

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 05/01/2007 AND ENDING 04/30/2008, 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		
		2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	653641	-84230		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	653641	-84230		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: 934 CENTER STREET P.O. BOX: 1
 1.01 CITY: ELGIN STATE: IL ZIP CODE: 60120 COUNTY: KANE 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: 05/01/2007 TO: 04/30/2008 17
 18 TYPE OF CONTROL 1 2 18

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? 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 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? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 21.06
- 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	N	28.03
28.04	RECRUITMENT	0.00	N	28.04
28.05	RETENTION OF EMPLOYEES	0.00	N	28.05
28.06	TRAINING	0.00	N	28.06
28.07	OTHER (SPECIFY)			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 THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	148117		40
40.01	NAME: ENTER NAME IN COLUMN 1	FI/CONTRACTOR'S NAME:		FI/CONTRACTOR'S NUMBER:	40.01
40.02	STREET:			P.O. BOX:	40.02
40.03	CITY:			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 NHCMQ 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	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.					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

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		4585	3113	12884	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		4585	3113	12884	12
13	RPCH VISITS					13
14	SUBPROVIDER I				12884	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	79496357		79496357	2716483.00	29.26		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	106830		106830	1396.00	76.53		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	1381690		1381690	9815.00	140.77		7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	228981	47438	276419	7724.00	35.79		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	1837420		1837420	31334.00	58.64		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	3907927		3907927	80235.00	48.71		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	17091065		17091065			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	59716		59716			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	23079		23079			CMS 339	18
18.01	PART A TEACHING PHYSICIANS						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	1555522		1555522	24874.00	62.54		21
22	ADMINISTRATIVE & GENERAL	11364547	-47438	11317109	429362.00	26.36		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS		1143709	1143709	32128.00	35.60		23
24	OPERATION OF PLANT	1620005	-1143709	476296	37955.00	12.55		24
25	LAUNDRY & LINEN SERVICE	111057		111057	9375.00	11.85		25
26	HOUSEKEEPING	1640508		1640508	114949.00	14.27		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1341581	-610535	731046	54991.00	13.29		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		271351	271351	20412.00	13.29		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1343717		1343717	38181.00	35.19		30
31	CENTRAL SERVICES AND SUPPLY	891202	-477003	414199	36413.00	11.38		31
32	PHARMACY	2214801		2214801	60575.00	36.56		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1077661		1077661	56892.00	18.94		33
34	SOCIAL SERVICE	1145304		1145304	36789.00	31.13		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	78114667		78114667	2706668.00	28.86	1
2	EXCLUDED AREA SALARIES	228981	47438	276419	7724.00	35.79	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	77885686	-47438	77838248	2698944.00	28.84	3
4	SUBTOTAL OTHER WAGES & REL COSTS	5745347		5745347	111569.00	51.50	4
5	SUBTOTAL WAGE-RELATED COSTS	17114144		17114144		21.99%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	100745177	-47438	100697739	2810513.00	35.83	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	24305905	-863625	23442280	952896.00	24.60	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	68			1		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	19					6
7 TREATMENT CAPACITY PER DAY PER STATION	3					7
8 UTILIZATION	80.30					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						15 11
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						2 12
EPOIETIN						
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						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						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						16
17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						17
18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						18
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						19

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1		SERVICES ON OR AFTER JANUARY 1		TOTAL
		RATE	DAYS	RATE	DAYS	
1	2	3	3.01	4	4.01	5
1	RVC/RUC					1
2	RVB/RUB					2
3	RVA/RUA					3
3.01	RUX					3.01
3.02	RUL					3.02
4	RHD/RVC					4
5	RHC/RVB					5
6	RHB/RVA					6
6.01	RVX					6.01
6.02	RVL					6.02
7	RHA/RHC					7
8	RMC/RHB					8
9	RMB/RHA					9
9.01	RHX					9.01
9.02	RHL					9.02
10	RMA/RMC					10
11	RLB/RMB					11
12	RLA/RMA					12
12.01	RMX					12.01
12.02	RML					12.02
13	SE3/RLB					13
14	SE2/RLA					14
14.01	RLX					14.01
15	SE1/SE3					15
16	SSC/SE2					16
17	SSB/SE1					17
18	SSA/SSC					18
19	CD2/SSB					19
20	CD1/SSA					20
21	CC2					21
22	CC1					22
23	CB2					23
24	CB1					24
25	CA2					25
26	CA1					26
27	IB2					27
28	IB1					28
29	IA2					29
30	IA1					30
31	BB2					31
32	BB1					32
33	BA2					33
34	BA1					34
35	PE2					35
36	PE1					36
37	PD2					37
38	PD1					38
39	PC2					39
40	PC1					40
41	PB2					41
42	PB1					42
43	PA2					43
44	PA1					44
45	DEFAULT RATE					45
46	TOTAL					46

