

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

WORKSHEET S
PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [XX] INITIAL [] RE-OPENING
USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. _____ [] FINAL [] MCR CODE

PART I - CERTIFICATION

CHECK _____ ELECTRONICALLY FILED COST REPORT DATE: _____
APPLICABLE BOX _____ MANUALLY SUBMITTED COST REPORT TIME: _____

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY SHERMAN HOSPITAL (14-0030) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 05/01/2009 AND ENDING 04/30/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) _____
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII	TITLE XIX	
		PART A	PART B	
	1	2	3	4
1	HOSPITAL			1
2	SUBPROVIDER I	615374	120329	2
3	SWING BED - SNF			3
4	SWING BED - NF			4
5	SKILLED NURSING FACILITY			5
6	NURSING FACILITY			6
7	HOME HEALTH AGENCY			7
8	OUTPATIENT REHABILITATION PROVIDER			8
9	HEALTH CLINIC			9
100	TOTAL	615374	120329	100

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 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 1425 RANDALL ROAD
 1.01 CITY: ELGIN

STATE: IL

P.O.BOX:

ZIP CODE: 60123

COUNTY: KANE

1

1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL			N	P	O	2
3	SUBPROVIDER I						3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF						6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA						9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS	CRYSTAL LAKE	01/01/1993				16
16.01	RENAL DIALYSIS II	SHERMAN HOSPITAL DIALYSIS UNIT	07/01/1973				16.01

17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 05/01/2009	TO: 04/30/2010				17
		1	2				
18	TYPE OF CONTROL						18
		2					

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL		1				19
20	SUBPROVIDER I						20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.		YES				21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.						21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	1	N		N	16974	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1				21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1				21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.		NO				21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS).		NO				21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.						21.08
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?		NO				22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW		NO				23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.						23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.						24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.						24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>				
28.03	STAFFING	0.00	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	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. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35

		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	YES	14H117		40
40.01	NAME: SHERMAN HEALTH SYSTEM	FI/CONTRACTOR'S NAME:		FI/CONTRACTOR'S NUMBER: 00130	40.01
40.02	STREET: 1425 N. RANDALL ROAD			P.O. BOX:	40.02
40.03	CITY: ELGIN			STATE: ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N	N	N	49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.					52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE					53
53.01	MDH PERIOD: BEGINNING: ENDING:					53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:					54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.					55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$
		0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO			57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		NO			58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES 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. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)					60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO			61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS	
	1	2	3	4	5	
SETTLEMENT DATA						
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	09/17/2010		63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

-----DISCHARGES-----						
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		4119	2907	12039	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		4119	2907	12039	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	82164518		82164518	2742501.00	29.96		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	89141		89141	1371.00	65.02		4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL	1859270		1859270	21137.00	87.96		7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	348148	43959	392107	10804.00	36.29		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	1307104		1307104	27029.00	48.36		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A							10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	4460692		4460692	87005.00	51.27		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	15979371		15979371			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	76707		76707			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A	17438		17438			CMS 339	18
18.01	PART A TEACHING PHYSICIANS	17438		17438			CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	1977254	-1343921	633333	25485.00	24.85		21
22	ADMINISTRATIVE & GENERAL	12958153	200567	13158720	461292.00	28.53		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	582298		582298	1757.00	331.42		22.01
23	MAINTENANCE & REPAIRS		1169380	1169380	27308.00	42.82		23
24	OPERATION OF PLANT	2021771	-1132226	889545	59360.00	14.99		24
25	LAUNDRY & LINEN SERVICE	105133	1932	107065	8401.00	12.74		25
26	HOUSEKEEPING	1534093	28192	1562285	115439.00	13.53		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1481053	-779138	701915	50529.00	13.89		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		390421	390421	28105.00	13.89		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	825518	15170	840688	22524.00	37.32		30
31	CENTRAL SERVICES AND SUPPLY	694058	-322685	371373	32674.00	11.37		31
32	PHARMACY	2047741	37631	2085372	57044.00	36.56		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1027734	18886	1046620	51571.00	20.29		33
34	SOCIAL SERVICE	956456	17577	974033	29629.00	32.87		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1		1	2	3	4	5	
1	NET SALARIES	80887546		80887546	2723121.00	29.70	1
2	EXCLUDED AREA SALARIES	348148	43959	392107	10804.00	36.29	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	80539398	-43959	80495439	2712317.00	29.68	3
4	SUBTOTAL OTHER WAGES & REL COSTS	5767796		5767796	114034.00	50.58	4
5	SUBTOTAL WAGE-RELATED COSTS	15996809		15996809		19.87%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	102304003	-43959	102260044	2826351.00	36.18	6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	26211262	-1698214	24513048	971118.00	25.24	13

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-3509

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

	---- OUTPATIENT ---		---- TRAINING ----		----- HOME -----			
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6		
1	NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD						76	1
2	NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS						3.00	2
3	AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP						4.50	3
4	CAPD EXCHANGES PER DAY							4
5	NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED						312	5
6	NUMBER OF STATIONS						17	6
7	TREATMENT CAPACITY PER DAY PER STATION						3	7
8	UTILIZATION						78.70	8
9	AVERAGE TIMES DIALYZERS RE-USED							9
10	PERCENTAGE OF PATIENTS RE-USING DIALYZERS							10
TRANSPLANT INFORMATION								
11	NUMBER OF PATIENTS ON TRANSPLANT LIST							14 11
12	NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD							4 12
EPOIETIN								
13	NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							637425 13
13.01	EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							13.01
14	NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							10290 14
14.01	NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							14.01
PHYSICIAN PAYMENT METHOD (ENTER 'X' IF METHOD(S) IS APPLICABLE)								
15	MCP X INITIAL METHOD							15
ARANESP								
16	NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							1332 16
17	ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							17
18	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							5 18
19	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							19

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE		17
17.01	GROSS MEDICAID REVENUES	28584377	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS		20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	28584377	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.297534	24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST		25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS		26
27	TOTAL SCHIP COST		27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	109323000	28
29	TOTAL GROSS MEDICAID COST	32527309	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	9764786	30
31	UNCOMPENSATED CARE COST	2905356	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	32527309	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
SPECIAL PURPOSE COST CENTERS									
85.01	8510								85.01
85.02	8520								85.02
85.03	8530								85.03
88	8800		5418701	5418701	-5418701				88
95		81816370	160741336	242557706	-70659	242487047	-28878280	213608767	95
NONREIMBURSABLE COST CENTERS									
96.02	9601								96.02
100	7950	47034	4483	51517	864	52381		52381	100
100.01	7951								100.01
100.02	7952				64262	64262		64262	100.02
100.04	7953	301114	109981	411095	5533	416628		416628	100.04
101		82164518	160855800	243020318		243020318	-28878280	214142038	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE					
		COST CENTER	LINE #	SALARY			
	1	2	3	4	5		
1 COST OF BILLABLE MEDICAL SUPPLIES	A	MEDICAL SUPPLIES CHARGED TO P	55		694257	1	
2 DRUGS CHARGED TO PATIENTS	B	DRUGS CHARGED TO PATIENTS	56			8417315	2
3 MAINTENANCE AND REPAIRS	C	MAINTENANCE & REPAIRS	7	1148278		3449970	3
4 DEPRECIATION	D						4
5 STERILIZATION COSTS	E	OPERATING ROOM	37	150578		106166	5
6 STERILIZATION COSTS	E	DELIVERY ROOM & LABOR ROOM	39	27294		19244	6
7 STERILIZATION COSTS	E	ELECTROCARDIOLOGY	53	94507		66632	7
8 STERILIZATION COSTS	E	EMERGENCY	61	57007		40193	8
9 STERILIZATION COSTS	E	CENTRAL SERVICES & SUPPLY	15	22716		16016	9
10 CLINICAL NUTRITION	F	CLINICAL NUTRITION	59.02	408428			10
11 CAFETERIA	G	CAFETERIA	12	383376		622049	11
12 EMPLOYEE BENEFITS	H	EMPLOYEE BENEFITS	5			1519464	12
13 INSURANCE EXPENSE	J	OLD CAPITAL COSTS-OTHER CAPIT	2.01			186018	13
14 COMMUNITY WELLNESS NON REIMB PORTIO	K	COMMUNITY WELLNESS	100.02	36884		26700	14
15 INTEREST EXPENSE	L	INTEREST EXPENSE	88			88684	15
16 DEPRECIATION EXPENSE	M	OLD CAP REL COSTS-BLDG & FIXT	1			974227	16
17 DEPRECIATION EXPENSE	M	NEW CAP REL COSTS-BLDG & FIXT	3			10376994	17
18 DEPRECIATION EXPENSE	M	NEW CAP REL COST-BLDG RANDALL	3.01			3455365	18
19 DEPRECIATION EXPENSE	M	NEW CAP REL COSTS-BLDG CANCER	3.02			91154	19
20 DEPRECIATION EXPENSE	M	NEW CAP REL COSTS-MVBLE EQUIP	4			12137080	20
21 VACATION ACCRUALS	N	NON-PATIENT TELECOMMUNICATION	6.01	6757			21
22	N	DATA PROCESSING	6.02	39276			22
23	N	PURCHASING	6.03	5411			23
24	N	ADMITTING	6.04	30153			24
25	N	PATIENT ACCOUNTING	6.05	19093			25
26	N	OTHER ADMINISTRATIVE COSTS	6.06	136761			26
27	N	MAINTENANCE & REPAIRS	7	21102			27
28	N	OPERATION OF PLANT	8	16052			28
29	N	LAUNDRY & LINEN SERVICE	9	1932			29
30	N	HOUSEKEEPING	10	28192			30
31	N	DIETARY	11	12666			31
32	N	CAFETERIA	12	7045			32
33	N	NURSING ADMINISTRATION	14	15170			33
34	N	CENTRAL SERVICES & SUPPLY	15	6701			34
35	N	PHARMACY	16	37631			35
36 SUBTOTAL				2713010		42287528	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 COST OF BILLABLE MEDICAL SUPPLIES	A	CENTRAL SERVICES & SUPPLY	15		694257	1
2 DRUGS CHARGED TO PATIENTS	B	PHARMACY	16		8417315	2
3 MAINTENANCE AND REPAIRS	C	OPERATION OF PLANT	8	1148278	3449970	3
4 DEPRECIATION	D					4
5 STERILIZATION COSTS	E					5
6 STERILIZATION COSTS	E					6
7 STERILIZATION COSTS	E					7
8 STERILIZATION COSTS	E					8
9 STERILIZATION COSTS	E	CENTRAL SERVICES & SUPPLY	15	352102	248251	9
10 CLINICAL NUTRITION	F	DIETARY	11	408428		10
11 CAFETERIA	G	DIETARY	11	383376	622049	11
12 EMPLOYEE BENEFITS	H	OTHER ADMINISTRATIVE COSTS	6.06		1519464	12
13 INSURANCE EXPENSE	J	OTHER ADMINISTRATIVE COSTS	6.06		186018	13
14 COMMUNITY WELLNESS NON REIMB PORT	K	OTHER ADMINISTRATIVE COSTS	6.06	36884	26700	14
15 INTEREST EXPENSE	L	OTHER ADMINISTRATIVE COSTS	6.06		88684	15
16 DEPRECIATION EXPENSE	M	OTHER ADMINISTRATIVE COSTS	6.06		27034820	16
17 DEPRECIATION EXPENSE	M					17
18 DEPRECIATION EXPENSE	M					18
19 DEPRECIATION EXPENSE	M					19
20 DEPRECIATION EXPENSE	M					20
21 VACATION ACCRUALS	N	EMPLOYEE BENEFITS	5	1343921		21
22	N					22
23	N					23
24	N					24
25	N					25
26	N					26
27	N					27
28	N					28
29	N					29
30	N					30
31	N					31
32	N					32
33	N					33
34	N					34
35	N					35
36 SUBTOTAL				3672989	42287528	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	N	MEDICAL RECORDS & LIBRARY	17	18886	1
2	N	SOCIAL SERVICE	18	17577	2
3	N	ADULTS & PEDIATRICS	25	256523	3
4	N	INTENSIVE CARE UNIT	26	47809	4
5	N	CORONARY CARE UNIT	27	21237	5
6	N	NURSERY	33	32051	6
7	N	OPERATING ROOM	37	106469	7
8	N	RECOVERY ROOM	38	31321	8
9	N	DELIVERY ROOM & LABOR ROOM	39	60532	9
10	N	RADIOLOGY-DIAGNOSTIC	41	110333	10
11	N	LABORATORY	44	51155	11
12	N	INTRAVENOUS THERAPY	48	20087	12
13	N	RESPIRATORY THERAPY	49	23244	13
14	N	PHYSICAL THERAPY	50	41175	14
15	N	OCCUPATIONAL THERAPY	51	7332	15
16	N	SPEECH PATHOLOGY	52	3122	16
17	N	ELECTROCARDIOLOGY	53	56817	17
18	N	CARDIAC REHABILITATION	53.01	5503	18
19	N	ELECTROENCEPHALOGRAPHY	54	5108	19
20	N	RENAL DIALYSIS	57	22354	20
21	N	WOUND CARE CENTER	59	1850	21
22	N	DIABETES CENTER	59.01	3627	22
23	N	CLINICAL NUTRITION	59.02	7506	23
24	N	S.C.O.R.E.	61.02	1286	24
25	N	CHILDBIRTH EDUCATION	100	864	25
26	N	COMMUNITY WELLNESS	100.02	678	26
27	N	PHYSICIAN REFERRAL	100.04	5533	27
28	N				28
29	O	RENAL DIALYSIS	57		638757 29
30	P	OPERATION OF PLANT	8		17903 30
31	P	RADIOLOGY-DIAGNOSTIC	41		95694 31
32	P	LABORATORY	44		1084 32
33	P	PHYSICAL THERAPY	50		15862 33
34	P	EMERGENCY	61		149518 34
35	R	INTEREST EXPENSE	3		5507385 35
36	R	NEW CAP REL COSTS-BLDG & FIXT	3	3672989	48713731 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF. 10
		COST CENTER 6	LINE # 7	SALARY 8	OTHER 9	
1	N					1
2	N					2
3	N					3
4	N					4
5	N					5
6	N					6
7	N					7
8	N					8
9	N					9
10	N					10
11	N					11
12	N					12
13	N					13
14	N					14
15	N					15
16	N					16
17	N					17
18	N					18
19	N					19
20	N					20
21	N					21
22	N					22
23	N					23
24	N					24
25	N					25
26	N					26
27	N					27
28	N					28
29	O	DRUGS CHARGED TO PATIENTS	56		638757	29
30	P	OTHER ADMINISTRATIVE COSTS	6.06		280061	30
31	P					31
32	P					32
33	P					33
34	P					34
35	R	INTEREST EXPENSE	88		5507385	11 35
36		TOTAL RECLASSIFICATIONS		3672989	48713731	36

