASSISTED LIVING CENTERS	2,207,923		578,176				194.0 4
194.0 5	NORTHPOINTE FITNESS & SPA CENTER	1,322,088		346,207				194.0 5
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	9,743,273	906,474	2,539,210	2,264,891	452,045	2,037,093	202

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		14	15	16	17	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply	1,982,124						14
15	Pharmacy	9,874	3,832,436					15
16	Medical Records & Library	1		5,123,823				16
17	Social Service				1,025,449			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	71,290	244	179,977	1,025,449	19,830,793		30
31	Intensive Care Unit	20,194	54	73,294		4,190,148		31
43	Nursery			14,890		362,426		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	709,680	14,091	271,959		6,254,536		50
51	Recovery Room	7,708		20,116		693,784		51
52	Delivery Room & Labor Room			38,579		887,042		52
53	Anesthesiology	24,461	20,838	37,758		443,993		53
54	Radiology-Diagnostic	11,875	1,291	143,575		4,153,532		54
55	Radiology-Therapeutic	881		68,872		1,871,058		55
57	CT Scan	6,511	1,045	376,023		2,791,515		57
58	MRI	492	527	175,565		1,308,765		58
59	Cardiac Catheterization	420,572	14,395	201,316		4,687,933		59
60	Laboratory	8,384	337	721,428		13,214,204		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	8,208		41,936		2,010,206		65
66	Physical Therapy	41,042	149	111,000		4,191,727		66
67	Occupational Therapy	58		14,508		392,890		67
68	Speech Pathology	2,145	2	6,354		325,148		68
69	Electrocardiology	2,363		122,556		695,333		69
71	Medical Supplies Charged to Patients	241,244		859,934		14,930,789		71
73	Drugs Charged to Patients		3,427,840	648,325		20,626,835		73
74	Renal Dialysis	135,709	230,601	138,495		6,009,580		74
75	ASC (Non-Distinct Part)	90,727	2,565	53,737		3,897,794		75
76	OTHER ANCILLARY							76
76.01	SLEEP/EEG	29		16,361		558,003		76.01
76.02	GI	71,080	5,431	158,432		2,212,441		76.02
76.03	NUCLEAR MED	98	88,859	71,129		998,557		76.03
76.04	PSYCH	11		31,203		3,804,121		76.04
76.05	ULTASOUND	3,648	1,171	71,582		1,144,206		76.05
76.06	VASCULAR LAB	547		50,409		1,392,386		76.06
76.07	MEDICAL OUTPATIENT	11,044	2,021	6,617		804,448		76.07
76.97	CARDIAC REHABILITATION	215		10,002		494,721		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY	24		430		105,211		76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency	72,444	979	326,514		10,933,245		91
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	5,881	1,803	15,853		3,015,050		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	2,482	401	45,094		6,404,799		116
118	SUBTOTALS (sum of lines 1-117)	1,980,922	3,814,644	5,123,823	1,025,449	145,637,219		118

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		14	15	16	17	24	25	
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					245,992		190
194	PATHOLOGY	30	113			119,664		194
194.0	PHYSIATRY CLINIC	7	21			509,782		194.0
1								1
194.0	JANESVILLE MED CTR	12	2,091			697,033		194.0
2								2
194.0	OCCUPATIONAL HEALTH & WELLNESS	522	15,401			3,050,377		194.0
3								3
194.0	ASSISTED LIVING CENTERS	566	158			8,745,949		194.0
4								4
194.0	NORTHPOINTE FITNESS & SPA CENTER	65	8			6,355,511		194.0
5								5
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,982,124	3,832,436	5,123,823	1,025,449	165,361,527		202

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	19,830,793					30
31	Intensive Care Unit	4,190,148					31
43	Nursery	362,426					43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	6,254,536					50
51	Recovery Room	693,784					51
52	Delivery Room & Labor Room	887,042					52
53	Anesthesiology	443,993					53
54	Radiology-Diagnostic	4,153,532					54
55	Radiology-Therapeutic	1,871,058					55
57	CT Scan	2,791,515					57
58	MRI	1,308,765					58
59	Cardiac Catheterization	4,687,933					59
60	Laboratory	13,214,204					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	2,010,206					65
66	Physical Therapy	4,191,727					66
67	Occupational Therapy	392,890					67
68	Speech Pathology	325,148					68
69	Electrocardiology	695,333					69
71	Medical Supplies Charged to Patients	14,930,789					71
73	Drugs Charged to Patients	20,626,835					73
74	Renal Dialysis	6,009,580					74
75	ASC (Non-Distinct Part)	3,897,794					75
76	OTHER ANCILLARY						76
76.01	SLEEP/EEG	558,003					76.01
76.02	GI	2,212,441					76.02
76.03	NUCLEAR MED	998,557					76.03
76.04	PSYCH	3,804,121					76.04
76.05	ULTASOUND	1,144,206					76.05
76.06	VASCULAR LAB	1,392,386					76.06
76.07	MEDICAL OUTPATIENT	804,448					76.07
76.97	CARDIAC REHABILITATION	494,721					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY	105,211					76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic						90
91	Emergency	10,933,245					91
92	Observation Beds (Non-Distinct Part)						92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
101	Home Health Agency	3,015,050					101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
116	Hospice	6,404,799					116
118	SUBTOTALS (sum of lines 1-117)	145,637,219					118

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	245,992					190
194	PATHOLOGY	119,664					194
194.0 1	PHYSIATRY CLINIC	509,782					194.0 1
194.0 2	JANESVILLE MED CTR	697,033					194.0 2
194.0 3	OCCUPATIONAL HEALTH & WELLNESS	3,050,377					194.0 3
194.0 4	ASSISTED LIVING CENTERS	8,745,949					194.0 4
194.0 5	NORTHPOINTE FITNESS & SPA CENTER	6,355,511					194.0 5
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	165,361,527					202

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	
		0	1	2	2A	5	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	Administrative & General		3,051,195	1,170,587	4,221,782	4,221,782		5
6	Maintenance & Repairs							6
7	Operation of Plant		595,463	62,807	658,270	248,749	907,019	7
8	Laundry & Linen Service		28,349		28,349	22,222	3,356	8
9	Housekeeping		8,300	2,517	10,817	64,557	983	9
10	Dietary		85,048	9,237	94,285	54,339	10,067	10
11	Cafeteria		78,882	1,946	80,828	8,310	9,337	11
12	Maintenance of Personnel							12
13	Nursing Administration		32,983	84,909	117,892	50,262	3,904	13
14	Central Services & Supply		145,815	223,493	369,308	44,380	17,260	14
15	Pharmacy		48,380	156,392	204,772	95,232	5,727	15
16	Medical Records & Library		186,040	94	186,134	122,223	22,022	16
17	Social Service		9,030		9,030	25,667	1,069	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		767,730	103,384	871,114	357,727	90,877	30
31	Intensive Care Unit		65,583	52,632	118,215	90,030	7,763	31
43	Nursery					8,322		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		213,495	248,097	461,592	117,362	25,272	50
51	Recovery Room		23,314		23,314	15,313	2,760	51
52	Delivery Room & Labor Room					20,560		52
53	Anesthesiology		8,848	17,914	26,762	8,485	1,047	53
54	Radiology-Diagnostic		252,061	216,866	468,927	89,361	29,837	54
55	Radiology-Therapeutic		123,796	66,812	190,608	40,845	14,654	55
57	CT Scan		24,226	112,091	136,317	60,268	2,868	57
58	MRI		17,294	79,504	96,798	28,125	2,047	58
59	Cardiac Catheterization		73,391	412,770	486,161	100,075	8,687	59
60	Laboratory		272,146	165,023	437,169	306,497	32,214	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		45,425	42,376	87,801	47,965	5,377	65
66	Physical Therapy		287,999	37,516	325,515	90,207	34,091	66
67	Occupational Therapy		14,521		14,521	9,010	1,719	67
68	Speech Pathology		8,300	316	8,616	7,708	983	68
69	Electrocardiology		8,939	10,037	18,976	14,089	1,058	69
71	Medical Supplies Charged to Patients					353,074		71
73	Drugs Charged to Patients					422,594		73
74	Renal Dialysis		128,739	59,966	188,705	130,005	15,239	74
75	ASC (Non-Distinct Part)		708,076	223,787	931,863	63,467	83,815	75
76	OTHER ANCILLARY							76
76.01	SLEEP/EEG		12,332	13,284	25,616	12,588	1,460	76.01
76.02	GI		56,315	145,023	201,338	45,976	6,666	76.02
76.03	NUCLEAR MED		14,248	6,511	20,759	20,769	1,686	76.03
76.04	PSYCH		114,711	2,271	116,982	91,248	13,578	76.04
76.05	ULTASOUND		28,404	87,695	116,099	25,990	3,362	76.05
76.06	VASCULAR LAB		36,413	104,337	140,750	31,377	4,310	76.06
76.07	MEDICAL OUTPATIENT		18,243	2,203	20,446	18,370	2,159	76.07
76.97	CARDIAC REHABILITATION		30,703	11,173	41,876	10,561	3,634	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY					2,674		76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency		480,059	449,899	929,958	234,717	56,825	91
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		61,223	3,626	64,849	73,866	7,247	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice		72,971	41,519	114,490	159,302	8,638	116
118	SUBTOTALS (sum of lines 1-117)		8,238,990	4,428,614	12,667,604	3,844,468	543,598	118

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	
		0	1	2	2A	5	7	
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		21,381	6,469	27,850	5,404	2,531	190
194	PATHOLOGY		9,468	5,520	14,988	2,664	1,121	194
194.0 1	PHYSIATRY CLINIC		12,296		12,296	12,510	1,455	194.0 1
194.0 2	JANESVILLE MED CTR		91,707	4,212	95,919	13,985	10,855	194.0 2
194.0 3	OCCUPATIONAL HEALTH & WELLNESS		159,205	2,619	161,824	70,949	18,845	194.0 3
194.0 4	ASSISTED LIVING CENTERS		1,736,403	21,919	1,758,322	152,138	205,538	194.0 4
194.0 5	NORTHPOINTE FITNESS & SPA CENTER		1,039,748	39,413	1,079,161	119,664	123,076	194.0 5
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		11,309,198	4,508,766	15,817,964	4,221,782	907,019	202

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	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	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service	53,927						8
9	Housekeeping		76,357					9
10	Dietary		852	159,543				10
11	Cafeteria		790		99,265			11
12	Maintenance of Personnel							12
13	Nursing Administration		330		3,396	175,784		13
14	Central Services & Supply		1,460		2,161		434,569	14
15	Pharmacy		484		3,242		2,165	15
16	Medical Records & Library		1,863		8,336			16
17	Social Service		90		1,235			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	23,940	7,687	143,031	18,833	68,298	15,630	30
31	Intensive Care Unit	3,024	657	16,512	3,859	13,996	4,428	31
43	Nursery				463	1,679		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	7,872	2,138		4,014	14,555	155,591	50
51	Recovery Room		233		618	2,239	1,690	51
52	Delivery Room & Labor Room				926	3,359		52
53	Anesthesiology		89		309	1,120	5,363	53
54	Radiology-Diagnostic	4,480	2,524		3,705		2,604	54
55	Radiology-Therapeutic		1,240		618		193	55
57	CT Scan		243		1,853		1,427	57
58	MRI		173		618		108	58
59	Cardiac Catheterization		735		3,088		92,209	59
60	Laboratory		2,725		9,263		1,838	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		455		1,853		1,800	65
66	Physical Therapy	1,244	2,884		5,094		8,998	66
67	Occupational Therapy		145		463		13	67
68	Speech Pathology		83		309		470	68
69	Electrocardiology		90		926		518	69
71	Medical Supplies Charged to Patients						52,892	71
73	Drugs Charged to Patients							73
74	Renal Dialysis	1,991	1,289		3,705	13,436	29,754	74
75	ASC (Non-Distinct Part)	1,669	7,090		2,161	7,838	19,892	75
76	OTHER ANCILLARY							76
76.01	SLEEP/EEG		123		618	2,239	6	76.01
76.02	GI		564		1,853	6,718	15,584	76.02
76.03	NUCLEAR MED		143		463		21	76.03
76.04	PSYCH		1,149		3,242		2	76.04
76.05	ULTASOUND		284		926		800	76.05
76.06	VASCULAR LAB	645	365		926	3,359	120	76.06
76.07	MEDICAL OUTPATIENT		183		772	2,799	2,421	76.07
76.97	CARDIAC REHABILITATION		307		463	1,679	47	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY						5	76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency	9,062	4,807		8,954	32,470	15,883	91
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		613				1,289	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice		731				544	116
118	SUBTOTALS (sum of lines 1-117)	53,927	45,618	159,543	99,265	175,784	434,305	118

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		8	9	10	11	13	14	
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		214					190
194	PATHOLOGY		95				7	194
194.0	PHYSIATRY CLINIC		123				2	194.0
1								1
194.0	JANESVILLE MED CTR		918				3	194.0
2								2
194.0	OCCUPATIONAL HEALTH & WELLNESS		1,594				114	194.0
3								3
194.0	ASSISTED LIVING CENTERS		17,384				124	194.0
4								4
194.0	NORTHPOINTE FITNESS & SPA CENTER		10,411				14	194.0
5								5
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	53,927	76,357	159,543	99,265	175,784	434,569	202

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		15	16	17	24	25	26	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy	311,622						15
16	Medical Records & Library		340,578					16
17	Social Service			37,091				17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	20	11,955	37,091	1,646,203		1,646,203	30
31	Intensive Care Unit	4	4,869		263,357		263,357	31
43	Nursery		989		11,453		11,453	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	1,146	18,065		807,607		807,607	50
51	Recovery Room		1,336		47,503		47,503	51
52	Delivery Room & Labor Room		2,563		27,408		27,408	52
53	Anesthesiology	1,694	2,508		47,377		47,377	53
54	Radiology-Diagnostic	105	9,537		611,080		611,080	54
55	Radiology-Therapeutic		4,575		252,733		252,733	55
57	CT Scan	85	24,978		228,039		228,039	57
58	MRI	43	11,662		139,574		139,574	58
59	Cardiac Catheterization	1,170	13,373		705,498		705,498	59
60	Laboratory	27	47,922		837,655		837,655	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		2,786		148,037		148,037	65
66	Physical Therapy	12	7,373		475,418		475,418	66
67	Occupational Therapy		964		26,835		26,835	67
68	Speech Pathology		422		18,591		18,591	68
69	Electrocardiology		8,141		43,798		43,798	69
71	Medical Supplies Charged to Patients		57,341		463,307		463,307	71
73	Drugs Charged to Patients	278,724	43,066		744,384		744,384	73
74	Renal Dialysis	18,750	9,200		412,074		412,074	74
75	ASC (Non-Distinct Part)	209	3,570		1,121,574		1,121,574	75
76	OTHER ANCILLARY							76
76.01	SLEEP/EEG		1,087		43,737		43,737	76.01
76.02	GI	442	10,524		289,665		289,665	76.02
76.03	NUCLEAR MED	7,225	4,725		55,791		55,791	76.03
76.04	PSYCH		2,073		228,274		228,274	76.04
76.05	ULTASOUND	95	4,755		152,311		152,311	76.05
76.06	VASCULAR LAB		3,349		185,201		185,201	76.06
76.07	MEDICAL OUTPATIENT	164	440		47,754		47,754	76.07
76.97	CARDIAC REHABILITATION		664		59,231		59,231	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY		29		2,708		2,708	76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency	80	21,689		1,314,445		1,314,445	91
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	147	1,053		149,064		149,064	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	33	2,995		286,733		286,733	116
118	SUBTOTALS (sum of lines 1-117)	310,175	340,578	37,091	11,894,419		11,894,419	118