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	32172621	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	32172621	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.291745	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	88449479	28
29	TOTAL GROSS MEDICAID COST	25804693	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	8908410	30
31	UNCOMPENSATED CARE COST	2598984	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	25804693	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		
85.02 8520 INTESTINAL ACQUISITION								85.02	
85.03 8530 ISLET CELL ACQUISITION								85.03	
88 8800 INTEREST EXPENSE		5705060	5705060	90003	5795063	-5795063		88	
95 SUBTOTALS	79267376	153756805	233024181	-110502	232913679	-42090585	190823094	95	
NONREIMBURSABLE COST CENTERS									
96 9600 GIFT, FLOWER, COFFEE SHOP & CAN				31380	31380		31380	96	
96.02 9601 MEALS ON WHEELS								96.02	
100 7950 CHILDBIRTH EDUCATION	28872	1390	30262		30262		30262	100	
100.01 7951 ACLS								100.01	
100.02 7952 COMMUNITY WELLNESS				79122	79122		79122	100.02	
100.04 7953 PHYSICIAN REFERRAL	200109	141284	341393		341393		341393	100.04	
101 TOTAL	79496357	153899479	233395836		233395836	-42090585	191305251	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		1021521 1
2 DRUGS CHARGED TO PATIENTS	B	DRUGS CHARGED TO PATIENTS	56		8745021 2
3 MAINTENANCE AND REPAIRS	C	MAINTENANCE & REPAIRS	7	1143709	3092404 3
4 DEPRECIATION	D	GIFT, FLOWER, COFFEE SHOP & C	96		31380 4
5 STERILIZATION COSTS	E	OPERATING ROOM	37	197235	105854 5
6 STERILIZATION COSTS	E	DELIVERY ROOM & LABOR ROOM	39	34547	18541 6
7 STERILIZATION COSTS	E	ELECTROCARDIOLOGY	53	159815	85771 7
8 STERILIZATION COSTS	E	CENTRAL SERVICES & SUPPLY	15	47985	25753 8
9 STERILIZATION COSTS	E	EMERGENCY	61	85406	45836 9
10 CLINICAL NUTRITION	F	CLINICAL NUTRITION	59.02	339184	
11 CAFETERIA	G	CAFETERIA	12	271351	667440 11
12 EMPLOYEE BENEFITS	H	EMPLOYEE BENEFITS	5		1347925 12
13 INSURANCE EXPENSE	J	OLD CAPITAL COSTS-OTHER CAPIT	2.01		153672 13
14 COMMUNITY WELLNESS NON REIMB PORTIO	K	COMMUNITY WELLNESS	100.02	47438	31684 14
15 INTEREST EXPENSE	L	INTEREST EXPENSE	88		90003 15
16 DEPRECIATION EXPENSE	M	OLD CAP REL COSTS-BLDG & FIXT	1		578731 16
17 DEPRECIATION EXPENSE	M	NEW CAP REL COSTS-BLDG & FIXT	3		6107215 17
18 DEPRECIATION EXPENSE	M	NEW CAP REL COSTS-MVBLE EQUIP	4		9188691 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
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				2326670	31337442 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		1021521	1
2 DRUGS CHARGED TO PATIENTS	B	PHARMACY	16		8745021	2
3 MAINTENANCE AND REPAIRS	C	OPERATION OF PLANT	8	1143709	3092404	3
4 DEPRECIATION	D	OTHER ADMINISTRATIVE COSTS	6.06		31380	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	524988	281755	9
10 CLINICAL NUTRITION	F	DIETARY	11	339184		10
11 CAFETERIA	G	DIETARY	11	271351	667440	11
12 EMPLOYEE BENEFITS	H	OTHER ADMINISTRATIVE COSTS	6.06		1347925	12
13 INSURANCE EXPENSE	J	OTHER ADMINISTRATIVE COSTS	6.06		153672	13
14 COMMUNITY WELLNESS NON REIMB PORT	K	OTHER ADMINISTRATIVE COSTS	6.06	47438	31684	14
15 INTEREST EXPENSE	L	OTHER ADMINISTRATIVE COSTS	6.06		90003	15
16 DEPRECIATION EXPENSE	M					9 16
17 DEPRECIATION EXPENSE	M					9 17
18 DEPRECIATION EXPENSE	M	OTHER ADMINISTRATIVE COSTS	6.06		15874637	9 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
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				2326670	31337442	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	24488704				10229551	14259153	1
2 LAND IMPROVEMENTS	4875					4875	2
3 BUILDINGS AND FIXTURES	104465054					104465054	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	119761800		11876758	11876758	4043401	127595157	5
6 MOVABLE EQUIPMENT							6
7 SUBTOTAL	248720433		11876758	11876758	14272952	246324239	7
8 RECONCILING ITEMS	33812668	863270		863270		34675938	8
9 TOTAL	214907765	-863270	11876758	11013488	14272952	211648301	9