ANALYSIS OF CHANGES DURING COST REPORTING
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	1107862					1107862	1
2 LAND IMPROVEMENTS							2
3 BUILDINGS AND FIXTURES	46544755					46544755	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT							6
7 SUBTOTAL	47652617					47652617	7
8 RECONCILING ITEMS							8
9 TOTAL	47652617					47652617	9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	14069193					14069193	1
2 LAND IMPROVEMENTS	4875	13000		13000		17875	2
3 BUILDINGS AND FIXTURES	331096411	386396694		386396694	341479193	376013912	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	140135086	44243563		44243563	1172733	183205916	5
6 MOVABLE EQUIPMENT							6
7 SUBTOTAL	485305565	430653257		430653257	342651926	573306896	7
8 RECONCILING ITEMS	258592245	85536157		85536157	341479193	2649209	8
9 TOTAL	226713320	345117100		345117100	1172733	570657687	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
2.01 OLD CAPITAL COSTS-OTHER CAPITAL				.000000				2.01
3 NEW CAP REL COSTS-BLDG & FIXT				.000000				3
3.01 NEW CAP REL COST-BLDG RANDALL R				.000000				3.01
3.02 NEW CAP REL COSTS-BLDG CANCER C				.000000				3.02
4 NEW CAP REL COSTS-MVBLE EQUIP				.000000				4
5 TOTAL				.000000				5

SUMMARY OF OLD AND NEW CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
	1 OLD CAP REL COSTS-BLDG & FIXT	974227					
2 OLD CAP REL COSTS-MVBLE EQUIP							2
2.01 OLD CAPITAL COSTS-OTHER CAPITAL			1645308	186018			1831326 2.01
3 NEW CAP REL COSTS-BLDG & FIXT	10376994		4407976				14784970 3
3.01 NEW CAP REL COST-BLDG RANDALL RD	3455365						3455365 3.01
3.02 NEW CAP REL COSTS-BLDG CANCER CE	91154						91154 3.02
4 NEW CAP REL COSTS-MVBLE EQUIP	12137080						12137080 4
5 TOTAL	27034820		6053284	186018			33274122 5

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

SUMMARY OF OLD AND NEW CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
	1 OLD CAP REL COSTS-BLDG & FIXT						
2 OLD CAP REL COSTS-MVBLE EQUIP							2
2.01 OLD CAPITAL COSTS-OTHER CAPITAL							2.01
3 NEW CAP REL COSTS-BLDG & FIXT							3
3.01 NEW CAP REL COST-BLDG RANDALL RD							3.01
3.02 NEW CAP REL COSTS-BLDG CANCER CE							3.02
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL							5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-4030729			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	7245481			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS					16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				
37 REMOVE BAD DEBT	A	-17767646	OTHER ADMINISTRATIVE COSTS	6.06	37
38 GAIN/LOSS ON ASSET DISPOSAL	B	-919	OTHER ADMINISTRATIVE COSTS	6.06	38
39 EMPLOYEE HEALTH	A	-129641	EMPLOYEE BENEFITS	5	39
40 PATIENT TELEPHONES	A	-45790	NON-PATIENT TELECOMMUNICATIONS	6.01	40
41					41
42 PATIENT TELEVISIONS	A	-36269	OPERATION OF PLANT	8	42
43 LOBBY EXPENSE	A	-25858	OTHER ADMINISTRATIVE COSTS	6.06	43
44 INTEREST INCOME	A	-1099409	NEW CAP REL COSTS-BLDG & FIXT	3	11 44
45 MEDICAID TAX	A	-7666566	OTHER ADMINISTRATIVE COSTS	6.06	45
46 MEALS ON WHEELS	A	8295	DIETARY	11	46
47					47
48 TELECOMMUNICATIONS OTHER INCOME	B	-204094	NON-PATIENT TELECOMMUNICATIONS	6.01	48
49 BUSINESS OFFICE - OTHER INCOME	B	-936202	PATIENT ACCOUNTING	6.05	49
49.01 OTHER ADMIN AND GENERAL - OTHER I	B	-619456	OTHER ADMINISTRATIVE COSTS	6.06	49.01
49.02 FOOD & NUTRITION OTHER INCOME	B	-1500409	DIETARY	11	49.02
49.03 OPERATION OF PLANT - OTHER INCOME	B	-10800	OPERATION OF PLANT	8	49.03
49.05 MEDICAL RECORDS - OTHER INCOME	B	-76505	MEDICAL RECORDS & LIBRARY	17	49.05
49.07 OPERATING ROOM - OTHER INCOME	B	-144700	OPERATING ROOM	37	49.07
49.08 RADIOLOGY - OTHER INCOME	B	-152542	RADIOLOGY-DIAGNOSTIC	41	49.08
49.09 LABORATORY - OTHER INCOME	B	-1192875	LABORATORY	44	49.09
49.10 INFUSION CENTER - OTHER INCOME	B	-96037	INTRAVENOUS THERAPY	48	49.10
49.12 PHYSICAL THERAPY - OTHER INCOME	B	-2063	PHYSICAL THERAPY	50	49.12
49.13 CARDIAC - OTHER INCOME	B	-7750	ELECTROCARDIOLOGY	53	49.13
49.14 CARDIAC REHAB - OTHER INCOME	B	-125	CARDIAC REHABILITATION	53.01	49.14
49.15 DIABETES CENTER - OTHER INCOME	B	-5790	DIABETES CENTER	59.01	49.15
49.16 EMERGENCY ROOM - OTHER INCOME	B	-360428	EMERGENCY	61	49.16
49.17 S.C.O.R.E - OTHER INCOME	B	-10348	S.C.O.R.E.	61.02	49.17
49.18 ADULTS AND PEDIATRICS-OTHER INCOME	B	-6030	ADULTS & PEDIATRICS	25	49.18
49.19 OCCUPATIONAL THERAPY-OTHER INCOME	B	-75	OCCUPATIONAL THERAPY	51	49.19
49.20 LABOR DELIVERY-OTHER INCOME	B	-3000	DELIVERY ROOM & LABOR ROOM	39	49.20

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER 3	LINE NO. 4	
50 TOTAL		-28878280			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6.06	OTHER ADMINISTRATIVE COSTS	HOME OFFICE COSTS	7727468	1564442	6163026	1
2	41	RADIOLOGY-DIAGNOSTIC	RENTAL COSTS	34165	207546	-173381	2
3	61	EMERGENCY	RENTAL COSTS	119864	509336	-389472	3
4	2.01	OLD CAPITAL COSTS-OTHER CAPITAL	CAPITAL COSTS	1645308		1645308	11 4
5		TOTALS		9526805	2281324	7245481	5

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

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP			
1	2	3	4	5	6		
B			SHERMAN HEALTH SYSTEMS		MEDICAL	1	
						2	
						3	
						4	
						5	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- B. CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
- D. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
- E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- F. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT		
LINE NO.	1	2	3	4	5	6	7	8	9	
1	6.06	OTHER ADMINISTRATIVE COS	MEDICAL STAFF		296204	296204	177200	1	85	4
2	18	SOCIAL SERVICE	OUTCOMES MGMT		72000	72000	177200	1	85	4
3	25	ADULTS & PEDIATRICS	ADULTS & PEDS		376119	376119	177200	1	85	4
4	33	NURSERY	NURSERY		78883	78883	177200	1	85	4
5	34	SKILLED NURSING FACILITY	SNF							
6	37	OPERATING ROOM	SURGERY		759900	759900	208000	1	100	5
7	39	DELIVERY ROOM & LABOR RO	LABOR & DELIVERY		703973	703973	196400	1	94	5
8	41	RADIOLOGY-DIAGNOSTIC	RADIOLOGY		98768	98768	225300	1	108	5
9	44	LABORATORY	LABORATORY		68333	68333	215700	1	104	5
10	49	RESPIRATORY THERAPY	RESPIRATORY THERAPY							
11	42	RADIOLOGY-THERAPEUTIC			150000	150000	177200	1	85	4
12	53	ELECTROCARDIOLOGY	CARDIAC CATH LAB		35034	35034	177200	1	85	4
13	53.01	CARDIAC REHABILITATION	CARDIAC REHAB		106788	106788	177200	1371	116799	5840
15	57	RENAL DIALYSIS	RENAL DIALYSIS		48000	48000	177200	1	85	4
16	59.01	DIABETES CENTER	DIABETES		24000	24000	177200	1	85	4
17	61	EMERGENCY	EMERGENCY DEPARTMEN		1320686	1320686	177200	1	85	4
101		TOTAL			4138688	4138688		1384	117970	5896

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	6.06 OTHER ADMINISTRATIVE COS	MEDICAL STAFF				85	296119	296119
2	18 SOCIAL SERVICE	OUTCOMES MGMT				85	71915	71915
3	25 ADULTS & PEDIATRICS	ADULTS & PEDS				85	376034	376034
4	33 NURSERY	NURSERY				85	78798	78798
5	34 SKILLED NURSING FACILITY	SNF						
6	37 OPERATING ROOM	SURGERY				100	759800	759800
7	39 DELIVERY ROOM & LABOR RO	LABOR & DELIVERY				94	703879	703879
8	41 RADIOLOGY-DIAGNOSTIC	RADIOLOGY				108	98660	98660
9	44 LABORATORY	LABORATORY				104	68229	68229
10	49 RESPIRATORY THERAPY	RESPIRATORY THERAPY						
11	42 RADIOLOGY-THERAPEUTIC					85	149915	149915
12	53 ELECTROCARDIOLOGY	CARDIAC CATH LAB				85	34949	34949
13	53.01 CARDIAC REHABILITATION	CARDIAC REHAB				116799		
15	57 RENAL DIALYSIS	RENAL DIALYSIS				85	47915	47915
16	59.01 DIABETES CENTER	DIABETES				85	23915	23915
17	61 EMERGENCY	EMERGENCY DEPARTMEN				85	1320601	1320601
101	TOTAL					117970	4030729	4030729