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		15	16	17	24	25	26	
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen				35,999		35,999	190
194	PATHOLOGY	9			18,884		18,884	194
194.0 1	PHYSIATRY CLINIC	2			26,388		26,388	194.0 1
194.0 2	JANESVILLE MED CTR	170			121,850		121,850	194.0 2
194.0 3	OCCUPATIONAL HEALTH & WELLNESS	1,252			254,578		254,578	194.0 3
194.0 4	ASSISTED LIVING CENTERS	13			2,133,519		2,133,519	194.0 4
194.0 5	NORTHPOINTE FITNESS & SPA CENTER	1			1,332,327		1,332,327	194.0 5
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	311,622	340,578	37,091	15,817,964		15,817,964	202

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	619,927						1
2	Cap Rel Costs-Mvble Equip		4,920,872					2
4	Employee Benefits Department			62,387,725				4
5	Administrative & General	167,255	1,277,579	10,659,934	-32,636,138	132,725,389		5
6	Maintenance & Repairs							6
7	Operation of Plant	32,641	68,548	1,854,471		7,820,319	420,031	7
8	Laundry & Linen Service	1,554		43,630		698,638	1,554	8
9	Housekeeping	455	2,747	1,316,736		2,029,595	455	9
10	Dietary	4,662	10,081	860,410		1,708,358	4,662	10
11	Cafeteria	4,324	2,124	95,488		261,241	4,324	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,808	92,670	1,345,705		1,580,157	1,808	13
14	Central Services & Supply	7,993	243,921	531,900		1,395,241	7,993	14
15	Pharmacy	2,652	170,686	1,777,875		2,993,977	2,652	15
16	Medical Records & Library	10,198	103	2,367,356		3,842,512	10,198	16
17	Social Service	495		536,734		806,921	495	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	42,084	112,834	6,949,401		11,246,435	42,084	30
31	Intensive Care Unit	3,595	57,443	1,619,384		2,830,409	3,595	31
43	Nursery			180,197		261,631		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	11,703	270,774	1,909,087		3,689,697	11,703	50
51	Recovery Room	1,278		307,265		481,414	1,278	51
52	Delivery Room & Labor Room			445,192		646,380		52
53	Anesthesiology	485	19,551	114,204		266,764	485	53
54	Radiology-Diagnostic	13,817	236,688	1,433,960		2,809,373	13,817	54
55	Radiology-Therapeutic	6,786	72,919	377,788		1,284,108	6,786	55
57	CT Scan	1,328	122,336	893,715		1,894,729	1,328	57
58	MRI	948	86,771	344,069		884,203	948	58
59	Cardiac Catheterization	4,023	450,498	1,610,511		3,146,206	4,023	59
60	Laboratory	14,918	180,106	3,047,163		9,635,836	14,918	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,490	46,249	763,723		1,507,949	2,490	65
66	Physical Therapy	15,787	40,945	2,355,461		2,835,974	15,787	66
67	Occupational Therapy	796		245,422		283,264	796	67
68	Speech Pathology	455	345	157,710		242,335	455	68
69	Electrocardiology	490	10,954	277,355		442,939	490	69
71	Medical Supplies Charged to Patients					11,100,168		71
73	Drugs Charged to Patients					13,284,172		73
74	Renal Dialysis	7,057	65,447	1,432,080		4,087,165	7,057	74
75	ASC (Non-Distinct Part)	38,814	244,241	619,952		1,995,301	38,814	75
76	OTHER ANCILLARY							76
76.01	SLEEP/EEG	676	14,498	227,038		395,752	676	76.01
76.02	GI	3,087	158,278	675,697		1,445,431	3,087	76.02
76.03	NUCLEAR MED	781	7,106	263,413		652,947	781	76.03
76.04	PSYCH	6,288	2,479	1,936,609		2,868,698	6,288	76.04
76.05	ULTASOUND	1,557	95,711	469,349		817,095	1,557	76.05
76.06	VASCULAR LAB	1,996	113,874	523,464		986,455	1,996	76.06
76.07	MEDICAL OUTPATIENT	1,000	2,404	372,889		577,532	1,000	76.07
76.97	CARDIAC REHABILITATION	1,683	12,194	195,827		332,026	1,683	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY					84,082		76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency	26,315	491,020	4,117,485		7,379,189	26,315	91
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	3,356	3,957	1,396,873		2,322,255	3,356	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	4,000	45,314	2,158,515		5,008,250	4,000	116

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
118	SUBTOTALS (sum of lines 1-117)	451,630	4,833,395	58,811,037	-32,636,138	120,863,123	251,734	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	1,172	7,060	54,193		169,908	1,172	190
194	PATHOLOGY	519	6,025	24,188		83,738	519	194
194.0 1	PHYSIATRY CLINIC	674		262,199		393,313	674	194.0 1
194.0 2	JANESVILLE MED CTR	5,027	4,597	198,133		439,673	5,027	194.0 2
194.0 3	OCCUPATIONAL HEALTH & WELLNESS	8,727	2,858	1,278,119		2,230,536	8,727	194.0 3
194.0 4	ASSISTED LIVING CENTERS	95,183	23,922	1,499,974		4,783,020	95,183	194.0 4
194.0 5	NORTHPOINTE FITNESS & SPA CENTER	56,995	43,015	259,882		3,762,078	56,995	194.0 5
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	11,309,198	4,508,766	28,193,899		32,636,138	9,743,273	202
203	Unit Cost Multiplier (Wkst. B, Part I)	18.242790	0.916253	0.451914		0.245892	23.196557	203
204	Cost to be allocated (Per Wkst. B, Part II)					4,221,782	907,019	204
205	Unit Cost Multiplier (Wkst. B, Part II)					0.031808	2.159410	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service	585,000						8
9	Housekeeping		418,022					9
10	Dietary		4,662	14,339				10
11	Cafeteria		4,324		643			11
12	Maintenance of Personnel							12
13	Nursing Administration		1,808		22	314		13
14	Central Services & Supply		7,993		14		9,827,078	14
15	Pharmacy		2,652		21		48,953	15
16	Medical Records & Library		10,198		54		4	16
17	Social Service		495		8			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	259,700	42,084	12,855	122	122	353,448	30
31	Intensive Care Unit	32,800	3,595	1,484	25	25	100,120	31
43	Nursery				3	3		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	85,400	11,703		26	26	3,518,470	50
51	Recovery Room		1,278		4	4	38,216	51
52	Delivery Room & Labor Room				6	6		52
53	Anesthesiology		485		2	2	121,275	53
54	Radiology-Diagnostic	48,600	13,817		24		58,877	54
55	Radiology-Therapeutic		6,786		4		4,368	55
57	CT Scan		1,328		12		32,279	57
58	MRI		948		4		2,441	58
59	Cardiac Catheterization		4,023		20		2,085,136	59
60	Laboratory		14,918		60		41,565	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		2,490		12		40,696	65
66	Physical Therapy	13,500	15,787		33		203,480	66
67	Occupational Therapy		796		3		290	67
68	Speech Pathology		455		2		10,635	68
69	Electrocardiology		490		6		11,715	69
71	Medical Supplies Charged to Patients						1,196,055	71
73	Drugs Charged to Patients							73
74	Renal Dialysis	21,600	7,057		24	24	672,825	74
75	ASC (Non-Distinct Part)	18,100	38,814		14	14	449,813	75
76	OTHER ANCILLARY							76
76.01	SLEEP/EEG		676		4	4	144	76.01
76.02	GI		3,087		12	12	352,404	76.02
76.03	NUCLEAR MED		781		3		484	76.03
76.04	PSYCH		6,288		21		55	76.04
76.05	ULTASOUND		1,557		6		18,084	76.05
76.06	VASCULAR LAB	7,000	1,996		6	6	2,713	76.06
76.07	MEDICAL OUTPATIENT		1,000		5	5	54,756	76.07
76.97	CARDIAC REHABILITATION		1,683		3	3	1,066	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY						118	76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency	98,300	26,315		58	58	359,168	91
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		3,356				29,159	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice		4,000				12,303	116
118	SUBTOTALS (sum of lines 1-117)	585,000	249,725	14,339	643	314	9,821,115	118

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		1,172					190
194	PATHOLOGY		519				148	194
194.0 1	PHYSIATRY CLINIC		674				37	194.0 1
194.0 2	JANESVILLE MED CTR		5,027				59	194.0 2
194.0 3	OCCUPATIONAL HEALTH & WELLNESS		8,727				2,589	194.0 3
194.0 4	ASSISTED LIVING CENTERS		95,183				2,806	194.0 4
194.0 5	NORTHPOINTE FITNESS & SPA CENTER		56,995				324	194.0 5
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	906,474	2,539,210	2,264,891	452,045	2,037,093	1,982,124	202
203	Unit Cost Multiplier (Wkst. B, Part I)	1.549528	6.074345	157.953205	703.024883	6,487.557325	0.201700	203
204	Cost to be allocated (Per Wkst. B, Part II)	53,927	76,357	159,543	99,265	175,784	434,569	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.092183	0.182663	11.126508	154.377916	559.821656	0.044222	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE				
	COSTED REQUIS.	GROSS REVENUE	TIME SPENT				
	15	16	17				

GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy	14,153,394					15
16	Medical Records & Library		593,994,826				16
17	Social Service			13,174			17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	900	20,864,470	13,174			30
31	Intensive Care Unit	200	8,496,900				31
43	Nursery		1,726,233				43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	52,040	31,527,796				50
51	Recovery Room		2,332,051				51
52	Delivery Room & Labor Room		4,472,436				52
53	Anesthesiology	76,955	4,377,273				53
54	Radiology-Diagnostic	4,767	16,644,469				54
55	Radiology-Therapeutic		7,984,233				55
57	CT Scan	3,858	43,591,801				57
58	MRI	1,947	20,353,050				58
59	Cardiac Catheterization	53,160	23,338,247				59
60	Laboratory	1,246	83,634,108				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy		4,861,616				65
66	Physical Therapy	549	12,868,022				66
67	Occupational Therapy		1,681,902				67
68	Speech Pathology	9	736,664				68
69	Electrocardiology		14,207,712				69
71	Medical Supplies Charged to Patients		99,688,112				71
73	Drugs Charged to Patients	12,659,212	75,159,383				73
74	Renal Dialysis	851,619	16,055,503				74
75	ASC (Non-Distinct Part)	9,473	6,229,597				75
76	OTHER ANCILLARY						76
76.01	SLEEP/EEG		1,896,763				76.01
76.02	GI	20,056	18,366,777				76.02
76.03	NUCLEAR MED	328,161	8,245,871				76.03
76.04	PSYCH		3,617,322				76.04
76.05	ULTASOUND	4,324	8,298,388				76.05
76.06	VASCULAR LAB		5,843,859				76.06
76.07	MEDICAL OUTPATIENT	7,462	767,144				76.07
76.97	CARDIAC REHABILITATION		1,159,515				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY		49,877				76.99
OUTPATIENT SERVICE COST CENTERS							
90	Clinic						90
91	Emergency	3,615	37,852,261				91
92	Observation Beds (Non-Distinct Part)						92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	6,657	1,837,823				101
SPECIAL PURPOSE COST CENTERS							

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 17				
116	Hospice	1,480	5,227,648					116
118	SUBTOTALS (sum of lines 1-117)	14,087,690	593,994,826	13,174				118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
194	PATHOLOGY	416						194
194.0 1	PHYSIATRY CLINIC	78						194.0 1
194.0 2	JANESVILLE MED CTR	7,723						194.0 2
194.0 3	OCCUPATIONAL HEALTH & WELLNESS	56,877						194.0 3
194.0 4	ASSISTED LIVING CENTERS	582						194.0 4
194.0 5	NORTHPOINTE FITNESS & SPA CENTER	28						194.0 5
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	3,832,436	5,123,823	1,025,449				202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.270779	0.008626	77.838849				203
204	Cost to be allocated (Per Wkst. B, Part II)	311,622	340,578	37,091				204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.022017	0.000573	2.815470				205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		CODE	LINE NO.	AMOUNT
	1	2	3	4