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	-3562944			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	4751110			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
	A-8-4				
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
	A-8-4				
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST		HOME HEALTH AGENCY	71	27
	A-8-3				
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				36
37 REMOVE BAD DEBT	A	-25371627	OTHER ADMINISTRATIVE COSTS	6.06	37
38 GAIN/LOSS ON ASSET DISPOSAL	B	-20511	OTHER ADMINISTRATIVE COSTS	6.06	38
39 EMPLOYEE HEALTH	A	-413288	EMPLOYEE BENEFITS	5	39
40 PATIENT TELEPHONES	A	-42398	NON-PATIENT TELECOMMUNICATIONS	6.01	40
41 REAL ESTATE TAX	A	-187	OPERATION OF PLANT	8	41
42 PATIENT TELEVISIONS	A	-37899	OPERATION OF PLANT	8	42
43 LOBBY EXPENSE	A	-41796	OTHER ADMINISTRATIVE COSTS	6.06	43
44 INTEREST	A	-5795063	INTEREST EXPENSE	88	44
45 MEDICAID TAX	A	-6800226	OTHER ADMINISTRATIVE COSTS	6.06	45
46 MEALS ON WHEELS	A	14679	DIETARY	11	46
47					47
48 TELECOMMUNICATIONS OTHER INCOME	B	-206549	PATIENT ACCOUNTING	6.05	48
49 BUSINESS OFFICE - OTHER INCOME	B	-870526	PATIENT ACCOUNTING	6.05	49
49.01 OTHER ADMIN AND GENERAL - OTHER I	B	-294211	OTHER ADMINISTRATIVE COSTS	6.06	49.01
49.02 FOOD & NUTRITION OTHER INCOME	B	-1388924	DIETARY	11	49.02
49.03 OPERATION OF PLANT - OTHER INCOME	B	-10800	OPERATION OF PLANT	8	49.03
49.04 PHARMACY - OTHER INCOME	B	-963	PHARMACY	16	49.04
49.05 MEDICAL RECORDS - OTHER INCOME	B	-82407	MEDICAL RECORDS & LIBRARY	17	49.05
49.07 OPERATING ROOM - OTHER INCOME	B	-159550	OPERATING ROOM	37	49.07
49.08 RADIOLOGY - OTHER INCOME	B	-187978	RADIOLOGY-DIAGNOSTIC	41	49.08
49.09 LABORATORY - OTHER INCOME	B	-753224	LABORATORY	44	49.09
49.10 INFUSION CENTER - OTHER INCOME	B	-36951	INTRAVENOUS THERAPY	48	49.10
49.12 PHYSICAL THERAPY - OTHER INCOME	B	-3469	PHYSICAL THERAPY	50	49.12
49.13 CARDIAC - OTHER INCOME	B	-5000	ELECTROCARDIOLOGY	53	49.13
49.14 CARDIAC REHAB - OTHER INCOME	B	-302	CARDIAC REHABILITATION	53.01	49.14
49.15 DIABETES CENTER - OTHER INCOME	B	-6510	DIABETES CENTER	59.01	49.15
49.16 EMERGENCY ROOM - OTHER INCOME	B	-744325	EMERGENCY	61	49.16
49.17 S.C.O.R.E - OTHER INCOME	B	-18506	S.C.O.R.E.	61.02	49.17
49.18 ACLS - OTHER INCOME	B	-240	EMERGENCY	61	49.18
50 TOTAL		-42090585			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	5737091	2024960	3712131	1
2	41	RADIOLOGY-DIAGNOSTIC	RENTAL COSTS	32610	214156	-181546	2
3	61	EMERGENCY	RENTAL COSTS	111006	440043	-329037	3
4	2.01	OLD CAPITAL COSTS-OTHER CAPITAL	CAPITAL COSTS	1549562		1549562	11 4
5		TOTALS		7430269	2679159	4751110	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:

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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		231585	231585	177200	1	85	4
2	18	SOCIAL SERVICE	OUTCOMES MGMT		72000	72000	177200	1	85	4
3	25	ADULTS & PEDIATRICS			599991	599991	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		705975	705975	208000	1	100	5
7	39	DELIVERY ROOM & LABOR RO	LABOR & DELIVERY		706800	706800	196400	1	94	5
8	41	RADIOLOGY-DIAGNOSTIC	RADIOLOGY		113511	113511	225300	1	108	5
9	44	LABORATORY	LABORATORY		29500	29500	215700	1	104	5
10	49	RESPIRATORY THERAPY	RESPIRATORY THERAPY							
12	53	ELECTROCARDIOLOGY	CARDIAC CATH LAB							
13	53.01	CARDIAC REHABILITATION	CARDIAC REHAB		106830	106830	177200	1396	118928	5946
15	57	RENAL DIALYSIS	RENAL DIALYSIS		48000	48000	177200	1	85	4
16	59.01	DIABETES CENTER	DIABETES		30000	30000	177200	1	85	4
17	61	EMERGENCY	EMERGENCY DEPARTMEN		947700	947700	177200	1	85	4
101		TOTAL			3670775	3670775		1407	119929	5994

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	231500	231500
2	18 SOCIAL SERVICE	OUTCOMES MGMT				85	71915	71915
3	25 ADULTS & PEDIATRICS					85	599906	599906
4	33 NURSERY	NURSERY				85	78798	78798
5	34 SKILLED NURSING FACILITY	SNF						
6	37 OPERATING ROOM	SURGERY				100	705875	705875
7	39 DELIVERY ROOM & LABOR RO	LABOR & DELIVERY				94	706706	706706
8	41 RADIOLOGY-DIAGNOSTIC	RADIOLOGY				108	113403	113403
9	44 LABORATORY	LABORATORY				104	29396	29396
10	49 RESPIRATORY THERAPY	RESPIRATORY THERAPY						
12	53 ELECTROCARDIOLOGY	CARDIAC CATH LAB						
13	53.01 CARDIAC REHABILITATION	CARDIAC REHAB				118928		
15	57 RENAL DIALYSIS	RENAL DIALYSIS				85	47915	47915
16	59.01 DIABETES CENTER	DIABETES				85	29915	29915
17	61 EMERGENCY CENTER	EMERGENCY DEPARTMEN				85	947615	947615
101	TOTAL					119929	3562944	3562944

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 MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01	DATA PROCESSING 6.02	
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	190823094	578731	1703234	6028678	9087078	19448914	1312279	10311321	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	31380			78537	9128				96
96.02 MEALS ON WHEELS									96.02
100 CHILDBIRTH EDUCATION	30262					7230			100
100.01ACLS									100.01
100.02COMMUNITY WELLNESS	79122					11880			100.02
100.04PHYSICIAN REFERRAL	341393				92485	50112		139894	100.04
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	191305251	578731	1703234	6107215	9188691	19518136	1312279	10451215	103