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	OLD CAP BLDGS & FIXTURES 1	OLD CAPITAL OTHER 2.01	NEW CAP BLDGS & FIXTURES 3	NEW CAP BLDG RANDALL 3.01	NEW CAP BLDG CANCER 3.02	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	213608767	974227	1831326	14784970	3455365	91154	12010669	17056945	95
NONREIMBURSABLE COST CENTERS									
96.02 MEALS ON WHEELS									96.02
100 CHILDBIRTH EDUCATION	52381								100
100.01ACLS									100.01
100.02COMMUNITY WELLNESS	64262								100.02
100.04PHYSICIAN REFERRAL	416628						126411		100.04
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	214142038	974227	1831326	14784970	3455365	91154	12137080	17139373	103

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NONPATIENT DATA		PURCHASING	ADMITTING	PATIENT ACCOUNTING	SUBTOTAL	OTHER ADMIN COSTS	MAIN-TENANCE + REPAIRS
	TELEPHONES	PROCESSING						
	6.01	6.02	6.03	6.04	6.05	5A	6.06	7
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	1227506	10308448	1729016	2763614	2794333	213295757	38478600	6747526 95
NONREIMBURSABLE COST CENTERS								
96.02 MEALS ON WHEELS								8742 96.02
100 CHILDBIRTH EDUCATION			172			62622	13798	100
100.01ACLS								100.01
100.02COMMUNITY WELLNESS						72158	15900	100.02
100.04PHYSICIAN REFERRAL		103568	431			711501	156774	100.04
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1227506	10412016	1729619	2763614	2794333	214142038	38665072	6756268 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT 8	OPERATION PLANT CENTER ST 8.01	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	15547242	4357940	1534828	4626198	1695212	2197556	1647512	2952188	95
NONREIMBURSABLE COST CENTERS									
96.02 MEALS ON WHEELS					39375				96.02
100 CHILDBIRTH EDUCATION				4396		1824			100
100.01ACLS									100.01
100.02COMMUNITY WELLNESS									100.02
100.04PHYSICIAN REFERRAL									100.04
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	15547242	4357940	1534828	4630594	1734587	2199380	1647512	2952188	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
2.01 OLD CAPITAL COSTS-OTHER CAPITAL							2.01
3 NEW CAP REL COSTS-BLDG & FIXT							3
3.01 NEW CAP REL COST-BLDG RANDALL R							3.01
3.02 NEW CAP REL COSTS-BLDG CANCER C							3.02
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 EMPLOYEE BENEFITS							5
6.01 NON-PATIENT TELECOMMUNICATIONS							6.01
6.02 DATA PROCESSING							6.02
6.03 PURCHASING							6.03
6.04 ADMITTING							6.04
6.05 PATIENT ACCOUNTING							6.05
6.06 OTHER ADMINISTRATIVE COSTS							6.06
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT							8
8.01 OPERATION OF PLANT - 934 CENTER							8.01
9 LAUNDRY & LINEN SERVICE							9
10 HOUSEKEEPING							10
11 DIETARY							11
12 CAFETERIA							12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION							14
15 CENTRAL SERVICES & SUPPLY							15
16 PHARMACY	5272755						16
17 MEDICAL RECORDS & LIBRARY		4917290					17
18 SOCIAL SERVICE	4343		2514531				18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES A							22
23 I&R SERVICES-OTHER PRGM COSTS A							23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	4709	719262	2463622	44582818		44582818	25
26 INTENSIVE CARE UNIT	766	144023	20547	6891640		6891640	26
27 CORONARY CARE UNIT	45	61671	9723	2984521		2984521	27
33 NURSERY	1989	75330	11099	3769038		3769038	33
34 SKILLED NURSING FACILITY							34
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	8566	568819	917	30064255		30064255	37
38 RECOVERY ROOM	251	92365		5869719		5869719	38
39 DELIVERY ROOM & LABOR ROOM	1327	142880	3119	8115478		8115478	39
41 RADIOLOGY-DIAGNOSTIC	808	764538	275	23234877		23234877	41
42 RADIOLOGY-THERAPEUTIC	131	2691	459	851267		851267	42
44 LABORATORY	3	523329		12054996		12054996	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
48 INTRAVENOUS THERAPY	1193	30922		3770602		3770602	48
49 RESPIRATORY THERAPY	183	104309		3056663		3056663	49
49.01 PULMONARY FUNCTION							49.01
50 PHYSICAL THERAPY	251	79705		4295202		4295202	50
51 OCCUPATIONAL THERAPY	94	14441		764915		764915	51
52 SPEECH PATHOLOGY		5636		318809		318809	52
53 ELECTROCARDIOLOGY	392723	492444	275	17242122		17242122	53
53.01 CARDIAC REHABILITATION		4541		1223104		1223104	53.01
54 ELECTROENCEPHALOGRAPHY		15640		1812733		1812733	54
55 MEDICAL SUPPLIES CHARGED TO PAT		85810		1126780		1126780	55
56 DRUGS CHARGED TO PATIENTS	4340968	586386		15228644		15228644	56
57 RENAL DIALYSIS	363971	65032		6132975	-638757	5494218	57
59 WOUND CARE CENTER	784	2700		551737		551737	59
59.01 DIABETES CENTER		2731		457993		457993	59.01
59.02 CLINICAL NUTRITION		5031		626256		626256	59.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	149650	325167	4495	17814573		17814573	61
61.02 S.C.O.R.E.		1887		213231		213231	61.02
61.03 ACLS							61.03
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	5272755	4917290	2514531	213054948	-638757	212416191	95
NONREIMBURSABLE COST CENTERS							
96.02 MEALS ON WHEELS				48117		48117	96.02
100 CHILDBIRTH EDUCATION				82640		82640	100
100.01ACLS							100.01
100.02COMMUNITY WELLNESS				88058		88058	100.02
100.04PHYSICIAN REFERRAL				868275		868275	100.04
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	5272755	4917290	2514531	214142038	-638757	213503281	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP	OLD	CAP REL	EMPLOYEE	NONPATIENT DATA		PURCHASING
	CAP-REL COSTS 0	BLDGS & FIXTURES 1	CAPITAL OTHER 2.01	COST TO BE ALLOC 4A	BENEFITS 5	TELEPHONES 6.01	PROCESSING 6.02	
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS		974227	1831326	2805553	11393	6587	47870	39629 95
NONREIMBURSABLE COST CENTERS								
96.02 MEALS ON WHEELS								96.02
100 CHILDBIRTH EDUCATION					7			4 100
100.01ACLS								100.01
100.02COMMUNITY WELLNESS					5			100.02
100.04PHYSICIAN REFERRAL					43		481	10 100.04
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		974227	1831326	2805553	11448	6587	48351	39643 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMITTING 6.04	PATIENT ACCOUNTING 6.05	OTHER ADMIN COSTS 6.06	MAIN- TENANCE + REPAIRS 7	OPERATION OF PLANT 8	OPERATION PLANT CENTER ST 8.01	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	8646	24384	563003	91544	664681	286744	26023	127939	95
NONREIMBURSABLE COST CENTERS									
96.02 MEALS ON WHEELS				119					96.02
100 CHILDBIRTH EDUCATION			202					122	100
100.01ACLS									100.01
100.02COMMUNITY WELLNESS			233						100.02
100.04PHYSICIAN REFERRAL			2294						100.04
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	8646	24384	565732	91663	664681	286744	26023	128061	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	49058	65666	16421	44729	52927	135044	20091	2800839 95
NONREIMBURSABLE COST CENTERS								
96.02 MEALS ON WHEELS	1139							1258 96.02
100 CHILDBIRTH EDUCATION		55						390 100
100.01ACLS								100.01
100.02COMMUNITY WELLNESS								238 100.02
100.04PHYSICIAN REFERRAL								2828 100.04
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	50197	65721	16421	44729	52927	135044	20091	2805553 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
2.01 OLD CAPITAL COSTS-OTHER CAPITAL			2.01
3 NEW CAP REL COSTS-BLDG & FIXT			3
3.01 NEW CAP REL COST-BLDG RANDALL R			3.01
3.02 NEW CAP REL COSTS-BLDG CANCER C			3.02
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6.01 NON-PATIENT TELECOMMUNICATIONS			6.01
6.02 DATA PROCESSING			6.02
6.03 PURCHASING			6.03
6.04 ADMITTING			6.04
6.05 PATIENT ACCOUNTING			6.05
6.06 OTHER ADMINISTRATIVE COSTS			6.06
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
8.01 OPERATION OF PLANT - 934 CENTER			8.01
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES A			22
23 I&R SERVICES-OTHER PRGM COSTS A			23
24 PARAMED ED PRGM-(SPECIFY)			24
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS		878906	25
26 INTENSIVE CARE UNIT		100603	26
27 CORONARY CARE UNIT		41244	27
33 NURSERY		35194	33
34 SKILLED NURSING FACILITY			34
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM		328517	37
38 RECOVERY ROOM		97930	38
39 DELIVERY ROOM & LABOR ROOM		108888	39
41 RADIOLOGY-DIAGNOSTIC		281366	41
42 RADIOLOGY-THERAPEUTIC		10826	42
44 LABORATORY		136199	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
48 INTRAVENOUS THERAPY		80712	48
49 RESPIRATORY THERAPY		31222	49
49.01 PULMONARY FUNCTION			49.01
50 PHYSICAL THERAPY		32195	50
51 OCCUPATIONAL THERAPY		5357	51
52 SPEECH PATHOLOGY		2660	52
53 ELECTROCARDIOLOGY		130871	53
53.01 CARDIAC REHABILITATION		7665	53.01
54 ELECTROENCEPHALOGRAPHY		37224	54
55 MEDICAL SUPPLIES CHARGED TO PAT		6621	55
56 DRUGS CHARGED TO PATIENTS		90794	56
57 RENAL DIALYSIS		152034	57
59 WOUND CARE CENTER		9910	59
59.01 DIABETES CENTER		2198	59.01
59.02 CLINICAL NUTRITION		1871	59.02
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY		189077	61
61.02 S.C.O.R.E.		755	61.02
61.03 ACLS			61.03
62 OBSERVATION BEDS (NON-DISTINCT)			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY			71