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	COSTS			
				Total Costs	RCE Dis- allowance	Total Costs	
				1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	19,830,793		19,830,793		19,830,793	30
31	Intensive Care Unit	4,190,148		4,190,148		4,190,148	31
43	Nursery	362,426		362,426		362,426	43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	6,254,536		6,254,536		6,254,536	50
51	Recovery Room	693,784		693,784		693,784	51
52	Delivery Room & Labor Room	887,042		887,042		887,042	52
53	Anesthesiology	443,993		443,993		443,993	53
54	Radiology-Diagnostic	4,153,532		4,153,532		4,153,532	54
55	Radiology-Therapeutic	1,871,058		1,871,058		1,871,058	55
57	CT Scan	2,791,515		2,791,515		2,791,515	57
58	MRI	1,308,765		1,308,765		1,308,765	58
59	Cardiac Catheterization	4,687,933		4,687,933		4,687,933	59
60	Laboratory	13,214,204		13,214,204		13,214,204	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	2,010,206		2,010,206		2,010,206	65
66	Physical Therapy	4,191,727		4,191,727		4,191,727	66
67	Occupational Therapy	392,890		392,890		392,890	67
68	Speech Pathology	325,148		325,148		325,148	68
69	Electrocardiology	695,333		695,333		695,333	69
71	Medical Supplies Charged to Patients	14,930,789		14,930,789		14,930,789	71
73	Drugs Charged to Patients	20,626,835		20,626,835		20,626,835	73
74	Renal Dialysis	6,009,580		6,009,580		6,009,580	74
75	ASC (Non-Distinct Part)	3,897,794		3,897,794		3,897,794	75
76	OTHER ANCILLARY						76
76.01	SLEEP/EEG	558,003		558,003		558,003	76.01
76.02	GI	2,212,441		2,212,441		2,212,441	76.02
76.03	NUCLEAR MED	998,557		998,557		998,557	76.03
76.04	PSYCH	3,804,121		3,804,121		3,804,121	76.04
76.05	ULTASOUND	1,144,206		1,144,206		1,144,206	76.05
76.06	VASCULAR LAB	1,392,386		1,392,386		1,392,386	76.06
76.07	MEDICAL OUTPATIENT	804,448		804,448		804,448	76.07
76.97	CARDIAC REHABILITATION	494,721		494,721		494,721	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY	105,211		105,211		105,211	76.99
OUTPATIENT SERVICE COST CENTERS							
90	Clinic				202,958	202,958	90
91	Emergency	10,933,245		10,933,245		10,933,245	91
92	Observation Beds (Non-Distinct Part)	1,458,355		1,458,355		1,458,355	92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	3,015,050		3,015,050		3,015,050	101
113	Interest Expense						113
116	Hospice	6,404,799		6,404,799		6,404,799	116
200	Subtotal (sum of lines 30 thru 199)	147,095,574		147,095,574	202,958	147,298,532	200
201	Less Observation Beds	1,458,355		1,458,355		1,458,355	201
202	Total (line 200 minus line 201)	145,637,219		145,637,219		145,840,177	202

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	19,609,139		19,609,139				30
31	Intensive Care Unit	8,496,900		8,496,900				31
43	Nursery	1,726,233		1,726,233				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	13,178,939	18,348,857	31,527,796	0.198382	0.198382	0.198382	50
51	Recovery Room	835,625	1,496,426	2,332,051	0.297499	0.297499	0.297499	51
52	Delivery Room & Labor Room	3,415,152	1,057,284	4,472,436	0.198335	0.198335	0.198335	52
53	Anesthesiology	1,968,274	2,408,999	4,377,273	0.101431	0.101431	0.101431	53
54	Radiology-Diagnostic	2,707,984	13,936,485	16,644,469	0.249544	0.249544	0.249544	54
55	Radiology-Therapeutic	224,306	7,759,927	7,984,233	0.234344	0.234344	0.234344	55
57	CT Scan	9,182,242	34,409,559	43,591,801	0.064038	0.064038	0.064038	57
58	MRI	3,197,257	17,155,793	20,353,050	0.064303	0.064303	0.064303	58
59	Cardiac Catheterization	11,020,496	12,317,751	23,338,247	0.200869	0.200869	0.200869	59
60	Laboratory	23,082,522	60,551,586	83,634,108	0.158000	0.158000	0.158000	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,697,679	2,163,937	4,861,616	0.413485	0.413485	0.413485	65
66	Physical Therapy	1,723,591	11,144,431	12,868,022	0.325748	0.325748	0.325748	66
67	Occupational Therapy	540,670	1,141,232	1,681,902	0.233599	0.233599	0.233599	67
68	Speech Pathology	176,241	560,423	736,664	0.441379	0.441379	0.441379	68
69	Electrocardiology	3,999,369	10,208,343	14,207,712	0.048941	0.048941	0.048941	69
71	Medical Supplies Charged to Patients	53,605,383	46,082,729	99,688,112	0.149775	0.149775	0.149775	71
73	Drugs Charged to Patients	17,647,717	57,511,666	75,159,383	0.274441	0.274441	0.274441	73
74	Renal Dialysis	788,243	15,267,260	16,055,503	0.374300	0.374300	0.374300	74
75	ASC (Non-Distinct Part)		6,229,597	6,229,597	0.625690	0.625690	0.625690	75
76	OTHER ANCILLARY							76
76.01	SLEEP/EEG	92,720	1,804,043	1,896,763	0.294187	0.294187	0.294187	76.01
76.02	GI	1,207,904	17,158,873	18,366,777	0.120459	0.120459	0.120459	76.02
76.03	NUCLEAR MED	852,763	7,393,108	8,245,871	0.121098	0.121098	0.121098	76.03
76.04	PSYCH		3,617,322	3,617,322	1.051640	1.051640	1.051640	76.04
76.05	ULTASOUND	870,785	7,427,603	8,298,388	0.137883	0.137883	0.137883	76.05
76.06	VASCULAR LAB	1,971,783	3,872,076	5,843,859	0.238265	0.238265	0.238265	76.06
76.07	MEDICAL OUTPATIENT		767,144	767,144	1.048627	1.048627	1.048627	76.07
76.97	CARDIAC REHABILITATION	1,095	1,158,420	1,159,515	0.426662	0.426662	0.426662	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY		49,877	49,877	2.109409	2.109409	2.109409	76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency	6,437,660	31,414,601	37,852,261	0.288840	0.288840	0.288840	91
92	Observation Beds (Non-Distinct Part)		1,255,331	1,255,331	1.161729	1.161729	1.161729	92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		1,837,823	1,837,823				101
113	Interest Expense							113
116	Hospice		5,227,648	5,227,648				116
200	Subtotal (sum of lines 30 thru 199)	191,258,672	402,736,154	593,994,826				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	191,258,672	402,736,154	593,994,826				202

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	1,646,203		1,646,203	13,870	118.69	6,398	759,379	30
31	Intensive Care Unit	263,357		263,357	1,484	177.46	951	168,764	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	11,453		11,453	1,010	11.34			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	1,921,013		1,921,013	16,364		7,349	928,143	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 52-0100

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	807,607	31,527,796	0.025616	5,282,989	135,329	50
51	Recovery Room	47,503	2,332,051	0.020370	283,033	5,765	51
52	Delivery Room & Labor Room	27,408	4,472,436	0.006128	22,022	135	52
53	Anesthesiology	47,377	4,377,273	0.010823	739,641	8,005	53
54	Radiology-Diagnostic	611,080	16,644,469	0.036714	1,470,217	53,978	54
55	Radiology-Therapeutic	252,733	7,984,233	0.031654	62,261	1,971	55
57	CT Scan	228,039	43,591,801	0.005231	5,006,337	26,188	57
58	MRI	139,574	20,353,050	0.006858	1,896,568	13,007	58
59	Cardiac Catheterization	705,498	23,338,247	0.030229	5,091,056	153,898	59
60	Laboratory	837,655	83,634,108	0.010016	12,073,889	120,932	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	148,037	4,861,616	0.030450	1,471,086	44,795	65
66	Physical Therapy	475,418	12,868,022	0.036946	937,576	34,640	66
67	Occupational Therapy	26,835	1,681,902	0.015955	339,916	5,423	67
68	Speech Pathology	18,591	736,664	0.025237	116,578	2,942	68
69	Electrocardiology	43,798	14,207,712	0.003083	2,257,064	6,959	69
71	Medical Supplies Charged to Pat	463,307	99,688,112	0.004648	25,599,889	118,988	71
73	Drugs Charged to Patients	744,384	75,159,383	0.009904	8,226,131	81,472	73
74	Renal Dialysis	412,074	16,055,503	0.025666	486,699	12,492	74
75	ASC (Non-Distinct Part)	1,121,574	6,229,597	0.180040			75
76	OTHER ANCILLARY						76
76.01	SLEEP/EEG	43,737	1,896,763	0.023059	43,379	1,000	76.01
76.02	GI	289,665	18,366,777	0.015771	638,377	10,068	76.02
76.03	NUCLEAR MED	55,791	8,245,871	0.006766	489,956	3,315	76.03
76.04	PSYCH	228,274	3,617,322	0.063106			76.04
76.05	ULTASOUND	152,311	8,298,388	0.018354	381,309	6,999	76.05
76.06	VASCULAR LAB	185,201	5,843,859	0.031692	739,079	23,423	76.06
76.07	MEDICAL OUTPATIENT	47,754	767,144	0.062249			76.07
76.97	CARDIAC REHABILITATION	59,231	1,159,515	0.051083	739	38	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY	2,708	49,877	0.054294			76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic						90
91	Emergency	1,314,445	37,852,261	0.034726	3,430,152	119,115	91
92	Observation Beds (Non-Distinct	121,061	1,255,331	0.096438			92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	9,658,670	557,097,083		77,085,943	990,877	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

(A)	Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
		1A	1	2A	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)								30
31	Intensive Care Unit								31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	TOTAL (lines 30-199)								200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6		7		8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	13,870		6,398		30
31	Intensive Care Unit	1,484		951		31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	1,010				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	16,364		7,349		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 52-0100

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2A	2	3A	3	4	5	6
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room								50
51	Recovery Room								51
52	Delivery Room & Labor Room								52
53	Anesthesiology								53
54	Radiology-Diagnostic								54
55	Radiology-Therapeutic								55
57	CT Scan								57
58	MRI								58
59	Cardiac Catheterization								59
60	Laboratory								60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy								65
66	Physical Therapy								66
67	Occupational Therapy								67
68	Speech Pathology								68
69	Electrocardiology								69
71	Medical Supplies Charged to Pat								71
73	Drugs Charged to Patients								73
74	Renal Dialysis								74
75	ASC (Non-Distinct Part)								75
76	OTHER ANCILLARY								76
76.01	SLEEP/EEG								76.01
76.02	GI								76.02
76.03	NUCLEAR MED								76.03
76.04	PSYCH								76.04
76.05	ULTASOUND								76.05
76.06	VASCULAR LAB								76.06
76.07	MEDICAL OUTPATIENT								76.07
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic								90
91	Emergency								91
92	Observation Beds (Non-Distinct								92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)								200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 52-0100

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	31,527,796			5,282,989		7,506,576		50
51	Recovery Room	2,332,051			283,033		321,463		51
52	Delivery Room & Labor Room	4,472,436			22,022		13,779		52
53	Anesthesiology	4,377,273			739,641		555,332		53
54	Radiology-Diagnostic	16,644,469			1,470,217		4,331,217		54
55	Radiology-Therapeutic	7,984,233			62,261		2,597,745		55
57	CT Scan	43,591,801			5,006,337		10,945,573		57
58	MRI	20,353,050			1,896,568		4,827,360		58
59	Cardiac Catheterization	23,338,247			5,091,056		5,396,094		59
60	Laboratory	83,634,108			12,073,889		12,183,331		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	4,861,616			1,471,086		691,051		65
66	Physical Therapy	12,868,022			937,576		229,347		66
67	Occupational Therapy	1,681,902			339,916		9,483		67
68	Speech Pathology	736,664			116,578		1,530		68
69	Electrocardiology	14,207,712			2,257,064		4,015,729		69
71	Medical Supplies Charged to Pat	99,688,112			25,599,889		13,813,800		71
73	Drugs Charged to Patients	75,159,383			8,226,131		21,530,326		73
74	Renal Dialysis	16,055,503			486,699		12,313		74
75	ASC (Non-Distinct Part)	6,229,597							75
76	OTHER ANCILLARY								76
76.01	SLEEP/EEG	1,896,763			43,379		551,670		76.01
76.02	GI	18,366,777			638,377		5,329,286		76.02
76.03	NUCLEAR MED	8,245,871			489,956		3,017,448		76.03
76.04	PSYCH	3,617,322					697,844		76.04
76.05	ULTASOUND	8,298,388			381,309		1,717,890		76.05
76.06	VASCULAR LAB	5,843,859			739,079		1,378,335		76.06
76.07	MEDICAL OUTPATIENT	767,144							76.07
76.97	CARDIAC REHABILITATION	1,159,515			739		545,204		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY	49,877							76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic								90
91	Emergency	37,852,261			3,430,152		5,826,189		91
92	Observation Beds (Non-Distinct	1,255,331					452,538		92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	557,097,083			77,085,943		108,498,453		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 52-0100

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.198382	7,506,576			1,489,170			50
51	Recovery Room	0.297499	321,463			95,635			51
52	Delivery Room & Labor Room	0.198335	13,779			2,733			52
53	Anesthesiology	0.101431	555,332			56,328			53
54	Radiology-Diagnostic	0.249544	4,331,217			1,080,829			54
55	Radiology-Therapeutic	0.234344	2,597,745			608,766			55
57	CT Scan	0.064038	10,945,573			700,933			57
58	MRI	0.064303	4,827,360			310,414			58
59	Cardiac Catheterization	0.200869	5,396,094			1,083,908			59
60	Laboratory	0.158000	12,183,331	4,566		1,924,966	721		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.413485	691,051			285,739			65
66	Physical Therapy	0.325748	229,347			74,709			66
67	Occupational Therapy	0.233599	9,483			2,215			67
68	Speech Pathology	0.441379	1,530			675			68
69	Electrocardiology	0.048941	4,015,729			196,534			69
71	Medical Supplies Charged to Pat	0.149775	13,813,800	387		2,068,962	58		71
73	Drugs Charged to Patients	0.274441	21,530,326	2,227	301,089	5,908,804	611	82,631	73
74	Renal Dialysis	0.374300	12,313			4,609			74
75	ASC (Non-Distinct Part)	0.625690							75
76	OTHER ANCILLARY								76
76.01	SLEEP/EEG	0.294187	551,670			162,294			76.01
76.02	GI	0.120459	5,329,286			641,960			76.02
76.03	NUCLEAR MED	0.121098	3,017,448			365,407			76.03
76.04	PSYCH	1.051640	697,844			733,881			76.04
76.05	ULTASOUND	0.137883	1,717,890			236,868			76.05
76.06	VASCULAR LAB	0.238265	1,378,335			328,409			76.06
76.07	MEDICAL OUTPATIENT	1.048627							76.07
76.97	CARDIAC REHABILITATION	0.426662	545,204			232,618			76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY	2.109409							76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic								90
91	Emergency	0.288840	5,826,189			1,682,836			91
92	Observation Beds (Non-Distinct)	1.161729	452,538			525,727			92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		108,498,453	7,180	301,089	20,805,929	1,390	82,631	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		108,498,453	7,180	301,089	20,805,929	1,390	82,631	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

Check Title V
 Applicable Title XVIII, Part A
 Boxes: Title XIX

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	1,646,203		1,646,203	13,870	118.69	761	90,323	30
31	Intensive Care Unit	263,357		263,357	1,484	177.46	35	6,211	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	11,453		11,453	1,010	11.34	138	1,565	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	1,921,013		1,921,013	16,364		934	98,099	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 52-0100