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PURCHASING	ADMITTING	PATIENT ACCOUNTING	SUBTOTAL	OTHER ADMIN COSTS	MAIN-TENANCE + REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	6.03	6.04	6.05	5A	6.06	7	8	9	
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	1467564	2522481	2478011	190433600	28467458	5674451	13502200	1563148	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN				119045	20943				96
96.02 MEALS ON WHEELS						7352			96.02
100 CHILDBIRTH EDUCATION	43			37535	6603				100
100.01ACLS									100.01
100.02COMMUNITY WELLNESS				91002	16010				100.02
100.04PHYSICIAN REFERRAL	185			624069	109791				100.04
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1467792	2522481	2478011	191305251	28620805	5681803	13502200	1563148	103

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	3238060	1458761	1882631	2534399	1494927	5157271	3296819	2288825	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN									96
96.02 MEALS ON WHEELS		73508							96.02
100 CHILDBIRTH EDUCATION			1112						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	3238060	1532269	1883743	2534399	1494927	5157271	3296819	2288825	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	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
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
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	39118191		39118191	25
26 INTENSIVE CARE UNIT	4425880		4425880	26
27 CORONARY CARE UNIT	4726995		4726995	27
31 SUBPROVIDER I				31
33 NURSERY	2878990		2878990	33
34 SKILLED NURSING FACILITY				34
36 OTHER LONG TERM CARE				36
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	26847604		26847604	37
38 RECOVERY ROOM	4276775		4276775	38
39 DELIVERY ROOM & LABOR ROOM	7116533		7116533	39
41 RADIOLOGY-DIAGNOSTIC	19760005		19760005	41
44 LABORATORY	11174671		11174671	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
48 INTRAVENOUS THERAPY	2524392		2524392	48
49 RESPIRATORY THERAPY	2793780		2793780	49
49.01 PULMONARY FUNCTION	431055		431055	49.01
50 PHYSICAL THERAPY	4560334		4560334	50
51 OCCUPATIONAL THERAPY	739771		739771	51
52 SPEECH PATHOLOGY	331397		331397	52
53 ELECTROCARDIOLOGY	17161020		17161020	53
53.01 CARDIAC REHABILITATION	772162		772162	53.01
54 ELECTROENCEPHALOGRAPHY	655510		655510	54
55 MEDICAL SUPPLIES CHARGED TO PAT	1600150		1600150	55
56 DRUGS CHARGED TO PATIENTS	16639096		16639096	56
57 RENAL DIALYSIS	3538370		3538370	57
59 WOUND CARE CENTER	469832		469832	59
59.01 DIABETES CENTER	532453		532453	59.01
59.02 CLINICAL NUTRITION	507237		507237	59.02
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	16388158		16388158	61
61.02 S.C.O.R.E.	227920		227920	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
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	190198281		190198281	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	139988		139988	96
96.02 MEALS ON WHEELS	80860		80860	96.02
100 CHILDBIRTH EDUCATION	45250		45250	100
100.01ACLS				100.01
100.02COMMUNITY WELLNESS	107012		107012	100.02
100.04PHYSICIAN REFERRAL	733860		733860	100.04
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	191305251		191305251	103