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ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
85.03 ISLET CELL ACQUISITION			85.03
95 SUBTOTALS		2800839	95
NONREIMBURSABLE COST CENTERS			
96.02 MEALS ON WHEELS		1258	96.02
100 CHILDBIRTH EDUCATION		390	100
100.01ACLS			100.01
100.02COMMUNITY WELLNESS		238	100.02
100.04PHYSICIAN REFERRAL		2828	100.04
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL		2805553	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP BLDG RANDALL 3.01	NEW CAP BLDG CANCER 3.02	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	5607658	14784970	3455365	91154	12010669	35949816	68846	383870 95
NONREIMBURSABLE COST CENTERS								
96.02 MEALS ON WHEELS								96.02
100 CHILDBIRTH EDUCATION							41	100
100.01ACLS								100.01
100.02COMMUNITY WELLNESS							32	100.02
100.04PHYSICIAN REFERRAL	38857				126411	165268	260	100.04
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	5646515	14784970	3455365	91154	12137080	36115084	69179	383870 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING	ADMITTING	PATIENT ACCOUNTING	OTHER ADMIN COSTS	MAIN-TENANCE + REPAIRS	OPERATION OF PLANT	OPERATION PLANT CENTER ST	
	6.02	6.03	6.04	6.05	6.06	7	8	8.01	
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	4226074	524294	299794	683935	5999073	744519	5235720	2123918	95
NONREIMBURSABLE COST CENTERS									
96.02 MEALS ON WHEELS						965			96.02
100 CHILDBIRTH EDUCATION		52			2151				100
100.01ACLS									100.01
100.02COMMUNITY WELLNESS					2479				100.02
100.04PHYSICIAN REFERRAL	42459	131			24442				100.04
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	4268533	524477	299794	683935	6028145	745484	5235720	2123918	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	147162	946723	368163	372476	187485	1585106	1668610	1139307 95
NONREIMBURSABLE COST CENTERS								
96.02 MEALS ON WHEELS			8551					96.02
100 CHILDBIRTH EDUCATION		900		309				100
100.01ACLS								100.01
100.02COMMUNITY WELLNESS								100.02
100.04PHYSICIAN REFERRAL								100.04
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	147162	947623	376714	372785	187485	1585106	1668610	1139307 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	25	26	27	
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
2.01 OLD CAPITAL COSTS-OTHER CAPITAL					2.01
3 NEW CAP REL COSTS-BLDG & FIXT					3
3.01 NEW CAP REL COST-BLDG RANDALL R					3.01
3.02 NEW CAP REL COSTS-BLDG CANCER C					3.02
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 NON-PATIENT TELECOMMUNICATIONS					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING					6.03
6.04 ADMITTING					6.04
6.05 PATIENT ACCOUNTING					6.05
6.06 OTHER ADMINISTRATIVE COSTS					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
8.01 OPERATION OF PLANT - 934 CENTER					8.01
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE	378095				18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS	370440	7463409		7463409	25
26 INTENSIVE CARE UNIT	3090	1015151		1015151	26
27 CORONARY CARE UNIT	1462	421706		421706	27
33 NURSERY	1669	394136		394136	33
34 SKILLED NURSING FACILITY					34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	138	3895343		3895343	37
38 RECOVERY ROOM		1610203		1610203	38
39 DELIVERY ROOM & LABOR ROOM	469	980680		980680	39
41 RADIOLOGY-DIAGNOSTIC	41	5799516		5799516	41
42 RADIOLOGY-THERAPEUTIC	69	209029		209029	42
44 LABORATORY		1416063		1416063	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
48 INTRAVENOUS THERAPY		1032504		1032504	48
49 RESPIRATORY THERAPY		391228		391228	49
49.01 PULMONARY FUNCTION					49.01
50 PHYSICAL THERAPY		708867		708867	50
51 OCCUPATIONAL THERAPY		125475		125475	51
52 SPEECH PATHOLOGY		41769		41769	52
53 ELECTROCARDIOLOGY	41	2597203		2597203	53
53.01 CARDIAC REHABILITATION		514589		514589	53.01
54 ELECTROENCEPHALOGRAPHY		956605		956605	54
55 MEDICAL SUPPLIES CHARGED TO PAT		104708		104708	55
56 DRUGS CHARGED TO PATIENTS		1916905		1916905	56
57 RENAL DIALYSIS		1220355		1220355	57
59 WOUND CARE CENTER		202413		202413	59
59.01 DIABETES CENTER		158074		158074	59.01
59.02 CLINICAL NUTRITION		20014		20014	59.02
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY	676	2477291		2477291	61
61.02 S.C.O.R.E.		151520		151520	61.02
61.03 ACLS					61.03
62 OBSERVATION BEDS (NON-DISTINCT)					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	18	25	26	27
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	378095	35824756		95
NONREIMBURSABLE COST CENTERS				
96.02 MEALS ON WHEELS		9516		96.02
100 CHILDBIRTH EDUCATION		3453		100
100.01ACLS				100.01
100.02COMMUNITY WELLNESS		2511		100.02
100.04PHYSICIAN REFERRAL		232560		100.04
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	378095	36072796		103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NONPATIENT DATA		PURCHASING	ADMITTING	PATIENT	RECON-	OTHER	MAIN-	
	TELEPHONES	PROCESSING							REQ'S
	# OF	# OF	COSTED	GROSS	GROSS		COSTS	REPAIRS	
	INSTRUMENT	TERMINALS	REQ'S	REVENUE	REVENUE		ACCUM	HOURS OF	
	6.01	6.02	6.03	6.04	6.05	6A.06	COST	SERVICE	
69.40 OUTPATIENT SPEECH PATHOLOGY								7	69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	1483	1493	37571198	713923365	713923365	-38665072	174630685	40907	95
NONREIMBURSABLE COST CENTERS									
96.02 MEALS ON WHEELS								53	96.02
100 CHILDBIRTH EDUCATION			3738				62622		100
100.01 ACLS									100.01
100.02 COMMUNITY WELLNESS							72158		100.02
100.04 PHYSICIAN REFERRAL		15	9374				711501		100.04
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	1227506	10412016	1729619	2763614	2794333		38665072	6756268	103
104 UNIT COST MULT-WS B PT I	827.718139		.046020		.003914		.220343		104
104 UNIT COST MULT-WS B PT I		6904.519894		.003871				164.947949	104
105 COST TO BE ALLOC PER B PT II	6587	48351	39643	8646	24384		565732	91663	105
106 UNIT COST MULT-WS B PT II	4.441672		.001055		.000034		.003224		106
106 UNIT COST MULT-WS B PT II		32.062997		.000012				2.237866	106
107 COST TO BE ALLOC PER B PT III	383870	4268533	524477	299794	683935		6028145	745484	107
108 UNIT COST MULT-WS B PT III	258.846932		.013955		.000958		.034353		108
108 UNIT COST MULT-WS B PT III		2830.592175		.000420				18.200293	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	OPERATION PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	
	SQUARE FEET	CENTER ST SQUARE FEET	POUNDS OF LAUNDRY	HOURS OF SERVICE	MEALS SERVED	HOURS WORKED	DIRECT NRSING HRS	COSTED REQUIS.	
	8	8.01	9	10	11	12	14	15	
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	333944	19548	1272568	74723	153269	1698466	1036239	4034778	95
NONREIMBURSABLE COST CENTERS									
96.02 MEALS ON WHEELS					3560				96.02
100 CHILDBIRTH EDUCATION				71		1410			100
100.01 ACLS									100.01
100.02 COMMUNITY WELLNESS									100.02
100.04 PHYSICIAN REFERRAL									100.04
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	15547242	4357940	1534828	4630594	1734587	2199380	1647512	2952188	103
104 UNIT COST MULT-WS B PT I	46.556435		1.206087		11.060371		1.589896		104
104 UNIT COST MULT-WS B PT I		222.935339		61.911303		1.293847		.731685	104
105 COST TO BE ALLOC PER B PT II	664681	286744	26023	128061	50197	65721	16421	44729	105
106 UNIT COST MULT-WS B PT II	1.990397		.020449		.320075		.015847		106
106 UNIT COST MULT-WS B PT II		14.668713		1.712183		.038662		.011086	106
107 COST TO BE ALLOC PER B PT III	5235720	2123918	147162	947623	376714	372785	187485	1585106	107
108 UNIT COST MULT-WS B PT III	15.678437		.115642		2.402068		.180928		108
108 UNIT COST MULT-WS B PT III		108.651422		12.669773		.219301		.392861	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	
	COSTED REQUIS. 16	GROSS REVENUE 17	TIME SPENT 18	
GENERAL SERVICE COST CENTERS				
1				1
2				2
2.01				2.01
3				3
3.01				3.01
3.02				3.02
4				4
5				5
6.01				6.01
6.02				6.02
6.03				6.03
6.04				6.04
6.05				6.05
6.06				6.06
7				7
8				8
8.01				8.01
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17	9470430	713923365		17
18	7801		27413	18
20				20
21				21
22				22
23				23
24				24
INPATIENT ROUTINE SERV COST CENTERS				
25	8458	104422475	26858	25
26	1376	20909237	224	26
27	80	8953384	106	27
33	3572	10936347	121	33
34				34
ANCILLARY SERVICE COST CENTERS				
37	15386	82581085	10	37
38	451	13409495		38
39	2384	20743353	34	39
41	1451	111026944	3	41
42	235	390652	5	42
44	5	75976882		44
46.30				46.30
48	2142	4489191		48
49	328	15143629		49
49.01				49.01
50	451	11571542		50
51	169	2096577		51
52		818267		52
53	705372	71493009	3	53
53.01		659244		53.01
54		2270569		54
55		12457871		55
56	7796843	85131562		56
57	653730	9441394		57
59	1408	392014		59
59.01		396528		59.01
59.02		730465		59.02
OUTPATIENT SERVICE COST CENTERS				
61	268788	47207756	49	61
61.02		273893		61.02
61.03				61.03
62				62
63.50				63.50
63.60				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10				69.10
69.20				69.20
69.30				69.30

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	
	COSTED REQUIS. 16	GROSS REVENUE 17	TIME SPENT 18	
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS				71
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	9470430	713923365	27413	95
NONREIMBURSABLE COST CENTERS				
96.02 MEALS ON WHEELS				96.02
100 CHILDBIRTH EDUCATION				100
100.01 ACLS				100.01
100.02 COMMUNITY WELLNESS				100.02
100.04 PHYSICIAN REFERRAL				100.04
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	5272755	4917290	2514531	103
104 UNIT COST MULT-WS B PT I	.556760		91.727684	104
104 UNIT COST MULT-WS B PT I		.006888		104
105 COST TO BE ALLOC PER B PT II	52927	135044	20091	105
106 UNIT COST MULT-WS B PT II	.005589		.732900	106
106 UNIT COST MULT-WS B PT II		.000189		106
107 COST TO BE ALLOC PER B PT III	1668610	1139307	378095	107
108 UNIT COST MULT-WS B PT III	.176192		13.792544	108
108 UNIT COST MULT-WS B PT III		.001596		108

PROVIDER NO. 14-0030 SHERMAN HOSPITAL
PERIOD FROM 05/01/2009 TO 04/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/96)

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POST STEP DOWN ADJUSTMENTS

SUPPLEMENTAL
WORKSHEET B-2
(CONTINUED)