**WORKSHEET D
PART II**

Check Title V Hospital SUB (Other)
 Applicable Title XVIII, Part A IPF
 Boxes: Title XIX IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	807,607	31,527,796	0.025616	644,310	16,505	50
51	Recovery Room	47,503	2,332,051	0.020370	49,172	1,002	51
52	Delivery Room & Labor Room	27,408	4,472,436	0.006128	378,870	2,322	52
53	Anesthesiology	47,377	4,377,273	0.010823	104,959	1,136	53
54	Radiology-Diagnostic	611,080	16,644,469	0.036714	146,566	5,381	54
55	Radiology-Therapeutic	252,733	7,984,233	0.031654			55
57	CT Scan	228,039	43,591,801	0.005231	422,460	2,210	57
58	MRI	139,574	20,353,050	0.006858	145,990	1,001	58
59	Cardiac Catheterization	705,498	23,338,247	0.030229	381,443	11,531	59
60	Laboratory	837,655	83,634,108	0.010016	1,355,594	13,578	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	148,037	4,861,616	0.030450	159,369	4,853	65
66	Physical Therapy	475,418	12,868,022	0.036946	76,502	2,826	66
67	Occupational Therapy	26,835	1,681,902	0.015955	16,497	263	67
68	Speech Pathology	18,591	736,664	0.025237	11,790	298	68
69	Electrocardiology	43,798	14,207,712	0.003083	166,844	514	69
71	Medical Supplies Charged to Pat	463,307	99,688,112	0.004648	2,116,163	9,836	71
73	Drugs Charged to Patients	744,384	75,159,383	0.009904	864,586	8,563	73
74	Renal Dialysis	412,074	16,055,503	0.025666	87,045	2,234	74
75	ASC (Non-Distinct Part)	1,121,574	6,229,597	0.180040			75
76	OTHER ANCILLARY						76
76.01	SLEEP/EEG	43,737	1,896,763	0.023059	7,436	171	76.01
76.02	GI	289,665	18,366,777	0.015771	72,112	1,137	76.02
76.03	NUCLEAR MED	55,791	8,245,871	0.006766	30,015	203	76.03
76.04	PSYCH	228,274	3,617,322	0.063106			76.04
76.05	ULTASOUND	152,311	8,298,388	0.018354	50,614	929	76.05
76.06	VASCULAR LAB	185,201	5,843,859	0.031692	93,514	2,964	76.06
76.07	MEDICAL OUTPATIENT	47,754	767,144	0.062249			76.07
76.97	CARDIAC REHABILITATION	59,231	1,159,515	0.051083			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY	2,708	49,877	0.054294			76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic						90
91	Emergency	1,314,445	37,852,261	0.034726	373,187	12,959	91
92	Observation Beds (Non-Distinct	121,061	1,255,331	0.096438			92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	9,658,670	557,097,083		7,755,038	102,416	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

(A)	Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
		1A	1	2A	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)								30
31	Intensive Care Unit								31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	TOTAL (lines 30-199)								200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6		7		8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	13,870		761		30
31	Intensive Care Unit	1,484		35		31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	1,010		138		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	16,364		934		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 52-0100

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2A	2	3A	3	4	5	6
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room								50
51	Recovery Room								51
52	Delivery Room & Labor Room								52
53	Anesthesiology								53
54	Radiology-Diagnostic								54
55	Radiology-Therapeutic								55
57	CT Scan								57
58	MRI								58
59	Cardiac Catheterization								59
60	Laboratory								60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy								65
66	Physical Therapy								66
67	Occupational Therapy								67
68	Speech Pathology								68
69	Electrocardiology								69
71	Medical Supplies Charged to Pat								71
73	Drugs Charged to Patients								73
74	Renal Dialysis								74
75	ASC (Non-Distinct Part)								75
76	OTHER ANCILLARY								76
76.01	SLEEP/EEG								76.01
76.02	GI								76.02
76.03	NUCLEAR MED								76.03
76.04	PSYCH								76.04
76.05	ULTASOUND								76.05
76.06	VASCULAR LAB								76.06
76.07	MEDICAL OUTPATIENT								76.07
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic								90
91	Emergency								91
92	Observation Beds (Non-Distinct)								92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)								200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 52-0100

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	31,527,796			644,310				50
51	Recovery Room	2,332,051			49,172				51
52	Delivery Room & Labor Room	4,472,436			378,870				52
53	Anesthesiology	4,377,273			104,959				53
54	Radiology-Diagnostic	16,644,469			146,566				54
55	Radiology-Therapeutic	7,984,233							55
57	CT Scan	43,591,801			422,460				57
58	MRI	20,353,050			145,990				58
59	Cardiac Catheterization	23,338,247			381,443				59
60	Laboratory	83,634,108			1,355,594				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	4,861,616			159,369				65
66	Physical Therapy	12,868,022			76,502				66
67	Occupational Therapy	1,681,902			16,497				67
68	Speech Pathology	736,664			11,790				68
69	Electrocardiology	14,207,712			166,844				69
71	Medical Supplies Charged to Pat	99,688,112			2,116,163				71
73	Drugs Charged to Patients	75,159,383			864,586				73
74	Renal Dialysis	16,055,503			87,045				74
75	ASC (Non-Distinct Part)	6,229,597							75
76	OTHER ANCILLARY								76
76.01	SLEEP/EEG	1,896,763			7,436				76.01
76.02	GI	18,366,777			72,112				76.02
76.03	NUCLEAR MED	8,245,871			30,015				76.03
76.04	PSYCH	3,617,322							76.04
76.05	ULTASOUND	8,298,388			50,614				76.05
76.06	VASCULAR LAB	5,843,859			93,514				76.06
76.07	MEDICAL OUTPATIENT	767,144							76.07
76.97	CARDIAC REHABILITATION	1,159,515							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY	49,877							76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic								90
91	Emergency	37,852,261			373,187				91
92	Observation Beds (Non-Distinct)	1,255,331							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	557,097,083			7,755,038				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 52-0100

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost		
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
		1	2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	0.198382		758,308			150,435	50
51	Recovery Room	0.297499		60,558			18,016	51
52	Delivery Room & Labor Room	0.198335		121,220			24,042	52
53	Anesthesiology	0.101431		80,815			8,197	53
54	Radiology-Diagnostic	0.249544		770,512			192,277	54
55	Radiology-Therapeutic	0.234344		18,212			4,268	55
57	CT Scan	0.064038		1,761,447			112,800	57
58	MRI	0.064303		594,715			38,242	58
59	Cardiac Catheterization	0.200869		315,809			63,436	59
60	Laboratory	0.158000		4,131,277			652,742	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	0.413485		149,445			61,793	65
66	Physical Therapy	0.325748		300,115			97,762	66
67	Occupational Therapy	0.233599		29,311			6,847	67
68	Speech Pathology	0.441379		158,457			69,940	68
69	Electrocardiology	0.048941		407,961			19,966	69
71	Medical Supplies Charged to Pat	0.149775		1,717,576			257,250	71
73	Drugs Charged to Patients	0.274441		2,656,945			729,175	73
74	Renal Dialysis	0.374300		888,012			332,383	74
75	ASC (Non-Distinct Part)	0.625690						75
76	OTHER ANCILLARY							76
76.01	SLEEP/EEG	0.294187		47,867			14,082	76.01
76.02	GI	0.120459		402,977			48,542	76.02
76.03	NUCLEAR MED	0.121098		232,095			28,106	76.03
76.04	PSYCH	1.051640		1,024,083			1,076,967	76.04
76.05	ULTASOUND	0.137883		722,328			99,597	76.05
76.06	VASCULAR LAB	0.238265		230,075			54,819	76.06
76.07	MEDICAL OUTPATIENT	1.048627						76.07
76.97	CARDIAC REHABILITATION	0.426662		12,567			5,362	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY	2.109409						76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency	0.288840		3,235,609			934,573	91
92	Observation Beds (Non-Distinct)	1.161729		71,540			83,110	92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (see instructions)			20,899,836			5,184,729	200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)			20,899,836			5,184,729	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 52-0100

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	13,870	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	13,870	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)	12,850	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	6,398	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	19,830,793	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	19,830,793	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	19,830,793	37

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 52-0100

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						1,429.76	38
39	Program general inpatient routine service cost (line 9 x line 38)						9,147,604	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)							40
41	Total Program general inpatient routine service cost (line 39 + line 40)						9,147,604	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	4,190,148	1,484	2,823.55	951	2,685,196		43
44	Coronary Care Unit							44
45	Burn Intensive Care Unit							45
46	Surgical Intensive Care Unit							46
47	Other Special Care (specify)							47

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						13,763,713	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						25,596,513	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						928,143	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						990,877	51
52	Total Program excludable cost (sum of lines 50 and 51)						1,919,020	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						23,677,493	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 52-0100

**WORKSHEET D-1
PARTS III & IV**

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					1,020	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,429.76	88
89	Observation bed cost (line 87 x line 88) (see instructions)					1,458,355	89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	1,646,203	19,830,793	0.083012	1,458,355	121,061	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 52-0100

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	13,870	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	13,870	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)	12,850	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	761	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)	1,010	15
16	Nursery days (title V or XIX only)	138	16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	19,830,793	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	19,830,793	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	19,830,793	37

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 52-0100

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						1,429.76	38
39	Program general inpatient routine service cost (line 9 x line 38)						1,088,047	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)						1,088,047	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)	362,426	1,010	358.84	138	49,520		42
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	4,190,148	1,484	2,823.55	35	98,824		43
44	Coronary Care Unit							44
45	Burn Intensive Care Unit							45
46	Surgical Intensive Care Unit							46
47	Other Special Care (specify)							47

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						1,438,467	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						2,674,858	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						98,099	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						102,416	51
52	Total Program excludable cost (sum of lines 50 and 51)						200,515	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)							53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 52-0100

**WORKSHEET D-1
PARTS III & IV**

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					1,020	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 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 52-0100

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		9,908,176		30
31	Intensive Care Unit		4,341,583		31
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.198382	5,282,989	1,048,050	50
51	Recovery Room	0.297499	283,033	84,202	51
52	Delivery Room & Labor Room	0.198335	22,022	4,368	52
53	Anesthesiology	0.101431	739,641	75,023	53
54	Radiology-Diagnostic	0.249544	1,470,217	366,884	54
55	Radiology-Therapeutic	0.234344	62,261	14,590	55
57	CT Scan	0.064038	5,006,337	320,596	57
58	MRI	0.064303	1,896,568	121,955	58
59	Cardiac Catheterization	0.200869	5,091,056	1,022,635	59
60	Laboratory	0.158000	12,073,889	1,907,674	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.413485	1,471,086	608,272	65
66	Physical Therapy	0.325748	937,576	305,414	66
67	Occupational Therapy	0.233599	339,916	79,404	67
68	Speech Pathology	0.441379	116,578	51,455	68
69	Electrocardiology	0.048941	2,257,064	110,463	69
71	Medical Supplies Charged to Patients	0.149775	25,599,889	3,834,223	71
73	Drugs Charged to Patients	0.274441	8,226,131	2,257,588	73
74	Renal Dialysis	0.374300	486,699	182,171	74
75	ASC (Non-Distinct Part)	0.625690			75
76	OTHER ANCILLARY				76
76.01	SLEEP/EEG	0.294187	43,379	12,762	76.01
76.02	GI	0.120459	638,377	76,898	76.02
76.03	NUCLEAR MED	0.121098	489,956	59,333	76.03
76.04	PSYCH	1.051640			76.04
76.05	ULTASOUND	0.137883	381,309	52,576	76.05
76.06	VASCULAR LAB	0.238265	739,079	176,097	76.06
76.07	MEDICAL OUTPATIENT	1.048627			76.07
76.97	CARDIAC REHABILITATION	0.426662	739	315	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY	2.109409			76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic				90
91	Emergency	0.288840	3,430,152	990,765	91
92	Observation Beds (Non-Distinct Part)	1.161729			92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		77,085,943	13,763,713	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		77,085,943		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 52-0100

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		1,122,985		30
31	Intensive Care Unit		427,876		31
43	Nursery		287,733		43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.198382	644,310	127,820	50
51	Recovery Room	0.297499	49,172	14,629	51
52	Delivery Room & Labor Room	0.198335	378,870	75,143	52
53	Anesthesiology	0.101431	104,959	10,646	53
54	Radiology-Diagnostic	0.249544	146,566	36,575	54
55	Radiology-Therapeutic	0.234344			55
57	CT Scan	0.064038	422,460	27,053	57
58	MRI	0.064303	145,990	9,388	58
59	Cardiac Catheterization	0.200869	381,443	76,620	59
60	Laboratory	0.158000	1,355,594	214,184	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.413485	159,369	65,897	65
66	Physical Therapy	0.325748	76,502	24,920	66
67	Occupational Therapy	0.233599	16,497	3,854	67
68	Speech Pathology	0.441379	11,790	5,204	68
69	Electrocardiology	0.048941	166,844	8,166	69
71	Medical Supplies Charged to Patients	0.149775	2,116,163	316,948	71
73	Drugs Charged to Patients	0.274441	864,586	237,278	73
74	Renal Dialysis	0.374300	87,045	32,581	74
75	ASC (Non-Distinct Part)	0.625690			75
76	OTHER ANCILLARY				76
76.01	SLEEP/EEG	0.294187	7,436	2,188	76.01
76.02	GI	0.120459	72,112	8,687	76.02
76.03	NUCLEAR MED	0.121098	30,015	3,635	76.03
76.04	PSYCH	1.051640			76.04
76.05	ULTASOUND	0.137883	50,614	6,979	76.05
76.06	VASCULAR LAB	0.238265	93,514	22,281	76.06
76.07	MEDICAL OUTPATIENT	1.048627			76.07
76.97	CARDIAC REHABILITATION	0.426662			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY	2.109409			76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic				90
91	Emergency	0.288840	373,187	107,791	91
92	Observation Beds (Non-Distinct Part)	1.161729			92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		7,755,038	1,438,467	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		7,755,038		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	10,899,890			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	3,945,838			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)				1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)				1.04
2	Outlier payments for discharges (see instructions)	813,759			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments				3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	100.21			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) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)				8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)				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 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
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)				24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)				29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0555			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.1930			31
32	Sum of lines 30 and 31	0.2485			32
33	Allowable disproportionate share percentage (see instructions)	0.0972			33
34	Disproportionate share adjustment (see instructions)	360,751			34
		Prior to		On or after	
	Uncompensated Care Adjustment	October 1 (1.00)	(1.01)	October 1 (2.00)	
35	Total uncompensated care amount (see instructions)	5,977,483,147		6,766,695,164	35
35.01	Factor 3 (see instructions)	0.000103426		0.000139349	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	618,227		942,932	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	462,400		237,671	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	700,071			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46
47	Subtotal (see instructions)	16,720,309			47
48	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only (see instructions)				48
49	Total payment for inpatient operating costs (see instructions)	16,720,309			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	1,326,143			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)				52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies	1,036			54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)				58
59	Total (sum of amounts on lines 49 through 58)	18,047,488			59
60	Primary payer payments				60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	18,047,488			61
62	Deductibles billed to program beneficiaries	1,760,332			62
63	Coinsurance billed to program beneficiaries	8,883			63
64	Allowable bad debts (see instructions)	269,759			64
65	Adjusted reimbursable bad debts (see instructions)	175,343			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	269,759			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	16,453,616			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)				70
70.93	HVBP payment adjustment amount (see instructions)	-1,268			70.93
70.94	HRR adjustment amount (see instructions)	-142,268			70.94
71	Amount due provider (see instructions)	16,310,080			71
71.01	Sequestration adjustment (see instructions)	326,202			71.01
71.02	Demonstration payment adjustment amount after sequestration				71.02
72	Interim payments	15,812,733			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	171,145			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2				75
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. I, line 2				91
92	Operating outlier reconciliation adjustment amount (see instructions)				92
93	Capital outlier reconciliation adjustment amount (see instructions)				93
94	The rate used to calculate the time value of money (see instructions)				94
95	Time value of money for operating expenses (see instructions)				95
96	Time value of money for capital related expenses (see instructions)				96
HSP Bonus Payment Amount			Prior to 10/1	On or After 10/1	
100	HSP bonus amount (see instructions)				100
HVBP Adjustment for HSP Bonus Payment			Prior to 10/1	On or After 10/1	
101	HVBP adjustment factor (see instructions)	0.0000000000			101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102
HRR Adjustment for HSP Bonus Payment			Prior to 10/1	On or After 10/1	
103	HRR adjustment factor (see instructions)	0.0000			103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 52-0100