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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	
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS		578731	1703234	2281965	13769	6317	47217	39943 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								96
96.02 MEALS ON WHEELS								96.02
100 CHILDBIRTH EDUCATION					5			1 100
100.01ACLS								100.01
100.02COMMUNITY WELLNESS					8			100.02
100.04PHYSICIAN REFERRAL					35		641	5 100.04
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		578731	1703234	2281965	13817	6317	47858	39949 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	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	5268	21531	107565	59321	779040	28819	45865	81566	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN			79						96
96.02 MEALS ON WHEELS				77				4110	96.02
100 CHILDBIRTH EDUCATION			25						100
100.01ACLS									100.01
100.02COMMUNITY WELLNESS			61						100.02
100.04PHYSICIAN REFERRAL			415						100.04
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	5268	21531	108145	59398	779040	28819	45865	85676	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	62205	18497	11664	50895	51118	30660	2276466	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN							79	96
96.02 MEALS ON WHEELS							4187	96.02
100 CHILDBIRTH EDUCATION	37						68	100
100.01ACLS								100.01
100.02COMMUNITY WELLNESS							69	100.02
100.04PHYSICIAN REFERRAL							1096	100.04
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	62242	18497	11664	50895	51118	30660	2281965	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		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
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
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	789685	25
26	INTENSIVE CARE UNIT	70374	26
27	CORONARY CARE UNIT	63983	27
31	SUBPROVIDER I		31
33	NURSERY	26005	33
34	SKILLED NURSING FACILITY		34
36	OTHER LONG TERM CARE		36
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	356854	37
38	RECOVERY ROOM	33231	38
39	DELIVERY ROOM & LABOR ROOM	133733	39
41	RADIOLOGY-DIAGNOSTIC	256542	41
44	LABORATORY	129860	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
48	INTRAVENOUS THERAPY	23552	48
49	RESPIRATORY THERAPY	28948	49
49.01	PULMONARY FUNCTION	3111	49.01
50	PHYSICAL THERAPY	31091	50
51	OCCUPATIONAL THERAPY	3685	51
52	SPEECH PATHOLOGY	500	52
53	ELECTROCARDIOLOGY	33531	53
53.01	CARDIAC REHABILITATION	1283	53.01
54	ELECTROENCEPHALOGRAPHY	1329	54
55	MEDICAL SUPPLIES CHARGED TO PAT	4023	55
56	DRUGS CHARGED TO PATIENTS	67438	56
57	RENAL DIALYSIS	62204	57
59	WOUND CARE CENTER	5452	59
59.01	DIABETES CENTER	2076	59.01
59.02	CLINICAL NUTRITION	417	59.02
OUTPATIENT SERVICE COST CENTERS			
61	EMERGENCY	147222	61
61.02	S.C.O.R.E.	337	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
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01

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ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	TOTAL	
	27	
85.02 INTESTINAL ACQUISITION		85.02
85.03 ISLET CELL ACQUISITION		85.03
95 SUBTOTALS	2276466	95
NONREIMBURSABLE COST CENTERS		
96 GIFT, FLOWER, COFFEE SHOP & CAN	79	96
96.02 MEALS ON WHEELS	4187	96.02
100 CHILDBIRTH EDUCATION	68	100
100.01ACLS		100.01
100.02COMMUNITY WELLNESS	69	100.02
100.04PHYSICIAN REFERRAL	1096	100.04
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 TOTAL	2281965	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	NONPATIENT DATA		PURCHASING	
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	MOVABLE EQUIPMENT 4	COST TO BE ALLOC 4A	BENEFITS 5	TELEPHONES 6.01	PROCESSING 6.02	6.03	
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	2783492	6028678	9087078	17899248	23657	199863	3345483	289409	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		78537	9128	87665					96
96.02 MEALS ON WHEELS									96.02
100 CHILDBIRTH EDUCATION					9			9	100
100.01ACLS									100.01
100.02COMMUNITY WELLNESS					14				100.02
100.04PHYSICIAN REFERRAL			92485	92485	61		45388	37	100.04
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	2783492	6107215	9188691	18079398	23741	199863	3390871	289455	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMITTING 6.04	PATIENT ACCOUNTING 6.05	OTHER ADMIN COSTS 6.06	MAIN- TENANCE + REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	230144	411535	1801439	240449	3118327	64840	216396	169639	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN			1325						96
96.02 MEALS ON WHEELS				312				8548	96.02
100 CHILDBIRTH EDUCATION			418						100
100.01ACLS									100.01
100.02COMMUNITY WELLNESS			1013						100.02
100.04PHYSICIAN REFERRAL			6948						100.04
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	230144	411535	1811143	240761	3118327	64840	216396	178187	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	168119	161392	434472	740365	261926	120833	17807642	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN							88990	96
96.02 MEALS ON WHEELS							8860	96.02
100 CHILDBIRTH EDUCATION	99						535	100
100.01ACLS								100.01
100.02COMMUNITY WELLNESS							1027	100.02
100.04PHYSICIAN REFERRAL							144919	100.04
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	168218	161392	434472	740365	261926	120833	18051973	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION		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
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
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	3114714	25
26	INTENSIVE CARE UNIT	349079	26
27	CORONARY CARE UNIT	295821	27
31	SUBPROVIDER I		31
33	NURSERY	148603	33
34	SKILLED NURSING FACILITY		34
36	OTHER LONG TERM CARE	32989	36
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	2338451	37
38	RECOVERY ROOM	695637	38
39	DELIVERY ROOM & LABOR ROOM	535994	39
41	RADIOLOGY-DIAGNOSTIC	3196984	41
44	LABORATORY	791703	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
48	INTRAVENOUS THERAPY	367809	48
49	RESPIRATORY THERAPY	200917	49
49.01	PULMONARY FUNCTION	47583	49.01
50	PHYSICAL THERAPY	605033	50
51	OCCUPATIONAL THERAPY	72444	51
52	SPEECH PATHOLOGY	23365	52
53	ELECTROCARDIOLOGY	1540951	53
53.01	CARDIAC REHABILITATION	198322	53.01
54	ELECTROENCEPHALOGRAPHY	225555	54
55	MEDICAL SUPPLIES CHARGED TO PAT	85073	55
56	DRUGS CHARGED TO PATIENTS	956599	56
57	RENAL DIALYSIS	249211	57
59	WOUND CARE CENTER	108090	59
59.01	DIABETES CENTER	94353	59.01
59.02	CLINICAL NUTRITION	5713	59.02
OUTPATIENT SERVICE COST CENTERS			
61	EMERGENCY	1446785	61
61.02	S.C.O.R.E.	79864	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
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01