DESCRIPTION		----- WORKSHEET B -----			
1		PART	LINE NO.	AMOUNT	
		2	3	4	
1	EXCLUDE EPO FROM RENAL FACILITY	1	57	-637425	1
2					2
3	EXCLUDE ARANESP FROM RENAL FACILITY	1	57	-1332	3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL	RCE	TOTAL	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT	COSTS	DISALLOWANCE	COSTS	
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	44582818		44582818	376034	44958852	25
26 INTENSIVE CARE UNIT	6891640		6891640		6891640	26
27 CORONARY CARE UNIT	2984521		2984521		2984521	27
33 NURSERY	3769038		3769038	78798	3847836	33
34 SKILLED NURSING FACILITY						34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	30064255		30064255	759800	30824055	37
38 RECOVERY ROOM	5869719		5869719		5869719	38
39 DELIVERY ROOM & LABOR ROOM	8115478		8115478	703879	8819357	39
41 RADIOLOGY-DIAGNOSTIC	23234877		23234877	98660	23333537	41
42 RADIOLOGY-THERAPEUTIC	851267		851267	149915	1001182	42
44 LABORATORY	12054996		12054996	68229	12123225	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
48 INTRAVENOUS THERAPY	3770602		3770602		3770602	48
49 RESPIRATORY THERAPY	3056663		3056663		3056663	49
49.01 PULMONARY FUNCTION						49.01
50 PHYSICAL THERAPY	4295202		4295202		4295202	50
51 OCCUPATIONAL THERAPY	764915		764915		764915	51
52 SPEECH PATHOLOGY	318809		318809		318809	52
53 ELECTROCARDIOLOGY	17242122		17242122	34949	17277071	53
53.01 CARDIAC REHABILITATION	1223104		1223104		1223104	53.01
54 ELECTROENCEPHALOGRAPHY	1812733		1812733		1812733	54
55 MEDICAL SUPPLIES CHARGED TO	1126780		1126780		1126780	55
56 DRUGS CHARGED TO PATIENTS	15228644		15228644		15228644	56
57 RENAL DIALYSIS	5494218		5494218	47915	5542133	57
59 WOUND CARE CENTER	551737		551737		551737	59
59.01 DIABETES CENTER	457993		457993	23915	481908	59.01
59.02 CLINICAL NUTRITION	626256		626256		626256	59.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	17814573		17814573	1320601	19135174	61
61.02 S.C.O.R.E.	213231		213231		213231	61.02
61.03 ACLS						61.03
62 OBSERVATION BEDS (NON-DISTI	3490560		3490560		3490560	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	215906751		215906751	3662695	219569446	101
102 LESS OBSERVATION BEDS	3490560		3490560		3490560	102
103 TOTAL	212416191		212416191	3662695	216078886	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	97021928		97021928			25
26 INTENSIVE CARE UNIT	20909237		20909237			26
27 CORONARY CARE UNIT	8953384		8953384			27
33 NURSERY	10936347		10936347			33
34 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS						34
37 OPERATING ROOM	38797981	43783104	82581085	.364057	.364057	.373258 37
38 RECOVERY ROOM	4375882	9033613	13409495	.437729	.437729	.437729 38
39 DELIVERY ROOM & LABOR ROOM	12973637	7769716	20743353	.391233	.391233	.425165 39
41 RADIOLOGY-DIAGNOSTIC	29067603	81959341	111026944	.209272	.209272	.210161 41
42 RADIOLOGY-THERAPEUTIC		390652	390652	2.179093	2.179093	2.562849 42
44 LABORATORY	31293826	44683056	75976882	.158667	.158667	.159565 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
48 INTRAVENOUS THERAPY	1261216	3227975	4489191	.839929	.839929	.839929 48
49 RESPIRATORY THERAPY	13886155	1257474	15143629	.201845	.201845	.201845 49
49.01 PULMONARY FUNCTION						49.01
50 PHYSICAL THERAPY	2567512	9004030	11571542	.371187	.371187	.371187 50
51 OCCUPATIONAL THERAPY	986442	1110135	2096577	.364840	.364840	.364840 51
52 SPEECH PATHOLOGY	397640	420627	818267	.389615	.389615	.389615 52
53 ELECTROCARDIOLOGY	42708600	28784409	71493009	.241172	.241172	.241661 53
53.01 CARDIAC REHABILITATION	4091	655153	659244	1.855313	1.855313	1.855313 53.01
54 ELECTROENCEPHALOGRAPHY	275425	1995144	2270569	.798361	.798361	.798361 54
55 MEDICAL SUPPLIES CHARGED TO	7160417	5297454	12457871	.090447	.090447	.090447 55
56 DRUGS CHARGED TO PATIENTS	53698007	31433555	85131562	.178884	.178884	.178884 56
57 RENAL DIALYSIS	1440193	8001201	9441394	.581929	.581929	.587004 57
59 WOUND CARE CENTER	123028	268986	392014	1.407442	1.407442	1.407442 59
59.01 DIABETES CENTER	41260	355268	396528	1.155008	1.155008	1.215319 59.01
59.02 CLINICAL NUTRITION	689913	40552	730465	.857339	.857339	.857339 59.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	11638854	35568902	47207756	.377365	.377365	.405340 61
61.02 S.C.O.R.E.		273893	273893	.778519	.778519	.778519 61.02
61.03 ACLS						61.03
62 OBSERVATION BEDS (NON-DISTI		7400547	7400547	.471662	.471662	.471662 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	391208578	322714787	713923365			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	391208578	322714787	713923365			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	878906		878906	7463409		7463409
26 INTENSIVE CARE UNIT	100603		100603	1015151		1015151
27 CORONARY CARE UNIT	41244		41244	421706		421706
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	35194		35194	394136		394136
101 TOTAL	1055947		1055947	9294402		9294402

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	43432	17681	20.24	357863	171.84	3038303
26 INTENSIVE CARE UNIT	3690	2087	27.26	56892	275.11	574155
27 CORONARY CARE UNIT	1478	857	27.91	23919	285.32	244519
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	7264		4.84		54.26	
101 TOTAL	55864	20625		438674		3856977

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0030) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	328517	3895343	82581085	15505005	.003978	61679	.047170	731371	37
38 RECOVERY ROOM	97930	1610203	13409495	1572755	.007303	11486	.120079	188855	38
39 DELIVERY ROOM & LABOR ROOM	108888	980680	20743353	20731	.005249	109	.047277	980	39
41 RADIOLOGY-DIAGNOSTIC	281366	5799516	111026944	14772098	.002534	37432	.052235	771621	41
42 RADIOLOGY-THERAPEUTIC	10826	209029	390652		.027713		.535077		42
44 LABORATORY	136199	1416063	75976882	15423404	.001793	27654	.018638	287461	44
46.30 BLOOD CLOTTING FACTORS ADMIN									
48 INTRAVENOUS THERAPY	80712	1032504	4489191	682618	.017979	12273	.229998	157001	48
49 RESPIRATORY THERAPY	31222	391228	15143629	7361910	.002062	15180	.025834	190188	49
49.01 PULMONARY FUNCTION									
50 PHYSICAL THERAPY	32195	708867	11571542	1644055	.002782	4574	.061260	100715	50
51 OCCUPATIONAL THERAPY	5357	125475	2096577	678481	.002555	1734	.059848	40606	51
52 SPEECH PATHOLOGY	2660	41769	818267	280779	.003251	913	.051046	14333	52
53 ELECTROCARDIOLOGY	130871	2597203	71493009	23635742	.001831	43277	.036328	858639	53
53.01 CARDIAC REHABILITATION	7665	514589	659244	2805	.011627	33	.780574	2190	53.01
54 ELECTROENCEPHALOGRAPHY	37224	956605	2270569	137756	.016394	2258	.421306	58037	54
55 MEDICAL SUPPLIES CHARGED TO P	6621	104708	12457871	2476017	.000531	1315	.008405	20811	55
56 DRUGS CHARGED TO PATIENTS	90794	1916905	85131562	25115821	.001067	26799	.022517	565533	56
57 RENAL DIALYSIS	152034	1220355	9441394	917195	.016103	14770	.129256	118553	57
59 WOUND CARE CENTER	9910	202413	392014	78329	.025280	1980	.516341	40444	59
59.01 DIABETES CENTER	2198	158074	396528	12748	.005543	71	.398645	5082	59.01
59.02 CLINICAL NUTRITION	1871	20014	730465		.002561		.027399		59.02
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	189077	2477291	47207756	5135432	.004005	20567	.052476	269487	61
61.02 S.C.O.R.E.	755	151520	273893		.002757		.553209		61.02
61.03 ACLS									61.03
62 OBSERVATION BEDS (NON-DISTINC	68237	579450	7400547		.009221		.078298		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	1813129	27109804	576102469	115453681		284104		4421907	101

PROVIDER NO. 14-0030 SHERMAN HOSPITAL
 PERIOD FROM 05/01/2009 TO 04/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					43432		17681	25
26 INTENSIVE CARE UNIT					3690		2087	26
27 CORONARY CARE UNIT					1478		857	27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I								31
33 NURSERY					7264			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					55864		20625	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0030) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
49.01 PULMONARY FUNCTION							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC REHABILITATION							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 WOUND CARE CENTER							59
59.01 DIABETES CENTER							59.01
59.02 CLINICAL NUTRITION							59.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
61.02 S.C.O.R.E.							61.02
61.03 ACLS							61.03
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0030) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		82581085			15505005		14291464 37
38 RECOVERY ROOM		13409495			1572755		2006461 38
39 DELIVERY ROOM & LABOR ROOM		20743353			20731		23599 39
41 RADIOLOGY-DIAGNOSTIC		111026944			14772098		17315158 41
42 RADIOLOGY-THERAPEUTIC		390652					219228 42
44 LABORATORY		75976882			15423404		280874 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY		4489191			682618		1412815 48
49 RESPIRATORY THERAPY		15143629			7361910		316626 49
49.01 PULMONARY FUNCTION							49.01
50 PHYSICAL THERAPY		11571542			1644055		122310 50
51 OCCUPATIONAL THERAPY		2096577			678481		51
52 SPEECH PATHOLOGY		818267			280779		52
53 ELECTROCARDIOLOGY		71493009			23635742		13517418 53
53.01 CARDIAC REHABILITATION		659244			2805		247619 53.01
54 ELECTROENCEPHALOGRAPHY		2270569			137756		346214 54
55 MEDICAL SUPPLIES CHARGED TO P		12457871			2476017		1538698 55
56 DRUGS CHARGED TO PATIENTS		85131562			25115821		12120599 56
57 RENAL DIALYSIS		9441394			917195		57
59 WOUND CARE CENTER		392014			78329		161150 59
59.01 DIABETES CENTER		396528			12748		3097 59.01
59.02 CLINICAL NUTRITION		730465					59.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		47207756			5135432		3474400 61
61.02 S.C.O.R.E.		273893					61.02
61.03 ACLS							61.03
62 OBSERVATION BEDS (NON-DISTINC		7400547					2032945 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		576102469			115453681		69430675 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0030) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
49.01 PULMONARY FUNCTION					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHABILITATION					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 WOUND CARE CENTER					59
59.01 DIABETES CENTER					59.01
59.02 CLINICAL NUTRITION					59.02
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
61.02 S.C.O.R.E.					61.02
61.03 ACLS					61.03
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0030) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----			
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER	
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT	
	1	1.01	1.02	SURGICAL		DIAGNOSTIC	
				CENTER			
				2	3	4	
37 ANCILLARY SERVICE COST CENTERS							37
38 OPERATING ROOM	.364057	.364057	.364057				38
39 RECOVERY ROOM	.437729	.437729	.437729				39
40 DELIVERY ROOM & LABOR ROOM	.391233	.391233	.391233				40
41 RADIOLOGY-DIAGNOSTIC	.209272	.209272	.209272				41
42 RADIOLOGY-THERAPEUTIC	2.179093	2.179093	2.179093				42
44 LABORATORY	.158667	.158667	.158667				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
48 INTRAVENOUS THERAPY	.839929	.839929	.839929				48
49 RESPIRATORY THERAPY	.201845	.201845	.201845				49
49.01 PULMONARY FUNCTION							49.01
50 PHYSICAL THERAPY	.371187	.371187	.371187				50
51 OCCUPATIONAL THERAPY	.364840	.364840	.364840				51
52 SPEECH PATHOLOGY	.389615	.389615	.389615				52
53 ELECTROCARDIOLOGY	.241172	.241172	.241172				53
53.01 CARDIAC REHABILITATION	1.855313	1.855313	1.855313				53.01
54 ELECTROENCEPHALOGRAPHY	.798361	.798361	.798361				54
55 MEDICAL SUPPLIES CHARGED TO PAT	.090447	.090447	.090447				55
56 DRUGS CHARGED TO PATIENTS	.178884	.178884	.178884				56
57 RENAL DIALYSIS	.581929	.581929	.581929				57
59 WOUND CARE CENTER	1.407442	1.407442	1.407442				59
59.01 DIABETES CENTER	1.155008	1.155008	1.155008				59.01
59.02 CLINICAL NUTRITION	.857339	.857339	.857339				59.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	.377365	.377365	.377365				61
61.02 S.C.O.R.E.	.778519	.778519	.778519				61.02
61.03 ACLS							61.03
62 OBSERVATION BEDS (NON-DISTINCT	.471662	.471662	.471662				62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		1	.178884	1
2 PROGRAM VACCINE CHARGES		2	55695	2
2.01 PROGRAM VACCINE CHARGES		2.01		2.01
3 PROGRAM COSTS		3	9963	3
3.01 PROGRAM COSTS		3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0030) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		14291464						37
38 RECOVERY ROOM		2006461						38
39 DELIVERY ROOM & LABOR ROOM		23599						39
41 RADIOLOGY-DIAGNOSTIC		17315158						41
42 RADIOLOGY-THERAPEUTIC		219228						42
44 LABORATORY		280874						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
48 INTRAVENOUS THERAPY		1412815						48
49 RESPIRATORY THERAPY		316626						49
49.01 PULMONARY FUNCTION								49.01
50 PHYSICAL THERAPY		122310						50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		13517418						53
53.01 CARDIAC REHABILITATION		247619						53.01
54 ELECTROENCEPHALOGRAPHY		346214						54
55 MEDICAL SUPPLIES CHARGED TO PA		1538698						55
56 DRUGS CHARGED TO PATIENTS		12120599	29770					56
57 RENAL DIALYSIS								57
59 WOUND CARE CENTER		161150						59
59.01 DIABETES CENTER		3097						59.01
59.02 CLINICAL NUTRITION								59.02
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		3474400						61
61.02 S.C.O.R.E.								61.02
61.03 ACLS								61.03
62 OBSERVATION BEDS (NON-DISTINCT		2032945						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		69430675	29770					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		69430675	29770					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0030) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		5202908					37
38 RECOVERY ROOM		878286					38
39 DELIVERY ROOM & LABOR ROOM		9233					39
41 RADIOLOGY-DIAGNOSTIC		3623578					41
42 RADIOLOGY-THERAPEUTIC		477718					42
44 LABORATORY		44565					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
48 INTRAVENOUS THERAPY		1186664					48
49 RESPIRATORY THERAPY		63909					49
49.01 PULMONARY FUNCTION							49.01
50 PHYSICAL THERAPY		45400					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		3260023					53
53.01 CARDIAC REHABILITATION		459411					53.01
54 ELECTROENCEPHALOGRAPHY		276404					54
55 MEDICAL SUPPLIES CHARGED TO PAT		139171					55
56 DRUGS CHARGED TO PATIENTS		2168181	5325				56
57 RENAL DIALYSIS							57
59 WOUND CARE CENTER		226809					59
59.01 DIABETES CENTER		3577					59.01
59.02 CLINICAL NUTRITION							59.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		1311117					61
61.02 S.C.O.R.E.							61.02
61.03 ACLS							61.03
62 OBSERVATION BEDS (NON-DISTINCT		958863					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		20335817	5325				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		20335817	5325				104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	878906		878906	7463409		7463409	25
26 INTENSIVE CARE UNIT	100603		100603	1015151		1015151	26
27 CORONARY CARE UNIT	41244		41244	421706		421706	27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY	35194		35194	394136		394136	33
101 TOTAL	1055947		1055947	9294402		9294402	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	43432	6960	20.24	140870	171.84	1196006	25
26 INTENSIVE CARE UNIT	3690	336	27.26	9159	275.11	92437	26
27 CORONARY CARE UNIT	1478		27.91		285.32		27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY	7264	3703	4.84	17923	54.26	200925	33
101 TOTAL	55864	10999		167952		1489368	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0030) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST		NEW CAPITAL RELATED COST		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	1	2	3	4		RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	328517	3895343	82581085		.003978		.047170		37
38 RECOVERY ROOM	97930	1610203	13409495		.007303		.120079		38
39 DELIVERY ROOM & LABOR ROOM	108888	980680	20743353		.005249		.047277		39
41 RADIOLOGY-DIAGNOSTIC	281366	5799516	111026944		.002534		.052235		41
42 RADIOLOGY-THERAPEUTIC	10826	209029	390652		.027713		.535077		42
44 LABORATORY	136199	1416063	75976882		.001793		.018638		44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
48 INTRAVENOUS THERAPY	80712	1032504	4489191		.017979		.229998		48
49 RESPIRATORY THERAPY	31222	391228	15143629		.002062		.025834		49
49.01 PULMONARY FUNCTION									49.01
50 PHYSICAL THERAPY	32195	708867	11571542		.002782		.061260		50
51 OCCUPATIONAL THERAPY	5357	125475	2096577		.002555		.059848		51
52 SPEECH PATHOLOGY	2660	41769	818267		.003251		.051046		52
53 ELECTROCARDIOLOGY	130871	2597203	71493009		.001831		.036328		53
53.01 CARDIAC REHABILITATION	7665	514589	659244		.011627		.780574		53.01
54 ELECTROENCEPHALOGRAPHY	37224	956605	2270569		.016394		.421306		54
55 MEDICAL SUPPLIES CHARGED TO P	6621	104708	12457871		.000531		.008405		55
56 DRUGS CHARGED TO PATIENTS	90794	1916905	85131562		.001067		.022517		56
57 RENAL DIALYSIS	152034	1220355	9441394		.016103		.129256		57
59 WOUND CARE CENTER	9910	202413	392014		.025280		.516341		59
59.01 DIABETES CENTER	2198	158074	396528		.005543		.398645		59.01
59.02 CLINICAL NUTRITION	1871	20014	730465		.002561		.027399		59.02
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	189077	2477291	47207756		.004005		.052476		61
61.02 S.C.O.R.E.	755	151520	273893		.002757		.553209		61.02
61.03 ACLS									61.03
62 OBSERVATION BEDS (NON-DISTINC	68237	579450	7400547		.009221		.078298		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	1813129	27109804	576102469						101