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	84,021			1
2	Medical and other services reimbursed under OPPS (see instructions)	20,805,929			2
3	OPPS payments	26,031,590			3
4	Outlier payment (see instructions)	127,387			4
4.01	Outlier reconciliation amount (see instructions)				4.01
5	Enter the hospital specific payment to cost ratio (see instructions)	0.872			5
6	Line 2 times line 5	18,142,770			6
7	Sum of lines 3, 4, and 4.01, divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	84,021			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	308,269			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)	308,269			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)	308,269			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	224,248			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 (see instructions)	84,021			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	26,158,977			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	5,361,408			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	20,881,590			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)	20,881,590			30
31	Primary payer payments	3,917			31
32	Subtotal (line 30 minus line 31)	20,877,673			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)	640,881			34
35	Adjusted reimbursable bad debts (see instructions)	416,573			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	640,881			36
37	Subtotal (see instructions)	21,294,246			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	21,294,246			40
40.01	Sequestration adjustment (see instructions)	425,885			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	20,377,607			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	490,754			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 52-0100

**WORKSHEET E-1
PART I**

Check Hospital SUB (Other)
 Applicable IPF SNF
 Boxes: IRF Swing Bed SNF

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
		1	2	3	4	
1	Total interim payments paid to provider		15,812,733		20,377,607	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				3.01
		.02				3.02
	Program	.03				3.03
	to	.04				3.04
	Provider	.05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51				3.51
	Provider	.52				3.52
	to	.53				3.53
	Program	.54				3.54
		.55				3.55
		.56				3.56
		.57				3.57
		.58				3.58
		.59				3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99				3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		15,812,733		20,377,607	4
TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				5.01
		.02				5.02
	Program	.03				5.03
	to	.04				5.04
	Provider	.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
	Provider	.52				5.52
	to	.53				5.53
	Program	.54				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01				6.01
		.02				6.02
7	Total Medicare program liability (see instructions)					7
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)	8

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

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 52-0100

**WORKSHEET E-3
PART VII**

Check Title V Hospital NF PPS
 Applicable Title XIX SUB (Other) ICF/IID TEFRA
 Boxes: SNF Other

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1	Inpatient hospital/SNF/NF services	2,674,858		1
2	Medical and other services		5,184,729	2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	2,674,858	5,184,729	4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	2,674,858	5,184,729	7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	Routine service charges			8
9	Ancillary service charges	7,755,038	20,899,836	9
10	Organ acquisition charges, net of revenue			10
11	Incentive from target amount computation			11
12	Total reasonable charges (sum of lines 8-11)	7,755,038	20,899,836	12
	CUSTOMARY CHARGES			
13	Amount actually collected from patients liable for payment for services on a cahрге basis			13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)	7,755,038	20,899,836	16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	5,080,180	15,715,107	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 physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)	2,674,858	5,184,729	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	Titles V or XIX (sum of lines 21 and 27)	2,674,858	5,184,729	29
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	Excess of reasonable cost (from line 18)			30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	2,674,858	5,184,729	31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)	2,674,858	5,184,729	36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)	2,674,858	5,184,729	38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)	2,674,858	5,184,729	40
41	Interim payments	2,544,870	3,771,876	41
42	Balance due provider/program (line 40 minus line 41)	129,988	1,412,853	42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

BALANCE SHEET

WORKSHEET G

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

	Assets (Omit Cents)	General Fund 1	Specific Purpose Fund 2	Endowment Fund 3	Plant Fund 4	
CURRENT ASSETS						
1	Cash on hand and in banks	17,265,825				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	45,577,456				4
5	Other receivables	5,060,430				5
6	Allowances for uncollectible notes and accounts receivable	-6,945,000				6
7	Inventory	5,175,819				7
8	Prepaid expenses	1,146,960				8
9	Other current assets					9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	67,281,490				11
FIXED ASSETS						
12	Land	8,100,877				12
13	Land improvements	6,573,316				13
14	Accumulated depreciation	-5,038,993				14
15	Buildings	144,652,254				15
16	Accumulated depreciation	-56,155,857				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment	43,803,637				19
20	Accumulated depreciation	-26,927,059				20
21	Audomobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	72,230,812				23
24	Accumulated depreciation	-56,578,455				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)	130,660,532				30
OTHER ASSETS						
31	Investments	79,177,000				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	4,404,314				34
35	Total other assets (sum of lines 31-34)	83,581,314				35
36	Total assets (sum of lines 11, 30 and 35)	281,523,336				36

	Liabilities and Fund Balances (Omit Cents)	General Fund 1	Specific Purpose Fund 2	Endowment Fund 3	Plant Fund 4	
CURRENT LIABILITIES						
37	Accounts payable	8,084,575				37
38	Salaries, wages and fees payable	5,792,909				38
39	Payroll taxes payable	1,352,579				39
40	Notes and loans payable (short term)	2,822,187				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	13,207,100				44
45	Total current liabilities (sum of lines 37 thru 44)	31,259,350				45
LONG TERM LIABILITIES						
46	Mortgage payable	81,829,461				46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	30,028,349				49
50	Total long term liabilities (sum of lines 46 thru 49)	111,857,810				50
51	Total liabilities (sum of lines 45 and 50)	143,117,160				51
CAPITAL ACCOUNTS						
52	General fund balance	138,406,176				52
53	Specific purpose fund					53
54	Donor created - endowment fund balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	Assets					
	(Omit Cents)	1	2	3	4	
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	138,406,176				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	281,523,336				60

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

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		123,901,360			1
2	Net income (loss) (from Worksheet G-3, line 29)		10,616,066			2
3	Total (sum of line 1 and line 2)		134,517,426			3
4	Additions (credit adjustments) (specify)					4
5	CHANGE IN UNREALIZED GAINS / LOSSES	1,798,383				5
6	CHANGE IN SWAP VALUE	802,736				6
7	ASSETS RELEASE FROM RESTRICTIONS	2,676,010				7
8						8
9						9
10	Total additions (sum of lines 4-9)		5,277,129			10
11	Subtotal (line 3 plus line 10)		139,794,555			11
12	Deductions (debit adjustments) (specify)					12
13	CHANGE IN PENSION OBLIGATION	1,303,152				13
14	FOUNDATION RECEIVABLE WRITEDOWN	75,225				14
15	OTHER	10,002				15
16						16
17						17
18	Total deductions (sum of lines 12-17)		1,388,379			18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		138,406,176			19

		ENDOWMENT FUND		PLANT FUND		
		5	6	7	8	
1	Fund balances at beginning of period					1
2	Net income (loss) (from Worksheet G-3, line 29)					2
3	Total (sum of line 1 and line 2)					3
4	Additions (credit adjustments) (specify)					4
5	CHANGE IN UNREALIZED GAINS / LOSSES					5
6	CHANGE IN SWAP VALUE					6
7	ASSETS RELEASE FROM RESTRICTIONS					7
8						8
9						9
10	Total additions (sum of lines 4-9)					10
11	Subtotal (line 3 plus line 10)					11
12	Deductions (debit adjustments) (specify)					12
13	CHANGE IN PENSION OBLIGATION					13
14	FOUNDATION RECEIVABLE WRITEDOWN					14
15	OTHER					15
16						16
17						17
18	Total deductions (sum of lines 12-17)					18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)					19

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

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

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	22,450,120		22,450,120	1
2	Subprovider IPF				2
3	Subprovider IRF				3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility				7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	22,450,120		22,450,120	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	6,745,504		6,745,504	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)	6,745,504		6,745,504	16
17	Total inpatient routine care services (sum of lines 10 and 16)	29,195,624		29,195,624	17
18	Ancillary services	161,871,954	594,898,736	756,770,690	18
19	Outpatient services				19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		1,837,823	1,837,823	22
23	Ambulance				23
25	ASC				25
26	Hospice		5,227,648	5,227,648	26
27	Other (specify)				27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	191,067,578	601,964,207	793,031,785	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		236,336,934	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)		236,336,934	43

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

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

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	793,031,785	1
2	Less contractual allowances and discounts on patients' accounts	561,336,169	2
3	Net patient revenues (line 1 minus line 2)	231,695,616	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	236,336,934	4
5	Net income from service to patients (line 3 minus line 4)	-4,641,318	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments	7,364,665	7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests		14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hosptial space		22
23	Governmental appropriations		23
24	Other (OTHER OPERATING REVENUE)	7,793,126	24
24.0	Other (OTHER NONOPERATING INCOME - NET)		24.0
1		99,593	1
25	Total other income (sum of lines 6-24)	15,257,384	25
26	Total (line 5 plus line 25)	10,616,066	26
29	Net income (or loss) for the period (line 26 minus line 28)	10,616,066	29

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 52-7075

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 CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	170,351				184,114	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	751,049		29,068			6
7	Physical Therapy	329,146		12,739			7
8	Occupational Therapy	95,921		3,713			8
9	Speech Pathology	4,968		192			9
10	Medical Social Services						10
11	Home Health Aide	45,439		1,759			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)	1,396,874		47,471		184,114	24

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 52-7075

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENT S	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	354,465		354,465	-2,319	352,146	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	780,117		780,117		780,117	6
7	Physical Therapy	341,885		341,885		341,885	7
8	Occupational Therapy	99,634		99,634		99,634	8
9	Speech Pathology	5,160		5,160		5,160	9
10	Medical Social Services						10
11	Home Health Aide	47,198		47,198		47,198	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)	1,628,459		1,628,459	-2,319	1,626,140	24

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

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 52-7075

**WORKSHEET H-1
PART I**

		NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	CAPITAL RELATED COSTS			
			BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANC E	
		0	1	2	3	
GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General	352,146				5
HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	780,117				6
7	Physical Therapy	341,885				7
8	Occupational Therapy	99,634				8
9	Speech Pathology	5,160				9
10	Medical Social Services					10
11	Home Health Aide	47,198				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 Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)	1,626,140				24

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 52-7075

**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 CENTERS					
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General		352,146	352,146		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care		780,117	215,633	995,750	6
7	Physical Therapy		341,885	94,501	436,386	7
8	Occupational Therapy		99,634	27,540	127,174	8
9	Speech Pathology		5,160	1,426	6,586	9
10	Medical Social Services					10
11	Home Health Aide		47,198	13,046	60,244	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 Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)		1,626,140		1,626,140	24

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

COST ALLOCATION - HHA STATISTICAL BASIS

HHA CCN: 52-7075

**WORKSHEET H-1
PART II**

		CAPITAL RELATED COSTS						
		BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORTATION (Mileage)	RECONCILIATION	ADMINISTRATIVE & GENERAL (Accum. Cost)	
		1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS								
1	Capital Related-Bldgs. and Fixtures	3,356						1
2	Capital Related-Movable Equipment		3,957					2
3	Plant Operation & Maintenance							3
4	Transportation (see instructions)							4
5	Administrative and General	3,356	3,957			-352,146	1,273,994	5
HHA REIMBURSABLE SERVICES								
6	Skilled Nursing Care						780,117	6
7	Physical Therapy						341,885	7
8	Occupational Therapy						99,634	8
9	Speech Pathology						5,160	9
10	Medical Social Services							10
11	Home Health Aide						47,198	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 Means Program							21
22	Homemaker Service							22
23	All Others							23
23.50	Telemedicine							23.50
24	Totals (sum of lines 1-23)	3,356	3,957			-352,146	1,273,994	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						352,146	25
26	Unit Cost Multiplier						0.276411	26

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 52-7075

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (cols.0-4) 4A	ADMINIS- TRATIVE & GENERAL 5	
1	Administrative and General	0	1	2	4	4A	5	
2	Skilled Nursing Care	995,750	61,223	3,626	76,984	141,833	34,876	1
3	Physical Therapy	436,386			339,408	1,335,158	328,305	2
4	Occupational Therapy	127,174			148,746	585,132	143,879	3
5	Speech Pathology	6,586			43,348	170,522	41,930	4
6	Medical Social Services				2,245	8,831	2,171	5
7	Home Health Aide	60,244			20,535	80,779	19,863	6
8	Supplies							7
9	Drugs							8
10	DME							9
11	Home Dialysis Aide Services							10
12	Respiratory Therapy							11
13	Private Duty Nursing							12
14	Clinic							13
15	Health Promotion Activities							14
16	Day Care Program							15
17	Home Delivered Meals Program							16
18	Homemaker Service							17
19	All Others							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	1,626,140	61,223	3,626	631,266	2,322,255	571,024	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.

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 52-7075

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
1	Administrative and General		77,848		20,386			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)		77,848		20,386			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.

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 52-7075

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12	13	14	15	16	17	
1	Administrative and General			5,881	1,803	15,853		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)			5,881	1,803	15,853		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.

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 52-7075

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL (sum of col.4A-23)	
		19	20	21	22	23	24	
1	Administrative and General						298,480	1
2	Skilled Nursing Care						1,663,463	2
3	Physical Therapy						729,011	3
4	Occupational Therapy						212,452	4
5	Speech Pathology						11,002	5
6	Medical Social Services							6
7	Home Health Aide						100,642	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)						3,015,050	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.