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WORKSHEET B
PART III

COST CENTER DESCRIPTION	TOTAL	
	27	
85.02 INTESTINAL ACQUISITION		85.02
85.03 ISLET CELL ACQUISITION		85.03
95 SUBTOTALS	17807642	95
NONREIMBURSABLE COST CENTERS		
96 GIFT, FLOWER, COFFEE SHOP & CAN	88990	96
96.02 MEALS ON WHEELS	8860	96.02
100 CHILDBIRTH EDUCATION	535	100
100.01ACLS		100.01
100.02COMMUNITY WELLNESS	1027	100.02
100.04PHYSICIAN REFERRAL	144919	100.04
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 TOTAL	18051973	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD	NEW CAP	NEW CAP	EMPLOYEE	NONPATIENT	DATA
	BLDGS & FIXTURES SQUARE FEET	CAPITAL OTHER SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	TELEPHONES # OF INSTRUMENT	PROCESSING # OF TERMINALS
	1	2.01	3	4	5	6.01	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	415042	415042	120364	9087078	77664416	1557	1769 95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C			1568	9128			96
96.02 MEALS ON WHEELS							96.02
100 CHILDBIRTH EDUCATION					28872		100
100.01 ACLS							100.01
100.02 COMMUNITY WELLNESS					47438		100.02
100.04 PHYSICIAN REFERRAL				92485	200109		24 100.04
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	578731	1703234	6107215	9188691	19518136	1312279	10451215 103
104 UNIT COST MULT-WS B PT I		4.103763		1.000000		842.825305	104
104 UNIT COST MULT-WS B PT I	1.394391		50.087057		.250422		5828.898494 104
105 COST TO BE ALLOC PER B PT II					13817	6317	47858 105
106 UNIT COST MULT-WS B PT II						4.057161	106
106 UNIT COST MULT-WS B PT II					.000177		26.691578 106
107 COST TO BE ALLOC PER B PT III					23741	199863	3390871 107
108 UNIT COST MULT-WS B PT III						128.364162	108
108 UNIT COST MULT-WS B PT III					.000305		1891.171779 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING	ADMITTING	PATIENT	RECON-	OTHER	MAIN-	OPERATION	LAUNDRY
	COSTED REQ'S 6.03	GROSS REVENUE 6.04	GROSS REVENUE 6.05	CILATION 6A.06	ADMIN COSTS ACCUM COST 6.06	TENANCE + REPAIRS HOURS OF SERVICE 7	OF PLANT SQUARE FEET 8	& LINEN SERVICE POUNDS OF LAUNDRY 9
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	39012614	651932887	651932887	-28620805	161812795	40907	231206	780670 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C					119045			96
96.02 MEALS ON WHEELS						53		96.02
100 CHILDBIRTH EDUCATION	1154				37535			100
100.01 ACLS								100.01
100.02 COMMUNITY WELLNESS					91002			100.02
100.04 PHYSICIAN REFERRAL	4925				624069			100.04
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	1467792	2522481	2478011		28620805	5681803	13502200	1563148 103
104 UNIT COST MULT-WS B PT I	.037618		.003801		.175928		58.399003	104
104 UNIT COST MULT-WS B PT I		.003869				138.715894		2.002316 104
105 COST TO BE ALLOC PER B PT II	39949	5268	21531		108145	59398	779040	28819 105
106 UNIT COST MULT-WS B PT II	.001024		.000033		.000665		3.369463	106
106 UNIT COST MULT-WS B PT II		.000008				1.450146		.036916 106
107 COST TO BE ALLOC PER B PT III	289455	230144	411535		1811143	240761	3118327	64840 107
108 UNIT COST MULT-WS B PT III	.007418		.000631		.011133		13.487224	108
108 UNIT COST MULT-WS B PT III		.000353				5.877954		.083057 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT
	HOURS OF SERVICE 10	MEALS SERVED 11	HOURS WORKED 12	14	15	16	17	18
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	109025	168048	1576131	945865	3516428	9068009	651932887	27413 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C								96
96.02 MEALS ON WHEELS		8468						96.02
100 CHILDBIRTH EDUCATION			931					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	3238060	1532269	1883743	2534399	1494927	5157271	3296819	2288825 103
104 UNIT COST MULT-WS B PT I	29.700161		1.194464		.425127		.005057	104
104 UNIT COST MULT-WS B PT I		8.680624		2.679451		.568732		83.494145 104
105 COST TO BE ALLOC PER B PT II	45865	85676	62242	18497	11664	50895	51118	30660 105
106 UNIT COST MULT-WS B PT II	.420683		.039467		.003317		.000078	106
106 UNIT COST MULT-WS B PT II		.485372		.019556		.005613		1.118447 106
107 COST TO BE ALLOC PER B PT III	216396	178187	168218	161392	434472	740365	261926	120833 107
108 UNIT COST MULT-WS B PT III	1.984829		.106665		.123555		.000402	108
108 UNIT COST MULT-WS B PT III		1.009467		.170629		.081646		4.407872 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