PROVIDER NO. 14-0030 SHERMAN HOSPITAL
 PERIOD FROM 05/01/2009 TO 04/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.02
 09/29/2010 13:14

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					43432		6960	25
26 INTENSIVE CARE UNIT					3690		336	26
27 CORONARY CARE UNIT					1478			27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I								31
33 NURSERY					7264		3703	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					55864		10999	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0030) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
49.01 PULMONARY FUNCTION							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC REHABILITATION							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 WOUND CARE CENTER							59
59.01 DIABETES CENTER							59.01
59.02 CLINICAL NUTRITION							59.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
61.02 S.C.O.R.E.							61.02
61.03 ACLS							61.03
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0030) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		82581085					37
38 RECOVERY ROOM		13409495					38
39 DELIVERY ROOM & LABOR ROOM		20743353					39
41 RADIOLOGY-DIAGNOSTIC		111026944					41
42 RADIOLOGY-THERAPEUTIC		390652					42
44 LABORATORY		75976882					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY		4489191					48
49 RESPIRATORY THERAPY		15143629					49
49.01 PULMONARY FUNCTION							49.01
50 PHYSICAL THERAPY		11571542					50
51 OCCUPATIONAL THERAPY		2096577					51
52 SPEECH PATHOLOGY		818267					52
53 ELECTROCARDIOLOGY		71493009					53
53.01 CARDIAC REHABILITATION		659244					53.01
54 ELECTROENCEPHALOGRAPHY		2270569					54
55 MEDICAL SUPPLIES CHARGED TO P		12457871					55
56 DRUGS CHARGED TO PATIENTS		85131562					56
57 RENAL DIALYSIS		9441394					57
59 WOUND CARE CENTER		392014					59
59.01 DIABETES CENTER		396528					59.01
59.02 CLINICAL NUTRITION		730465					59.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		47207756					61
61.02 S.C.O.R.E.		273893					61.02
61.03 ACLS							61.03
62 OBSERVATION BEDS (NON-DISTINC		7400547					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		576102469					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0030) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
49.01 PULMONARY FUNCTION					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHABILITATION					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 WOUND CARE CENTER					59
59.01 DIABETES CENTER					59.01
59.02 CLINICAL NUTRITION					59.02
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
61.02 S.C.O.R.E.					61.02
61.03 ACLS					61.03
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0030)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	43432						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	43432						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	43432						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							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	17681						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							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							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							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0030)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
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	44958852						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	44958852						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	97021928						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	97021928						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.463389						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2233.88						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	44958852						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0030)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1035.16					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	18302664					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	18302664					41
	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	6891640	3690	1867.65	2087	3897786	43
45 CORONARY CARE UNIT	2984521	1478	2019.30	857	1730540	44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0030)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	28366193					48
49 TOTAL PROGRAM INPATIENT COSTS	52297183					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	4295651					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	4706011					51
52 TOTAL PROGRAM EXCLUDABLE COST	9001662					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	43295521					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0030)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

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

SNF

1

66	SNF/NF/ICF/MR ROUTINE SERVICE COST	66
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	67
68	PROGRAM ROUTINE SERVICE COST	68
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	69
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	70
71	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	71
72	PER DIEM CAPITAL RELATED COSTS	72
73	PROGRAM CAPITAL RELATED COSTS	73
74	INPATIENT ROUTINE SERVICE COST	74
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	75
76	TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	76
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	77
78	INPATIENT ROUTINE SERVICE COST LIMITATION	78
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	79
80	PROGRAM INPATIENT ANCILLARY SERVICES	80
81	UTILIZATION REVIEW--PHYSICIAN COMPENSATION	81
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS)
 (14-0030)
 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3372	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1035.16	84
85 OBSERVATION BED COST	3490560	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST	878906	44958852	.019549	3490560	68237	86
87 NEW CAPITAL-RELATED COST	7463409	44958852	.166005	3490560	579450	87
88 NON PHYSICIAN ANESTHETIST		44958852		3490560		88
89 MEDICAL EDUCATION		44958852		3490560		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0030)	SUB I	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	43432					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	43432					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	43432					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						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	6960					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						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						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						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS	7264					15
16 TITLE V OR XIX NURSERY DAYS	3703					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0030)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
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	44582818						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	44582818						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	97021928						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	97021928						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.459513						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2233.88						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	44582818						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0030)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1026.50					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7144440					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7144440					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)	3769038	7264	518.87	3703	1921376	42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	6891640	3690	1867.65	336	627530	43
45 CORONARY CARE UNIT	2984521	1478	2019.30			44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-0030)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS	9693346					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1657320					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	1657320					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0030)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

PROVIDER NO. 14-0030 SHERMAN HOSPITAL
PERIOD FROM 05/01/2009 TO 04/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2010.02
09/29/2010 13:14

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

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

	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST		66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		67
68 PROGRAM ROUTINE SERVICE COST		68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS		71
72 PER DIEM CAPITAL RELATED COSTS		72
73 PROGRAM CAPITAL RELATED COSTS		73
74 INPATIENT ROUTINE SERVICE COST		74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT		76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS		79
80 PROGRAM INPATIENT ANCILLARY SERVICES		80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS		82