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 52-7075

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL (cols 23 +/- 24)	ALLOCATED HHA A&G (see PtII)	TOTAL HHA COSTS		
		25	26	27	28		
1	Administrative and General		298,480				1
2	Skilled Nursing Care		1,663,463	182,771	1,846,234		2
3	Physical Therapy		729,011	80,099	809,110		3
4	Occupational Therapy		212,452	23,343	235,795		4
5	Speech Pathology		11,002	1,209	12,211		5
6	Medical Social Services						6
7	Home Health Aide		100,642	11,058	111,700		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)		3,015,050	298,480	3,015,050		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.			0.109874			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.

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 52-7075

**WORKSHEET H-2
PART II**

	HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	
		1	2	4	4A	5	6	
1	Administrative and General	3,356	3,957	170,350		141,833		1
2	Skilled Nursing Care			751,049		1,335,158		2
3	Physical Therapy			329,146		585,132		3
4	Occupational Therapy			95,921		170,522		4
5	Speech Pathology			4,968		8,831		5
6	Medical Social Services							6
7	Home Health Aide			45,439		80,779		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)	3,356	3,957	1,396,873		2,322,255		20
21	Total cost to be allocated	61,223	3,626	631,266		571,024		21
22	Unit Cost Multiplier	18.242849		0.451914		0.245892		22
22	Unit Cost Multiplier		0.916351					22

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 52-7075

**WORKSHEET H-2
PART II**

	HHA COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	
		7	8	9	10	11	12	
1	Administrative and General	3,356		3,356				1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	3,356		3,356				20
21	Total cost to be allocated	77,848		20,386				21
22	Unit Cost Multiplier	23.196663		6.074493				22
22	Unit Cost Multiplier							22

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 52-7075

**WORKSHEET H-2
PART II**

	HHA COST CENTER	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	
		13	14	15	16	17	19	
1	Administrative and General		29,159	6,657	1,837,823			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)		29,159	6,657	1,837,823			20
21	Total cost to be allocated		5,881	1,803	15,853			21
22	Unit Cost Multiplier			0.270843				22
22	Unit Cost Multiplier		0.201687		0.008626			22

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 52-7075

**WORKSHEET H-2
PART II**

	HHA COST CENTER	NURSING SCHOOL ASSIGNED TIME	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME			
		20	21	22	23			
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

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 52-7075

**WORKSHEET H-3
PARTS I & II**

Check applicable box: [] Title V [XX] Title XVIII [] Title XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation								
	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	1,846,234		1,846,234	4,896	377.09	1
2	Physical Therapy	3	809,110		809,110	2,991	270.51	2
3	Occupational Therapy	4	235,795		235,795	682	345.74	3
4	Speech Pathology	5	12,211		12,211	74	165.01	4
5	Medical Social Services	6				8		5
6	Home Health Aide	7	111,700		111,700	1,100	101.55	6
7	Total (sum of lines 1-6)		3,015,050		3,015,050	9,751		7

Limitation Cost Computation					Program Visits		
	Patient Services	CBSA No.	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		1	2	3	4		
8	Skilled Nursing Care	27500		2,773		8	
8.01	Skilled Nursing Care	31540		18		8.01	
8.02	Skilled Nursing Care	40420		246		8.02	
8.03	Skilled Nursing Care	99952		80		8.03	
9	Physical Therapy	27500		1,555		9	
9.01	Physical Therapy	31540		19		9.01	
9.02	Physical Therapy	40420		189		9.02	
9.03	Physical Therapy	99952		27		9.03	
10	Occupational Therapy	27500		351		10	
10.01	Occupational Therapy	31540		5		10.01	
10.02	Occupational Therapy	40420		42		10.02	
10.03	Occupational Therapy	99952		13		10.03	
11	Speech Pathology	27500		10		11	
11.01	Speech Pathology	31540				11.01	
11.02	Speech Pathology	40420				11.02	
11.03	Speech Pathology	99952				11.03	
12	Medical Social Services	27500		6		12	
12.01	Medical Social Services	31540				12.01	
12.02	Medical Social Services	40420		2		12.02	
12.03	Medical Social Services	99952				12.03	
13	Home Health Aide	27500		654		13	
13.01	Home Health Aide	31540		7		13.01	
13.02	Home Health Aide	40420		35		13.02	
13.03	Home Health Aide	99952				13.03	
14	Total (sum of lines 8-13)			6,032		14	

Supplies and Drugs Cost 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 Records)	Ratio (col. 3 ÷ col. 4)	
			1	2	3	4	5	
15	Cost of Medical Supplies	8						15
16	Cost of Drugs	9						16

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

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 52-7075

**WORKSHEET H-3
PARTS I & II**

Check applicable box: Title V Title XVIII Title XIX

		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	0.325748			col. 2, line 2	1
2	Occupational Therapy	67	0.233599			col. 2, line 3	2
3	Speech Pathology	68	0.441379			col. 2, line 4	3
4	Medical Supplies Charged to Pat	71	0.149775			col. 2, line 15	4
5	Drugs Charged to Patients	73	0.274441			col. 2, line 16	5

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 52-7075

**WORKSHEET H-3
PARTS I & II**

Check applicable box: [] Title V [**XX**] Title XVIII [] Title XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation		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		3,117			1,175,390		1,175,390	1
2	Physical Therapy		1,790			484,213		484,213	2
3	Occupational Therapy		411			142,099		142,099	3
4	Speech Pathology		10			1,650		1,650	4
5	Medical Social Services		8						5
6	Home Health Aide		696			70,679		70,679	6
7	Total (sum of lines 1-6)		6,032			1,874,031		1,874,031	7

Supplies and Drugs Cost Computations		Program Covered Charges			Cost of Services				
		Part B			Part B				
	Other Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		6	7	8	9	10	11		
15	Cost of Medical Supplies								15
16	Cost of Drugs								16

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

HHA CCN: 52-7075

**WORKSHEET H-4
PARTS I & II**

Check applicable box: [] Title V [XX] Title XVIII [] Title XIX

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

	Description	Part A 1	Part B		
			Not Subject to Deductibles & Coinsurance 2	Subject to Deductibles & Coinsurance 3	
	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 in accordance with 42 CFR 413.13(b)				4
5	Ratio of line 3 to line 4 (not to exceed 1.000000)				5
6	Total customary charges (see instructions)				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 amounts				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	Description	Part A Services 1	Part B Services 2	
10	Total reasonable cost (see instructions)			10
11	Total PPS Reimbursement - Full Episodes without Outliers		860,387	11
12	Total PPS Reimbursement - Full Episodes with Outliers		109,898	12
13	Total PPS Reimbursement - LUPA Episodes		26,224	13
14	Total PPS Reimbursement - PEP Episodes		2,383	14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers			15
16	Total PPS Outlier Reimbursement - PSP 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 thru 20 minus line 21)		998,892	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)		998,892	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		998,892	26
27	Reimbursable bad debts (from your records)			27
28	Reimbursable bad debts for dual eligible (see instructions)			28
29	Total costs - current cost reporting period (line 26 plus line 27)		998,892	29
30	Other adjustments (see instructions) (specify)			30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		998,892	31
31.01	Sequestration adjustment (see instructions)		19,978	31.01
31.02	Demonstration payment adjustment amount after sequestration			31.02
32	Interim payments (see instructions)		978,914	32
33	Tentative settlement (for contractor use only)			33
34	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115-2			35

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA CCN: 52-7075

WORKSHEET H-5

	DESCRIPTION	Part A		Part B		
		mm/dd/yyyy 1	Amount 2	mm/dd/yyyy 3	Amount 4	
1	Total interim payments paid to provider				978,914	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero.					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
						3.01
						3.02
	Program					3.03
	To					3.04
	Provider					3.05
						3.06
						3.07
						3.08
						3.09
						3.10
						3.50
						3.51
	Provider					3.52
	To					3.53
	Program					3.54
						3.55
						3.56
						3.57
						3.58
						3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)					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)				978,914	4
TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
						5.01
						5.02
	Program					5.03
	To					5.04
	Provider					5.05
						5.06
						5.07
						5.08
						5.09
						5.10
						5.50
						5.51
	Provider					5.52
	To					5.53
	Program					5.54
						5.55
						5.56
						5.57
						5.58
						5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)					5.99
6	Determine net settlement amount (balance due) based on the cost report (see instructions)					6.01
						6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)					7
8	Name of Contractor	Contractor Number		NPR Date: Month, Day, Year		8

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

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

WORKSHEET I-1

Check applicable box: Renal Dialysis Department Home Program Dialysis

		TOTAL COSTS	BASIS	STATISTICS	FTEs per 2080 Hours	
		1	2	3	4	
1	Registered Nurses	743,746	Hours of Service	18,241.00	8.77	1
2	Licensed Practical Nurses	39,967	Hours of Service	1,610.00	0.77	2
3	Nurses Aides		Hours of Service			3
4	Technicians	462,936	Hours of Service	25,428.00	12.23	4
5	Social Workers		Hours of Service			5
6	Dieticians		Hours of Service			6
7	Physicians		Accumulated Cost			7
8	Non-patient Care Salary	185,431	Accumulated Cost			8
9	Subtotal (sum of lines 1-8)	1,432,080				9
10	Employee Benefits		Salary			10
11	Capital Related Costs-Bldgs. & Fixtures		Square Feet			11
12	Capital Related Costs-Mov. Equip.		Percentage of Time			12
13	Machine Costs & Repairs	19,494	Percentage of Time			13
14	Supplies	834,968	Requisitions			14
15	Drugs	851,619	Requisitions			15
16	Other	113,122	Accumulated Cost			16
17	Subtotal (sum of lines 9-16)*	3,251,283				17
18	Capital Related Costs-Bldgs. & Fixtures	128,739	Square Feet			18
19	Capital Related Costs-Mov. Equip.	59,966	Percentage of Time			19
20	Employee Benefits Department	647,177	Salary			20
21	Administrative and General	1,005,001	Accumulated Cost			21
22	Maint./Repairs-Operation-Housekeeping	206,565	Square Feet			22
23	Medical Educatino Program Costs					23
24	Central Services & Supplies	135,709	Requisitions			24
25	Pharmacy	230,601	Requisitions			25
26	Other Allocated Costs	344,539	Accumulated Cost			26
27	Subtotal (sum of lines 17-26)*	6,009,580				27
28	Laboratory		Charges			28
29	Respiratory Therapy		Charges			29
30	OTHER ANCILLARY		Charges			30
30.01	SLEEP/EEG		Charges			30.01
30.02	GI		Charges			30.02
30.03	NUCLEAR MED		Charges			30.03
30.04	PSYCH		Charges			30.04
30.05	ULTASOUND		Charges			30.05
30.06	VASCULAR LAB		Charges			30.06
30.07	MEDICAL OUTPATIENT		Charges			30.07
30.97	CARDIAC REHABILITATION		Charges			30.97
30.98	HYPERBARIC OXYGEN THERAPY		Charges			30.98
30.99	LITHOTRIPSY		Charges			30.99
31	Total costs (sum of lines 27-30)	6,009,580				31

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

WORKSHEET I-2

Check applicable box: Renal Dialysis Department Home Program Dialysis

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT	DRUGS	
		BUILDING	EQUIPMENT	RNs	OTHER			
		1	2	3	4	5	6	
1	Total Renal Department Costs	335,304	79,460	743,746	502,903	647,177	1,082,220	1
	MAINTENANCE							
2	Hemodialysis	170,431	40,384	378,009	255,589	328,919	550,026	2
3	Intermittent Peritoneal							3
	TRAINING							
4	Hemodialysis							4
5	Intermittent Peritoneal							5
6	CAPD	95	21	204	129	170	283	6
7	CCPD	1,853	442	4,118	2,796	3,599	6,018	7
	HOME							
8	Hemodialysis							8
9	Intermittent Peritoneal							9
10	CAPD	4,134	980	9,174	6,203	7,979	13,343	10
11	CCPD	155,560	36,862	345,024	233,300	300,228	502,046	11
	OTHER BILLABLE SERVICES							
12	Inpatient Dialysis	3,231	771	7,217	4,886	6,282	10,504	12
13	Method II Home Patient							13
14	All ESAs (incl. in renal department)							14
15	N/A for FYB on/after 10/1/2015							15
16	Other							16
17	Total (sum of lines 2 through 16)	335,304	79,460	743,746	502,903	647,177	1,082,220	17
18	Medical Educational Program Costs							18
19	Total Renal Costs (line 17 + line 18)							19

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

WORKSHEET 1-2

Check applicable box: Renal Dialysis Department Home Program Dialysis

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (sum of cols. 1-8)	OVERHEAD	TOTAL (col. 9 + col. 10)	
		7	8	9	10	11	
1	Total Renal Department Costs	970,677		4,361,487	1,648,093	6,009,580	1
	MAINTENANCE						
2	Hemodialysis	493,333		2,216,691	837,630	3,054,321	2
3	Intermittent Peritoneal						3
	TRAINING						
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD	255		1,157	437	1,594	6
7	CCPD	5,399		24,225	9,154	33,379	7
	HOME						
8	Hemodialysis						8
9	Intermittent Peritoneal						9
10	CAPD	11,969		53,782	20,323	74,105	10
11	CCPD	450,299		2,023,319	764,560	2,787,879	11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis	9,422		42,313	15,989	58,302	12
13	Method II Home Patient						13
14	All ESAs (incl. in renal department)						14
15	N/A for FYB on/after 10/1/2015						15
16	Other						16
17	Total (sum of lines 2 through 16)	970,677		4,361,487	1,648,093	6,009,580	17
18	Medical Educational Program Costs						18
19	Total Renal Costs (line 17 + line 18)					6,009,580	19

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

WORKSHEET I-3

Check applicable box: Renal Dialysis Department Home Program Dialysis

	COMPOSITE PAYMENT SERVICES	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT (Salary)	
		BUILDING (Square Feet)	EQUIPMENT (% of Time)	RNs (Hours)	OTHERS (Hours)		
		1	2	3	4	5	
1	Total Renal Department Costs	335,304	79,460	743,746	502,903	647,177	1
	MAINTENANCE						
2	Hemodialysis	3,587	33,263.00	9,271.00	15,904.00	727,836	2
3	Intermittent Peritoneal						3
	TRAINING						
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD	2	17.00	5.00	8.00	376	6
7	CCPD	39	364.00	101.00	174.00	7,964	7
	HOME						
8	Hemodialysis						8
9	Intermittent Peritoneal						9
10	CAPD	87	807.00	225.00	386.00	17,657	10
11	CCPD	3,274	30,361.00	8,462.00	14,517.00	664,347	11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis Treatments 185	68	635.00	177.00	304.00	13,900	12
13	Method II Home Patient						13
14	N/A for FYB on/after 10/1/2015						14
15	N/A for FYB on/after 10/1/2015						15
16	Other						16
17	Total Statistical Basis	7,057	65,447.00	18,241.00	31,293.00	1,432,080	17
18	Unit Cost Multiplier (line 1 ÷ line 17)	47.513674	1.214112	40.773313	16.070783	0.451914	18