PROVIDER NO. 14-0030 SHERMAN HOSPITAL
PERIOD FROM 05/01/2009 TO 04/30/2010

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0030)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3372	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1035.16	84
85 OBSERVATION BED COST	3490560	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0030) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		42997380		25
26 INTENSIVE CARE UNIT		11936623		26
27 CORONARY CARE UNIT		5242789		27
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.373258	15505005	5787367	37
38 RECOVERY ROOM	.437729	1572755	688440	38
39 DELIVERY ROOM & LABOR ROOM	.425165	20731	8814	39
41 RADIOLOGY-DIAGNOSTIC	.210161	14772098	3104519	41
42 RADIOLOGY-THERAPEUTIC	2.562849			42
44 LABORATORY	.159565	15423404	2461035	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
48 INTRAVENOUS THERAPY	.839929	682618	573351	48
49 RESPIRATORY THERAPY	.201845	7361910	1485965	49
49.01 PULMONARY FUNCTION				49.01
50 PHYSICAL THERAPY	.371187	1644055	610252	50
51 OCCUPATIONAL THERAPY	.364840	678481	247537	51
52 SPEECH PATHOLOGY	.389615	280779	109396	52
53 ELECTROCARDIOLOGY	.241661	23635742	5711837	53
53.01 CARDIAC REHABILITATION	1.855313	2805	5204	53.01
54 ELECTROENCEPHALOGRAPHY	.798361	137756	109979	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.090447	2476017	223948	55
56 DRUGS CHARGED TO PATIENTS	.178884	25115821	4492819	56
57 RENAL DIALYSIS	.587004	917195	538397	57
59 WOUND CARE CENTER	1.407442	78329	110244	59
59.01 DIABETES CENTER	1.215319	12748	15493	59.01
59.02 CLINICAL NUTRITION	.857339			59.02
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.405340	5135432	2081596	61
61.02 S.C.O.R.E.	.778519			61.02
61.03 ACLS				61.03
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.471662			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		115453681	28366193	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		115453681		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0030)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.364057		37
38 RECOVERY ROOM	.437729		38
39 DELIVERY ROOM & LABOR ROOM	.391233		39
41 RADIOLOGY-DIAGNOSTIC	.209272		41
42 RADIOLOGY-THERAPEUTIC	2.179093		42
44 LABORATORY	.158667		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
48 INTRAVENOUS THERAPY	.839929		48
49 RESPIRATORY THERAPY	.201845		49
49.01 PULMONARY FUNCTION			49.01
50 PHYSICAL THERAPY	.371187		50
51 OCCUPATIONAL THERAPY	.364840		51
52 SPEECH PATHOLOGY	.389615		52
53 ELECTROCARDIOLOGY	.241172		53
53.01 CARDIAC REHABILITATION	1.855313		53.01
54 ELECTROENCEPHALOGRAPHY	.798361		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.090447		55
56 DRUGS CHARGED TO PATIENTS	.178884		56
57 RENAL DIALYSIS	.581929		57
59 WOUND CARE CENTER	1.407442		59
59.01 DIABETES CENTER	1.155008		59.01
59.02 CLINICAL NUTRITION	.857339		59.02
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	.377365		61
61.02 S.C.O.R.E.	.778519		61.02
61.03 ACLS			61.03
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.471662		62
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0030)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	14120505					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	8490761					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	11074906					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	655032					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	393875					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	513750					1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	1533990					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	228.20					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00		0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0030)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4	0.0418					4
4.01	0.2122					4.01
4.02	0.2540					4.02
4.03	0.1017					4.03
4.04	3425884					4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	38646046					6
7						7
7.01						7.01
8	38646046					8
9	3177583					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	41823629					16
17	30064					17
18	41793565					18
19	3058152					19
20	113009					20
21	589667					21
21.01	412767					21.01
21.02	430211					21.02
22	39035171					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0030)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	39035171				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	38419797				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	615374				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	76670				30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0030)	HOSPITAL (14-0030)	HOSPITAL (14-0030)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES	15288			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	20335817			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	13897753			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	15288			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	85465			6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES	85465			10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 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)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES	85465			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	70177			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	15288			17
17.01 TOTAL PPS PAYMENTS	13897753			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0030) 1	HOSPITAL (14-0030) 1.01	HOSPITAL (14-0030) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	5994		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	3241874		18.01
19 SUBTOTAL	10665173		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	10665173		23
24 PRIMARY PAYER PAYMENTS	1022		24
25 SUBTOTAL	10664151		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	414904		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	290433		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	400727		27.02
28 SUBTOTAL	10954584		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	10954584		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	10834255		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	120329		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0030)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A				
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		38419797		10834255	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM TO PROVIDER .05 .50 PROVIDER TO PROGRAM .54				3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99	
4 TOTAL INTERIM PAYMENTS		38419797		10834255	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99	
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO PROGRAM .02	615374		120329	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		39035171		10954584	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX		
	HOSPITAL (14-0030) (OTHER)	SUB I	SUB II	SUB III	
		SUB IV	NF I		
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES	9693346			1
3	MEDICAL AND OTHER SERVICES				2
4	INTERNS AND RESIDENTS				3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O				4
6	COST OF TEACHING PHYSICIANS				5
7	SUBTOTAL	9693346			6
8	INPATIENT PRIMARY PAYER PAYMENTS				7
9	OUTPATIENT PRIMARY PAYER PAYMENTS				8
10	SUBTOTAL	9693346			9
11	COMPUTATION OF LESSER OF COST OR CHARGES				
12	ROUTINE SERVICE CHARGES				10
13	ANCILLARY SERVICE CHARGES				11
14	INTERNS AND RESIDENTS SERVICE CHARGES				12
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE				13
16	TEACHING PHYSICIANS				14
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION				15
18	TOTAL REASONABLE CHARGES				16
19	CUSTOMARY CHARGES				
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE				17
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM				18
22	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN				
23	ACCORDANCE WITH 42 CFR 413.13(E)				19
24	RATIO OF LINE 17 TO LINE 18				20
25	TOTAL CUSTOMARY CHARGES				21
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST				22
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	9693346			23
28	COST OF COVERED SERVICES	9693346			
29	PROSPECTIVE PAYMENT AMOUNT				24
30	OTHER THAN OUTLIER PAYMENTS				25
31	OUTLIER PAYMENTS				26
32	PROGRAM CAPITAL PAYMENTS				27
33	CAPITAL EXCEPTION PAYMENTS				28
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS				29
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS				30
36	SUBTOTAL	9693346			31
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED				32
38	LESSER OF LINES 30 OR 31	9693346			33
39	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)				

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			
	HOSPITAL (14-0030) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST	9693346				34
36	SUBTOTAL					35
37	COINSURANCE					36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					37
38	REIMBURSABLE BAD DEBTS					38
38.01	REDUCED REIMBURSABLE BAD DEBTS					38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE					38.02
	BENEFICIARIES (SEE INSTRUCTIONS)					
39	UTILIZATION REVIEW					39
40	SUBTOTAL					40
41	INPATIENT ROUTINE SERVICE COST					41
42	MEDICARE INPATIENT ROUTINE CHARGES					42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM					44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN					
	ACCORDANCE WITH 42 CFR 413.13(E)					
45	RATIO OF LINE 43 TO LINE 44					45
46	TOTAL CUSTOMARY CHARGES					46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM					49
	UTILIZATION					
50	OTHER ADJUSTMENTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING					51
	DEPRECIABLE ASSETS					
52	SUBTOTAL					52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER					55
56	SEQUESTRATION ADJUSTMENT					56
57	INTERIM PAYMENTS					57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	BALANCE DUE PROVIDER/PROGRAM					58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT					59
	SECTION 115.2					

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	3549656			1
2	TEMPORARY INVESTMENTS	13315282			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	54675053			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-14707671			6
7	INVENTORY	3823530			7
8	PREPAID EXPENSES	3418890			8
9	OTHER CURRENT ASSETS	2995900			9
10	DUE FROM OTHER FUNDS	3292653			10
11	TOTAL CURRENT ASSETS	70363293			11
FIXED ASSETS					
12	LAND	15177056			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS				13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	422576544			14
14.01	ACCUMULATED DEPRECIATION				14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	183205915			16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT				18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION	-215738007			19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	405221508			21
OTHER ASSETS					
22	INVESTMENTS	6501652			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	17281733			25
26	TOTAL OTHER ASSETS	23783385			26
27	TOTAL ASSETS	499368186			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	11102567			28
29	SALARIES, WAGES & FEES PAYABLE	9151788			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	3375109			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS	18060731			34
35	OTHER CURRENT LIABILITIES	11526204			35
36	TOTAL CURRENT LIABILITIES	53216399			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	264180694			37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	10523989			41
42	TOTAL LONG TERM LIABILITIES	274704683			42
43	TOTAL LIABILITIES	327921082			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	171447104			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	171447104			51
52	TOTAL LIABILITIES AND FUND BALANCES	499368186			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	82259115			1
2 NET INCOME (LOSS)	-15942543			2
3 TOTAL	66316572			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6 UNREALIZED GAIN/LOSS IN INVESTMENT				6
7 NET ASSESTS RELEASED	622473			7
8 INC TEMP REST NET ASSETS, CONTRIBS	519076			8
9 OTHER	1909822			9
10 TOTAL ADDITIONS	3051371			10
11 SUBTOTAL	69367943			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 EQUITY TRANSFER	-102079161			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	-102079161			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	171447104			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	107958275		107958275	2
4 SUBPROVIDER I				4
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	107958275		107958275	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	20909237		20909237	12
13 CORONARY CARE UNIT	8953384		8953384	13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	29862621		29862621	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	137820896		137820896	18
18.50 ANCILLARY SERVICES	253387680	315314238	568701918	18.50
18.60 OUTPATIENT SERVICES		7400547	7400547	18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
SIGNATURE MEDICAL ASSOCIATES				
TOTAL PATIENT REVENUES	391208576	322714785	713923361	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES			26
27 ADD (SPECIFY)		243020318	27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		243020318	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	713923361	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	496270102	2
3	NET PATIENT REVENUES	217653259	3
4	LESS - TOTAL OPERATING EXPENSES	243020318	4
5	NET INCOME FROM SERVICE TO PATIENTS	-25367059	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER NON-OPERATING	1092411	24
24.01	OTHER OPERATING	3573373	24.01
24.03	EPO AND ARANESP CHARGES EXCLUDED C	4758732	24.03
25	TOTAL OTHER INCOME	9424516	25
26	TOTAL	-15942543	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-15942543	31

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-3509

WORKSHEET I-1

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

	TOTAL COSTS	BASIS	STATISTICS	FTES PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES	804494	HRS OF SERVICE	20333.00	9.78	1
2 LICENSED PRACTICAL NURSES		HRS OF SERVICE			2
3 NURSES AIDES		HRS OF SERVICE			3
4 TECHNICIANS	332757	HRS OF SERVICE	16062.00	7.72	4
5 SOCIAL WORKERS	49954	HRS OF SERVICE	2086.00	1.00	5
6 DIETICIANS	39917	HRS OF SERVICE	1451.00	.70	6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	36548	ACCUMULATED COST			8
9 SUBTOTAL	1263670				9
10 EMPLOYEE BENEFITS		SALARY			10
11 OLD & NEW CAP REL COSTS-BLDGS & FIXTU		SQUARE FEET			11
12 OLD & NEW CAP REL COSTS-MOV EQUIPMENT	6337	PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS	153326	PERCENTAGE OF TIME			13
14 SUPPLIES	500270	REQUISITIONS			14
15 DRUGS	653730	REQUISITIONS			15
16 OTHER	7291	ACCUMULATED COST			16
17 SUBTOTAL	2584624				17
18 OLD CAP REL COSTS-BLDGS & FIXTURES	14733	SQUARE FEET			18
19 OLD CAP REL COSTS-MOV EQUIPMENT	15210	PERCENTAGE OF TIME			19
20 NEW CAP REL COSTS-BLDGS & FIXTURES		SQUARE FEET			20
21 NEW CAP REL COSTS-MOV EQUIPMENT	51985	PERCENTAGE OF TIME			21
22 EMPLOYEE BENEFITS	260414	SALARY			22
23 ADMINISTRATIVE AND GENERAL	854030	ACCUMULATED COST			23
24 MAINT/REPAIRS-OPERATION-HOUSEKEEPING	1642346	SQUARE FEET			24
25 MEDICAL EDUCATION PROGRAM COSTS					25
26 CENTRAL SERVICES & SUPPLIES	207906	REQUISITIONS			26
27 PHARMACY	-274786	REQUISITIONS			27
28 OTHER ALLOCATED COSTS	137756	ACCUMULATED COST			28
29 SUBTOTAL	5494218				29
30 LABORATORY		CHARGES			30
31 RESPIRATORY THERAPY		CHARGES			31
31.01 PULMONARY FUNCTION		CHARGES			31.01
32 WOUND CARE CENTER		CHARGES			32
32.01 DIABETES CENTER		CHARGES			32.01
32.02 CLINICAL NUTRITION		CHARGES			32.02
33 TOTAL COSTS	5494218				33

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-3509

WORKSHEET I-2

CHECK APPLICABLE BOX:

[] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	---CAPITAL AND---		DIRECT PATIENT			DRUGS	ROUTINE			SUB-	OVERHEAD	TOTAL
	RELATED COSTS	CARE	SALARY	EMPLOYEE	OTHER		MEDICAL SUPPLIES	ANCILLARY SERVICES	TOTAL			
	1	2	3	4	5	6	7	8	9	10	11	
1 TOTAL RENAL DEPT COSTS MAINTENANCE	1657079	226858	804494	422628	260414	378944	708176		4458593	1035625	5494218	1
2 HEMODIALYSIS	1502333	205673	581263	412205	221891	378131	642008		3943504	915982	4859486	2
3 INTERMITTENT PERITONEAL TRAINING												3
4 HEMODIALYSIS												4
5 INTERMITTENT PERITONEAL												5
6 CAPD												6
7 CCPD												7
8 HOME HEMODIALYSIS												8
9 INTERMITTENT PERITONEAL												9
10 CAPD												10
11 CCPD												11
OTHER BILLABLE SERVICES												
12 INPATIENT DIALYSIS	154746	21185	223231	10423	38523	813	66168		515089	119643	634732	12
13 METHOD II HOME PATIENT												13
14 EPO (INCL IN RENAL DEPT)						637425						14
14.01 ARANESP (INCL IN RENAL DEPT)						1332						14.01
15 OTHER												15
16 TOTAL	1657079	226858	804494	422628	260414	378944	708176		4458593	1035625	5494218	16
17 MEDICAL EDUC PGM COSTS												17
18 TOTAL RENAL COSTS											5494218	18

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-3509

WORKSHEET I-3

CHECK APPLICABLE BOX:

[] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	---CAPITAL AND--- RELATED COSTS BUILDING EQUIPMENT (SQUARE FEET)	(% OF TIME)	-DIRECT CARE RNS (HOURS)	PATIENT- SALARY OTHERS (HOURS)	EMPLOYEE BENEFITS (SALARY)	DRGS (REQUIS)	MEDICAL SUPPLIES (REQUIS)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUB- TOTAL	OVERHEAD (ACCUM. COST)	
	1	2	3	4	5	6	7	8	9	10	
1	TOTAL RENAL DEPT COSTS	1657079	226858	804494	422628	260414	378944	708176	4458593	1035625	1
	MAINTENANCE										
2	HEMODIALYSIS	7058	7058.00	14691.00	20842.00	35533	13574	257598			2
3	INTERMITTENT PERITONEAL TRAINING										3
4	HEMODIALYSIS										4
5	INTERMITTENT PERITONEAL										5
6	CAPD										6
7	CCPD										7
	HOME										
8	HEMODIALYSIS										8
9	INTERMITTENT PERITONEAL										9
10	CAPD										10
11	CCPD										11
	OTHER BILLABLE SERVICES										
12	INPT DIAL TRMNTS 1291	727	727.00	5642.00	527.00	6169	1399	26549			
13	METHOD II HOME PATIENT										13
14	EPO						637425				14
14.01	ARANESP										14.01
15	OTHER										15
16	TOTAL STATISTICAL BASIS	7785	7785.00	20333.00	21369.00	41702	652398	284147	4458593		16
17	UNIT COST MULTIPLIER	212.855363		39.565927		6.244641		2.492287			
			29.140398		19.777622		.580848			.232276	17

PROVIDER NO. 14-0030 SHERMAN HOSPITAL
 PERIOD FROM 05/01/2009 TO 04/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-3509
 PAYMENT RATE # 1

WORKSHEET I-4

CHECK APPLICABLE BOX: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST 2	AVG COST OF PROGRAM TREATMENTS 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES 5	PAYMENT RATE 6	TOTAL PROGRAM PAYMENT 7	
1 MAINTENANCE - HEMODIALYSIS	12526	4859486	387.95	8674	3365078	168.06	1457752	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD								5
6 TRAINING - CCPD								6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD								9
10 HOME PROGRAM - CCPD								10
11 TOTALS	12526	4859486		8674	3365078		1457752	11

PROVIDER NO. 14-0030 SHERMAN HOSPITAL
PERIOD FROM 05/01/2009 TO 04/30/2010

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CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 14-3509

WORKSHEET I-5

DESCRIPTION		
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES	3365078 1
2	TOTAL PAYMENT (FROM I-4, COLUMN 7, LINE11)	1457752 2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	1042 3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	275498 4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	5
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	5.01
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	276540 6
7	PROGRAM PAYMENT	1165368 7
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9)	15844 8
9	REIMBURSABLE BAD DEBTS	9

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0030)	HOSPITAL (14-0030)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2					2
					CAPITAL DRG OTHER THAN OUTLIER
3	2774345				3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01					3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4	256753				4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18] [E,PT A,LN.3.17][x E-3,PT VI,LN.1]
4.01		0.00		0.00	4.01
					NO. OF INTERNS & RESIDENTS
4.02					4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5			0.0418		5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01			0.2122		5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02			0.2540		5.02
					SUM OF LINES 5 AND 5.01
5.03			0.0528		5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04			146485		5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	3177583				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
2.01 OLD CAPITAL COSTS-OTHER CAPITA					2.01
3 NEW CAP REL COSTS-BLDG & FIXT					3
3.01 NEW CAP REL COST-BLDG RANDALL					3.01
3.02 NEW CAP REL COSTS-BLDG CANCER					3.02
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 NON-PATIENT TELECOMMUNICATIONS					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING					6.03
6.04 ADMITTING					6.04
6.05 PATIENT ACCOUNTING					6.05
6.06 OTHER ADMINISTRATIVE COSTS					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
8.01 OPERATION OF PLANT - 934 CENTE					8.01
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
27 CORONARY CARE UNIT					27
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
49.01 PULMONARY FUNCTION					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHABILITATION					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 WOUND CARE CENTER					59
59.01 DIABETES CENTER					59.01
59.02 CLINICAL NUTRITION					59.02
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
61.02 S.C.O.R.E.					61.02
61.03 ACLS					61.03
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71

PROVIDER NO. 14-0030 SHERMAN HOSPITAL
PERIOD FROM 05/01/2009 TO 04/30/2010

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96.02 MEALS ON WHEELS					96.02
100 CHILDBIRTH EDUCATION					100
100.01 ACLS					100.01
100.02 COMMUNITY WELLNESS					100.02
100.04 PHYSICIAN REFERRAL					100.04
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

***** REPORT 97 ***** UTILIZATION STATISTICS *****

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL	7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
25	ADULTS & PEDIATRICS	40.71		16.03			56.74	25
26	INTENSIVE CARE UNIT	56.56		9.11			65.67	26
27	CORONARY CARE UNIT	57.98					57.98	27
33	NURSERY			50.98			50.98	33
UTILIZATION PERCENTAGES BASED ON CHARGES								
37	OPERATING ROOM	18.78	17.31				36.09	37
38	RECOVERY ROOM	11.73	14.96				26.69	38
39	DELIVERY ROOM & LABOR ROOM	0.10	0.11				0.21	39
41	RADIOLOGY-DIAGNOSTIC	13.30	15.60				28.90	41
42	RADIOLOGY-THERAPEUTIC		56.12				56.12	42
44	LABORATORY	20.30	0.37				20.67	44
48	INTRAVENOUS THERAPY	15.21	31.47				46.68	48
49	RESPIRATORY THERAPY	48.61	2.09				50.70	49
50	PHYSICAL THERAPY	14.21	1.06				15.27	50
51	OCCUPATIONAL THERAPY	32.36					32.36	51
52	SPEECH PATHOLOGY	34.31					34.31	52
53	ELECTROCARDIOLOGY	33.06	18.91				51.97	53
53.01	CARDIAC REHABILITATION	0.43	37.56				37.99	53.01
54	ELECTROENCEPHALOGRAPHY	6.07	15.25				21.32	54
55	MEDICAL SUPPLIES CHARGED TO PAT	19.88	12.35				32.23	55
56	DRUGS CHARGED TO PATIENTS	29.50	14.24				43.74	56
57	RENAL DIALYSIS	9.71					9.71	57
59	WOUND CARE CENTER	19.98	41.11				61.09	59
59.01	DIABETES CENTER	3.21	0.78				3.99	59.01
61	EMERGENCY	10.88	7.36				18.24	61
62	OBSERVATION BEDS (NON-DISTINCT		27.47				27.47	62
101	TOTAL CHARGES	16.17	9.73				25.90	101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
48 INTRAVENOUS THERAPY	1241120	.58	2529482	2.21	3770602	1.76	48
49 RESPIRATORY THERAPY	1618433	.76	1438230	1.26	3056663	1.43	49
49.01 PULMONARY FUNCTION							49.01
50 PHYSICAL THERAPY	2623251	1.23	1671951	1.46	4295202	2.01	50
51 OCCUPATIONAL THERAPY	472848	.22	292067	.25	764915	.36	51
52 SPEECH PATHOLOGY	184777	.09	134032	.12	318809	.15	52
53 ELECTROCARDIOLOGY	9447847	4.41	7794275	6.81	17242122	8.05	53
53.01 CARDIAC REHABILITATION	456928	.21	766176	.67	1223104	.57	53.01
54 ELECTROENCEPHALOGRAPHY	343973	.16	1468760	1.28	1812733	.85	54
55 MEDICAL SUPPLIES CHARGED TO PAT	694257	.32	432523	.38	1126780	.53	55
56 DRUGS CHARGED TO PATIENTS	7778558	3.63	7450086	6.50	15228644	7.11	56
57 RENAL DIALYSIS	2584624	1.21	3548351	3.10	6132975	2.86	57
59 WOUND CARE CENTER	152499	.07	399238	.35	551737	.26	59
59.01 DIABETES CENTER	259024	.12	198969	.17	457993	.21	59.01
59.02 CLINICAL NUTRITION	415934	.19	210322	.18	626256	.29	59.02
61 EMERGENCY	8696689	4.06	9117884	7.96	17814573	8.32	61
61.02 S.C.O.R.E.	128891	.06	84340	.07	213231	.10	61.02
61.03 ACLS							61.03
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96.02 MEALS ON WHEELS			48117	.04	48117	.02	96.02
100 CHILDBIRTH EDUCATION	52381	.02	30259	.03	82640	.04	100
100.01 ACLS							100.01
100.02 COMMUNITY WELLNESS	64262	.03	23796	.02	88058	.04	100.02
100.04 PHYSICIAN REFERRAL	416628	.19	451647	.39	868275	.41	100.04
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	214142038	100.00	0	.00	214142038	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	4223860	82581085	.051148	15505005	793050	37
38 RECOVERY ROOM	1708133	13409495	.127382	1572755	200341	38
39 DELIVERY ROOM & LABOR ROOM	1089568	20743353	.052526	20731	1089	39
41 RADIOLOGY-DIAGNOSTIC	6080882	111026944	.054769	14772098	809053	41
42 RADIOLOGY-THERAPEUTIC	219855	390652	.562790			42
44 LABORATORY	1552262	75976882	.020431	15423404	315115	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
48 INTRAVENOUS THERAPY	1113216	4489191	.247977	682618	169274	48
49 RESPIRATORY THERAPY	422450	15143629	.027896	7361910	205368	49
49.01 PULMONARY FUNCTION						49.01
50 PHYSICAL THERAPY	741062	11571542	.064042	1644055	105289	50
51 OCCUPATIONAL THERAPY	130832	2096577	.062403	678481	42340	51
52 SPEECH PATHOLOGY	44429	818267	.054297	280779	15246	52
53 ELECTROCARDIOLOGY	2728074	71493009	.038159	23635742	901916	53
53.01 CARDIAC REHABILITATION	522254	659244	.792201	2805	2223	53.01
54 ELECTROENCEPHALOGRAPHY	993829	2270569	.437700	137756	60295	54
55 MEDICAL SUPPLIES CHARGED TO PAT	111329	12457871	.008936	2476017	22126	55
56 DRUGS CHARGED TO PATIENTS	2007699	85131562	.023584	25115821	592332	56
57 RENAL DIALYSIS	1372389	9441394	.145359	917195	133323	57
59 WOUND CARE CENTER	212323	392014	.541621	78329	42424	59
59.01 DIABETES CENTER	160272	396528	.404188	12748	5153	59.01
59.02 CLINICAL NUTRITION	21885	730465	.029960			59.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	2666368	47207756	.056481	5135432	290054	61
61.02 S.C.O.R.E.	152275	273893	.555966			61.02
61.03 ACLS						61.03
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	647687	7400547	.087519			62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	28922933	576102469		115453681	4706011	101

APPORIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	8342315		8342315	43432	192.08	17681	3396166 25
26	INTENSIVE CARE UNIT	1115754		1115754	3690	302.37	2087	631047 26
27	CORONARY CARE UNIT	462950		462950	1478	313.23	857	268438 27
101	TOTAL	9921019		9921019			20625	4295651 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	4295651
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	4706011
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	9001662
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)	4119
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)	20625
PER DISCHARGE CAPITAL COSTS	2185.40
PER DIEM CAPITAL COSTS	436.44

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	43295521
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	175630473
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.247

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	9001662
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.051

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	20290417
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	69308365
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.293