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

WORKSHEET I-3

Check applicable box: Renal Dialysis Department Home Program Dialysis

	COMPOSITE PAYMENT SERVICES	DRUGS (Requist.)	MEDICAL SUPPLIES (Requist.)	ROUTINE ANCILLARY SERVICES (Charges)	SUBTOTAL	OVERHEAD (Accum. Cost)	
		6	7	8	9	10	
1	Total Renal Department Costs	1,082,220	970,677				1
	MAINTENANCE						
2	Hemodialysis	432,824	341,955				2
3	Intermittent Peritoneal						3
	TRAINING						
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD	223	177				6
7	CCPD	4,736	3,742				7
	HOME						
8	Hemodialysis						8
9	Intermittent Peritoneal						9
10	CAPD	10,500	8,296				10
11	CCPD	395,069	312,126				11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis Treatments 185	8,266	6,531				12
13	Method II Home Patient						13
14	N/A for FYB on/after 10/1/2015						14
15	N/A for FYB on/after 10/1/2015						15
16	Other						16
17	Total Statistical Basis	851,618	672,827			4,361,487	17
18	Unit Cost Multiplier (line 1 ÷ line 17)	1.270781	1.442684			0.377874	18

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

WORKSHEET I-4

Check applicable box: Renal Dialysis Department Home Program Dialysis

		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Number of Program Treatments	Number of Program Treatments	Total Program Expenses (see instructions)	
		1	2	3	4	4.01	4.02	5	
1	Maintenance - Hemodialysis	9,687	3,054,321	315.30	6,734			2,123,230	1
2	Maintenance - Peritoneal Dialysis								2
3	Training - Hemodialysis								3
4	Training - Peritoneal Dialysis								4
5	Training - Continuous Ambulatory Peritoneal Dialysis	5	1,594	318.80	5			1,594	5
6	Training - Continuous Cycling Peritoneal Dialysis	106	33,379	314.90	59			18,579	6
7	Home Program - Hemodialysis	235							7
8	Home Program - Peritoneal Dialysis	8,842							8
		Patient Weeks			Patient Weeks	Patient Weeks	Patient Weeks		
9	Home Program - Continuous Ambulatory Peritoneal Dialysis	37	74,105	2,002.84	31			62,088	9
10	Home Program - COntinuous Cycling Peritoneal Dialysis	1,282	2,787,879	2,174.63	724			1,574,432	10
11	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6) (see instructions)	18,875	5,951,278		6,798			3,779,923	11
12	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instructions)	22,832							12

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

WORKSHEET I-4

Check applicable box: Renal Dialysis Department Home Program Dialysis

		Total Program Payment	Total Program Payment	Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	Average Payment Rate (col. 6.01 ÷ col. 4.01)	Average Payment Rate (col. 6.02 ÷ col. 4.02)	
		6	6.01	6.02	7	7.01	7.02	
1	Maintenance - Hemodialysis	1,605,406			238.40			1
2	Maintenance - Peritoneal Dialysis							2
3	Training - Hemodialysis							3
4	Training - Peritoneal Dialysis							4
5	Training - Continuous Ambulatory Peritoneal Dialysis	1,421			284.20			5
6	Training - Continuous Cycling Peritoneal Dialysis	17,896			303.32			6
7	Home Program - Hemodialysis							7
8	Home Program - Peritoneal Dialysis							8
9	Home Program - Continuous Ambulatory Peritoneal Dialysis	25,169			811.90			9
10	Home Program - Continuous Cycling Peritoneal Dialysis	540,738			746.88			10
11	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6) (see instructions)	2,190,630						11
12	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instructions)							12

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

WORKSHEET 1-5

DESCRIPTION				
1	Total expenses related to care of program beneficiaries (see instructions)		3,779,923	1
		1	2	
2	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	2,190,630	2,190,630	2
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	2,190,630	2,190,630	2.03
2.04	Outlier payments			2.04
3	Deductibles billed to Medicare (Part B) patients (see instructions)	183	183	3
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	183	183	3.03
4	Coinsurance billed to Medicare (Part B) patients (see instructions)	438,090	438,090	4
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	438,090	438,090	4.03
5	Bad debts for deductibles and coinsurance, net of bad debt recoveries			5
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014			5.04
5.05	Total bad debts (sum of line 5 through line 5.04)			5.05
6	Allowable bad debts (see instructions)			6
7	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			7
8	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)		438,273	8
9	Program payment (see instructions)		1,752,358	9
10	Unrecovered from Medicare (Part B) patients (see instructions)			10
11	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)			11

PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12	Total allowable expenses (see instructions)		5,951,278	12
13	Total composite costs (from Wkst. I-4, col. 2, line 11)		5,951,278	13
14	Facility specific composite cost percentage (line 13 divided by line 12)		1.000000	14

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 52-0100

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier	1,203,666	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	60,368	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)	39.28	3
4	Number of interns & residents (see instructions)		4
5	Indirect medical education percentage (see instructions)		5
6	Indirect medical education adjustment (see instructions)		6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0555	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.1930	8
9	Sum of lines 7 and 8	0.2485	9
10	Allowable disproportionate share percentage (see instructions)	0.0516	10
11	Disproportionate share adjustment (see instructions)	62,109	11
12	Total prospective capital payments (see instructions)	1,326,143	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

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	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
55	Radiology-Therapeutic						55
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology						69
71	Medical Supplies Charged to Patients						71
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
75	ASC (Non-Distinct Part)						75
76	OTHER ANCILLARY						76
76.01	SLEEP/EEG						76.01
76.02	GI						76.02
76.03	NUCLEAR MED						76.03
76.04	PSYCH						76.04
76.05	ULTASOUND						76.05
76.06	VASCULAR LAB						76.06
76.07	MEDICAL OUTPATIENT						76.07
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic						90
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
101	Home Health Agency						101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
116	Hospice						116

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

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		
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
194	PATHOLOGY							194
194.0 1	PHYSIATRY CLINIC							194.0 1
194.0 2	JANESVILLE MED CTR							194.0 2
194.0 3	OCCUPATIONAL HEALTH & WELLNESS							194.0 3
194.0 4	ASSISTED LIVING CENTERS							194.0 4
194.0 5	NORTHPOINTE FITNESS & SPA CENTER							194.0 5
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

HOSPICE CCN: 52-1525

WORKSHEET O

	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)		
	1	2	3	4	5	6	7		
GENERAL SERVICE COST CENTERS									
1	Cap Rel Costs-Bldg & Fixt							1	
2	Cap Rel Costs-Mvble Equip							2	
3	Employee Benefits Department		471,571	471,571	471,571		471,571	3	
4	Administrative & General	409,511		409,511	409,511	-356	409,155	4	
5	Plant Operation & Maintenance		151,558	151,558	-108,275	43,283	43,283	5	
6	Laundry & Linen Service							6	
7	Housekeeping							7	
8	Dietary							8	
9	Nursing Administration							9	
10	Routine Medical Supplies		317,008	317,008	317,008		317,008	10	
11	Medical Records	35,589		35,589	35,589		35,589	11	
12	Staff Transportation		80,628	80,628	80,628		80,628	12	
13	Volunteer Service Coordination	31,634		31,634	31,634		31,634	13	
14	Pharmacy		236,745	236,745	236,745		236,745	14	
15	Physician Administrative Services							15	
16	Other General Service		121,666	121,666	121,666		121,666	16	
17	Patient/Residential Care Services							17	
DIRECT PATIENT CARE SERVICE COST CENTERS									
25	Inpatient Care - Contracted							25	
26	Physician Services							26	
27	Nurse Practitioner	95,069		95,069	95,069		95,069	27	
28	Registered Nurse	794,623		794,623	794,623		794,623	28	
29	LPN/LVN	4,835		4,835	4,835		4,835	29	
30	Physical Therapy							30	
31	Occupational Therapy							31	
32	Speech/Language Pathology							32	
33	Medical Social Services	123,126		123,126	123,126		123,126	33	
34	Spiritual Counseling	113,259		113,259	113,259		113,259	34	
35	Dietary Counseling	150		150	150		150	35	
36	Counseling - Other	58,826		58,826	58,826		58,826	36	
37	Hospice Aide and Homemaker Services	231,019		231,019	231,019		231,019	37	
38	Durable Medical Equipment - Oxygen		12	12	12		12	38	
39	Patient Transportation							39	
40	Imaging Services							40	
41	Labs and Diagnostics		470,166	470,166	470,166		470,166	41	
42	Medical Supplies - Non-routine							42	
42.5	Drugs Charged to Patients							42.5	
0								0	
43	Outpatient Services							43	
44	Palliative Radiation Therapy							44	
45	Palliative Chemotherapy							45	
46	Other Patient Care Services							46	
NONREIMBURSABLE COST CENTERS									
60	Bereavement Program							60	
61	Volunteer Program							61	
62	Fundraising	32,570	16,410	48,980	48,980		48,980	62	
63	Hospice/Palliative Medicine Fellows							63	
64	Palliative care Program	151,111	2,649	153,760	153,760		153,760	64	
65	Other Physician Services							65	
66	Residential Care							66	
67	Advertising	77,193	54,443	131,636	131,636	-54,443	77,193	67	
68	Telehealth / Telemonitoring							68	
69	Thrift Store							69	
70	Nursing Facility Room & Board							70	
71	Other Nonreimbursable							71	
100	TOTAL	2,158,515	1,922,856	4,081,371	-108,275	3,973,096	-54,799	3,918,297	100

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

**ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE CONTINUOUS HOME CARE**

HOSPICE CCN: 52-1525

WORKSHEET O-1

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
		1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25	Inpatient Care - Contracted								25
26	Physician Services								26
27	Nurse Practitioner								27
28	Registered Nurse								28
29	LPN/LVN								29
30	Physical Therapy								30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services								33
34	Spiritual Counseling								34
35	Dietary Counseling								35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services								37
38	Durable Medical Equipment - Oxygen								38
39	Patient Transportation								39
40	Imaging Services								40
41	Labs and Diagnostics								41
42	Medical Supplies - Non-routine								42
42.5 0	Drugs Charged to Patients								42.5 0
43	Outpatient Services								43
44	Palliative Radiation Therapy								44
45	Palliative Chemotherapy								45
46	Other Patient Care Services								46
100	TOTAL								100

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

**ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE ROUTINE HOME CARE**

HOSPICE CCN: 52-1525

WORKSHEET O-2

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
		1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25	Inpatient Care - Contracted								25
26	Physician Services								26
27	Nurse Practitioner	95,069		95,069		95,069		95,069	27
28	Registered Nurse	794,623		794,623		794,623		794,623	28
29	LPN/LVN	4,835		4,835		4,835		4,835	29
30	Physical Therapy								30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services	123,126		123,126		123,126		123,126	33
34	Spiritual Counseling	113,259		113,259		113,259		113,259	34
35	Dietary Counseling	150		150		150		150	35
36	Counseling - Other	58,826		58,826		58,826		58,826	36
37	Hospice Aide and Homemaker Services	231,019		231,019		231,019		231,019	37
38	Durable Medical Equipment - Oxygen		12	12		12		12	38
39	Patient Transportation								39
40	Imaging Services								40
41	Labs and Diagnostics		470,166	470,166		470,166		470,166	41
42	Medical Supplies - Non-routine								42
42.5 0	Drugs Charged to Patients								42.5 0
43	Outpatient Services								43
44	Palliative Radiation Therapy								44
45	Palliative Chemotherapy								45
46	Other Patient Care Services								46
100	TOTAL	1,420,907	470,178	1,891,085		1,891,085		1,891,085	100

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

**ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE INPATIENT RESPITE CARE**

HOSPICE CCN: 52-1525

WORKSHEET O-3

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
		1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25	Inpatient Care - Contracted								25
26	Physician Services								26
27	Nurse Practitioner								27
28	Registered Nurse								28
29	LPN/LVN								29
30	Physical Therapy								30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services								33
34	Spiritual Counseling								34
35	Dietary Counseling								35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services								37
38	Durable Medical Equipment - Oxygen								38
39	Patient Transportation								39
40	Imaging Services								40
41	Labs and Diagnostics								41
42	Medical Supplies - Non-routine								42
42.5 0	Drugs Charged to Patients								42.5 0
43	Outpatient Services								43
44	Palliative Radiation Therapy								44
45	Palliative Chemotherapy								45
46	Other Patient Care Services								46
100	TOTAL								100

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

**ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE GENERAL INPATIENT CARE**

HOSPICE CCN: 52-1525

WORKSHEET O-4

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
		1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25	Inpatient Care - Contracted								25
26	Physician Services								26
27	Nurse Practitioner								27
28	Registered Nurse								28
29	LPN/LVN								29
30	Physical Therapy								30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services								33
34	Spiritual Counseling								34
35	Dietary Counseling								35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services								37
38	Durable Medical Equipment - Oxygen								38
39	Patient Transportation								39
40	Imaging Services								40
41	Labs and Diagnostics								41
42	Medical Supplies - Non-routine								42
42.5 0	Drugs Charged to Patients								42.5 0
43	Outpatient Services								43
44	Palliative Radiation Therapy								44
45	Palliative Chemotherapy								45
46	Other Patient Care Services								46
100	TOTAL								100

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

**COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE
NET EXPENSES FOR ALLOCATION**

HOSPICE CCN: 52-1525

WORKSHEET O-5

	Descriptions	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols 1+2)	
		1	2	3	
	GENERAL SERVICE COST CENTERS				
1	Cap Rel Costs-Bldg & Fixt		72,971	72,971	1
2	Cap Rel Costs-Mvble Equip		41,519	41,519	2
3	Employee Benefits Department	471,571	975,463	1,447,034	3
4	Administrative & General	409,155	1,231,489	1,640,644	4
5	Plant Operation & Maintenance	43,283	92,786	136,069	5
6	Laundry & Linen Service				6
7	Housekeeping		24,297	24,297	7
8	Dietary				8
9	Nursing Administration				9
10	Routine Medical Supplies	317,008	2,482	319,490	10
11	Medical Records	35,589	45,094	80,683	11
12	Staff Transportation	80,628		80,628	12
13	Volunteer Service Coordination	31,634		31,634	13
14	Pharmacy	236,745	401	237,146	14
15	Physician Administrative Services				15
16	Other General Service	121,666		121,666	16
17	Patient/Residential Care Services				17
	LEVEL OF CARE				
50	Hospice Continuous Home Care				50
51	Hospice Routine Home Care	1,891,085		1,891,085	51
52	Hospice Inpatient Respite Care				52
53	Hospice General Inpatient Care				53
	NONREIMBURSABLE COST CENTERS				
60	Bereavement Program				60
61	Volunteer Program				61
62	Fundraising	48,980		48,980	62
63	Hospice/Palliative Medicine Fellows				63
64	Palliative care Program	153,760		153,760	64
65	Other Physician Services				65
66	Residential Care				66
67	Advertising	77,193		77,193	67
68	Telehealth / Telemonitoring				68
69	Thrift Store				69
70	Nursing Facility Room & Board				70
71	Other Nonreimbursable				71
99	Negative Cost Center				99
100	TOTAL	3,918,297	2,486,502	6,404,799	100

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

HOSPICE CCN: 52-1525

**WORKSHEET O-6
PART I**

	Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	ADMINISTRATIVE & GENERAL	PLANT OP & MAINT	
		0	1	2	3	3A	4	5	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	72,971	72,971						1
2	Cap Rel Costs-Mvble Equip	41,519		41,519					2
3	Employee Benefits Department	1,447,034			1,447,034				3
4	Administrative & General	1,640,644	72,971	41,519	274,530	2,029,664	2,029,664		4
5	Plant Operation & Maintenance	136,069				136,069	63,124	199,193	5
6	Laundry & Linen Service								6
7	Housekeeping	24,297				24,297	11,272		7
8	Dietary								8
9	Nursing Administration								9
10	Routine Medical Supplies	319,490				319,490	148,214		10
11	Medical Records	80,683			23,858	104,541	48,498		11
12	Staff Transportation	80,628				80,628	37,404		12
13	Volunteer Service Coordination	31,634				31,634	14,675		13
14	Pharmacy	237,146				237,146	110,014		14
15	Physician Administrative Services								15
16	Other General Service	121,666				121,666	56,442	199,193	16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care								50
51	Hospice Routine Home Care	1,891,085			952,554	2,843,639	1,319,189		51
52	Hospice Inpatient Respite Care								52
53	Hospice General Inpatient Care								53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program								60
61	Volunteer Program				21,207	21,207	9,838		61
62	Fundraising	48,980			21,834	70,814	32,851		62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program	153,760			101,302	255,062	118,326		64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising	77,193			51,749	128,942	59,817		67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable								71
99	Negative Cost Center								99
100	TOTAL	6,404,799	72,971	41,519	1,447,034	6,404,799	2,029,664	199,193	100

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

HOSPICE CCN: 52-1525

**WORKSHEET O-6
PART I**

	Descriptions	LAUNDRY & LINEN 6	HOUSE-KEEPING 7	DIETARY 8	NURSING ADMINIS-TRATION 9	ROUTINE MEDICAL SUPPLIES 10	MEDICAL RECORDS 11	STAFF TRANS-PORTATION 12	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip								2
3	Employee Benefits Department								3
4	Administrative & General								4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping		35,569						7
8	Dietary								8
9	Nursing Administration								9
10	Routine Medical Supplies					467,704			10
11	Medical Records						153,039		11
12	Staff Transportation							118,032	12
13	Volunteer Service Coordination								13
14	Pharmacy								14
15	Physician Administrative Services								15
16	Other General Service		35,569						16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care								50
51	Hospice Routine Home Care					467,704	153,039	118,032	51
52	Hospice Inpatient Respite Care								52
53	Hospice General Inpatient Care								53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program								60
61	Volunteer Program								61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable								71
99	Negative Cost Center								99
100	TOTAL		35,569			467,704	153,039	118,032	100

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

HOSPICE CCN: 52-1525

**WORKSHEET O-6
PART I**

	Descriptions	VOLUNTEER SVC COOR- DINATION	PHARMACY	PHYSICIAN ADMIN SERVICES	OTHER GENERAL SERVICE	PATIENT/ RES CARE SVCS	TOTAL	
		13	14	15	16	17	18	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
3	Employee Benefits Department							3
4	Administrative & General							4
5	Plant Operation & Maintenance							5
6	Laundry & Linen Service							6
7	Housekeeping							7
8	Dietary							8
9	Nursing Administration							9
10	Routine Medical Supplies							10
11	Medical Records							11
12	Staff Transportation							12
13	Volunteer Service Coordination	46,309						13
14	Pharmacy		347,160					14
15	Physician Administrative Services							15
16	Other General Service				412,870			16
17	Patient/Residential Care Services							17
	LEVEL OF CARE							
50	Hospice Continuous Home Care							50
51	Hospice Routine Home Care		347,160		412,870		5,661,633	51
52	Hospice Inpatient Respite Care							52
53	Hospice General Inpatient Care							53
	NONREIMBURSABLE COST CENTERS							
60	Bereavement Program							60
61	Volunteer Program	46,309					77,354	61
62	Fundraising						103,665	62
63	Hospice/Palliative Medicine Fellows							63
64	Palliative care Program						373,388	64
65	Other Physician Services							65
66	Residential Care							66
67	Advertising						188,759	67
68	Telehealth / Telemonitoring							68
69	Thrift Store							69
70	Nursing Facility Room & Board							70
71	Other Nonreimbursable							71
99	Negative Cost Center							99
100	TOTAL	46,309	347,160		412,870		6,404,799	100

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

COST ALLOCATION - HOSPITAL-BASED HOSPICE COSTS STATISTICAL BASIS

HOSPICE CCN: 52-1525

**WORKSHEET O-6
PART II**

	Descriptions	CAP REL BLDG & FIX SQUARE FEET	CAP REL MVBLE EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS DEPART- MENT GROSS SALARIES	RECONCIL- IATION	ADMINIS- TRATIVE & GENERAL ACCUM. COST	PLANT OP & MAINT SQUARE FEET	LAUNDRY & LINEN IN-FACIL- ITY DAYS	
		1	2	3	4A	4	5	6	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	100,163							1
2	Cap Rel Costs-Mvble Equip		41,519						2
3	Employee Benefits Department			2,158,515					3
4	Administrative & General	100,163	41,519	409,511	-2,029,664	4,375,135			4
5	Plant Operation & Maintenance					136,069	4,000		5
6	Laundry & Linen Service								6
7	Housekeeping					24,297			7
8	Dietary								8
9	Nursing Administration								9
10	Routine Medical Supplies					319,490			10
11	Medical Records			35,589		104,541			11
12	Staff Transportation					80,628			12
13	Volunteer Service Coordination					31,634			13
14	Pharmacy					237,146			14
15	Physician Administrative Services								15
16	Other General Service					121,666	4,000		16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care								50
51	Hospice Routine Home Care			1,420,907		2,843,639			51
52	Hospice Inpatient Respite Care								52
53	Hospice General Inpatient Care								53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program								60
61	Volunteer Program			31,634		21,207			61
62	Fundraising			32,570		70,814			62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program			151,111		255,062			64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising			77,193		128,942			67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable								71
99	Negative Cost Center								99
100	Cost to be allocated (per O-6 Pt I)	72,971	41,519	1,447,034		2,029,664	199,193		100
101	Unit cost multiplier	0.728523	1.000000	0.670384		0.463909	49.798250		101

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

COST ALLOCATION - HOSPITAL-BASED HOSPICE COSTS STATISTICAL BASIS

HOSPICE CCN: 52-1525

**WORKSHEET O-6
PART II**

	HOUSE-KEEPING	DIETARY	NURSING ADMINISTRATION DIRECT NURS. HRS.	ROUTINE MEDICAL SUPPLIES PATIENT DAYS	MEDICAL RECORDS PATIENT DAYS	STAFF TRANSPORTATION MILEAGE	VOLUNTEER SVC COORDINATION HOURS OF SERVICE	
Descriptions	SQUARE FEET	IN-FACILITY DAYS						
	7	8	9	10	11	12	13	
GENERAL SERVICE COST CENTERS								
1 Cap Rel Costs-Bldg & Fixt								1
2 Cap Rel Costs-Mvble Equip								2
3 Employee Benefits Department								3
4 Administrative & General								4
5 Plant Operation & Maintenance								5
6 Laundry & Linen Service								6
7 Housekeeping	4,000							7
8 Dietary								8
9 Nursing Administration								9
10 Routine Medical Supplies				28,860				10
11 Medical Records					28,860			11
12 Staff Transportation						118,391		12
13 Volunteer Service Coordination							46,644	13
14 Pharmacy								14
15 Physician Administrative Services								15
16 Other General Service	4,000							16
17 Patient/Residential Care Services								17
LEVEL OF CARE								
50 Hospice Continuous Home Care								50
51 Hospice Routine Home Care				28,860	28,860	118,391		51
52 Hospice Inpatient Respite Care								52
53 Hospice General Inpatient Care								53
NONREIMBURSABLE COST CENTERS								
60 Bereavement Program								60
61 Volunteer Program							46,644	61
62 Fundraising								62
63 Hospice/Palliative Medicine Fellows								63
64 Palliative care Program								64
65 Other Physician Services								65
66 Residential Care								66
67 Advertising								67
68 Telehealth / Telemonitoring								68
69 Thrift Store								69
70 Nursing Facility Room & Board								70
71 Other Nonreimbursable								71
99 Negative Cost Center								99
100 Cost to be allocated (per O-6 Pt I)	35,569			467,704	153,039	118,032	46,309	100
101 Unit cost multiplier	8.892250			16.205960	5.302807	0.996968	0.992818	101

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

COST ALLOCATION - HOSPITAL-BASED HOSPICE COSTS STATISTICAL BASIS

HOSPICE CCN: 52-1525

**WORKSHEET O-6
PART II**

		PHARMACY	PHYSICIAN ADMIN SERVICES PATIENT DAYS	OTHER GENERAL SERVICE SPECIFY BASIS	PATIENT/ RESIDENT CARE SVCS IN-FACIL- ITY DAYS	
	Descriptions	CHARGES	14	15	16	17
	GENERAL SERVICE COST CENTERS					
1	Cap Rel Costs-Bldg & Fixt					1
2	Cap Rel Costs-Mvble Equip					2
3	Employee Benefits Department					3
4	Administrative & General					4
5	Plant Operation & Maintenance					5
6	Laundry & Linen Service					6
7	Housekeeping					7
8	Dietary					8
9	Nursing Administration					9
10	Routine Medical Supplies					10
11	Medical Records					11
12	Staff Transportation					12
13	Volunteer Service Coordination					13
14	Pharmacy	609				14
15	Physician Administrative Services					15
16	Other General Service			1,229,790		16
17	Patient/Residential Care Services					17
	LEVEL OF CARE					
50	Hospice Continuous Home Care					50
51	Hospice Routine Home Care	609		1,229,790		51
52	Hospice Inpatient Respite Care					52
53	Hospice General Inpatient Care					53
	NONREIMBURSABLE COST CENTERS					
60	Bereavement Program					60
61	Volunteer Program					61
62	Fundraising					62
63	Hospice/Palliative Medicine Fellows					63
64	Palliative care Program					64
65	Other Physician Services					65
66	Residential Care					66
67	Advertising					67
68	Telehealth / Telemonitoring					68
69	Thrift Store					69
70	Nursing Facility Room & Board					70
71	Other Nonreimbursable					71
99	Negative Cost Center					99
100	Cost to be allocated (per O-6 Pt I)	347,160		412,870		100
101	Unit cost multiplier	570.049261		0.335724		101

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE

HOSPICE CCN: 52-1525

WORKSHEET O-7

		Charges by LOC (from Provider Records)					
	Wkst C Pt I, col. 9, line	Cost to Charge Ratio	HCHC	HRHC	HIRC	HGIP	
Cost Center Descriptions	0	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS							
1 Physical Therapy	66	0.325748					1
2 Occupational Therapy	67	0.233599					2
3 Speech Language Pathology	68	0.441379					3
4 Drugs, Biological & Infusion Therapy	73	0.274441					4
5 Durable Medical Equipment/Oxygen	96						5
6 Labs and Diagnostics	60	0.158000					6
7 Medical Supplies	71	0.149775					7
8 Outpatient Services (incl E/R)	93						8
9 Radiation Therapy	55	0.234344					9
10 Other	76						10
11 Totals (sum of lines 1-10)							11

		Shared Service Costs by LOC				
		HCHC (col 1 x col 2)	HRHC (col 1 x col 3)	HIRC (col 1 x col 4)	HGIP (col 1 x col 5)	
Cost Center Descriptions		6	7	8	9	
ANCILLARY SERVICE COST CENTERS						
1 Physical Therapy						1
2 Occupational Therapy						2
3 Speech Language Pathology						3
4 Drugs, Biological & Infusion Therapy						4
5 Durable Medical Equipment/Oxygen						5
6 Labs and Diagnostics						6
7 Medical Supplies						7
8 Outpatient Services (incl E/R)						8
9 Radiation Therapy						9
10 Other						10
11 Totals (sum of lines 1-10)						11

KPMG LLP Compu-Max 2552-10

BELOIT MEMORIAL HOSPITAL, INC. Provider CCN: 52-0100	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/23/2018 Run Time: 11:41 Version: 2018.04 (05/17/2018)
---	---------------------------------------	--	--

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

HOSPICE CCN: 52-1525

WORKSHEET O-8

		TITLE XVIII MEDICARE 1	TITLE XIX MEDICAID 2	TOTAL 3	
	HOSPICE CONTINUOUS HOME CARE				
1	Total cost				1
2	Total unduplicated days				2
3	Total average cost per diem				3
4	Unduplicated program days				4
5	Program cost				5
	HOSPICE ROUTINE HOME CARE				
6	Total cost			5,661,633	6
7	Total unduplicated days			28,860	7
8	Total average cost per diem			196.18	8
9	Unduplicated program days	27,369	431		9
10	Program cost	5,369,250	84,554		10
	HOSPICE INPATIENT RESPITE CARE				
11	Total cost				11
12	Total unduplicated days				12
13	Total average cost per diem				13
14	Unduplicated program days				14
15	Program cost				15
	HOSPICE GENERAL INPATIENT CARE				
16	Total cost				16
17	Total unduplicated days				17
18	Total average cost per diem				18
19	Unduplicated program days				19
20	Program cost				20
	TOTAL HOSPICE CARE				
21	Total cost			5,661,633	21
22	Total unduplicated days			28,860	22
23	Average cost per diem			196.18	23