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 CAPIT	2.01
3	NEW CAP REL COSTS-BLDG & FIXT	3
4	NEW CAP REL COSTS-MVBLE EQUIP	4
5	EMPLOYEE BENEFITS	5
6.01	NON-PATIENT TELECOMMUNICATION	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
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
31	SUBPROVIDER I	31
33	NURSERY	33
34	SKILLED NURSING FACILITY	34
36	OTHER LONG TERM CARE	36
ANCILLARY SERVICE COST CENTERS		
37	OPERATING ROOM	37
38	RECOVERY ROOM	38
39	DELIVERY ROOM & LABOR ROOM	39
41	RADIOLOGY-DIAGNOSTIC	41
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		
69.10	CMHC	69.10
69.20	OUTPATIENT PHYSICAL THERAPY	69.20
69.30	OUTPATIENT OCCUPATIONAL THERA	69.30
69.40	OUTPATIENT SPEECH PATHOLOGY	69.40
71	HOME HEALTH AGENCY	71

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COST CENTER DESCRIPTION

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	GIFT, FLOWER, COFFEE SHOP & C	96
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	103
104	UNIT COST MULT-WS B PT I	104
104	UNIT COST MULT-WS B PT I	104
105	COST TO BE ALLOC PER B PT II	105
106	UNIT COST MULT-WS B PT II	106
106	UNIT COST MULT-WS B PT II	106
107	COST TO BE ALLOC PER B PT III	107
108	UNIT COST MULT-WS B PT III	108
108	UNIT COST MULT-WS B PT III	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	39118191		39118191	599906	39718097	25
26 INTENSIVE CARE UNIT	4425880		4425880		4425880	26
27 CORONARY CARE UNIT	4726995		4726995		4726995	27
31 SUBPROVIDER I						31
33 NURSERY	2878990		2878990	78798	2957788	33
34 SKILLED NURSING FACILITY						34
36 OTHER LONG TERM CARE						36
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	26847604		26847604	705875	27553479	37
38 RECOVERY ROOM	4276775		4276775		4276775	38
39 DELIVERY ROOM & LABOR ROOM	7116533		7116533	706706	7823239	39
41 RADIOLOGY-DIAGNOSTIC	19760005		19760005	1134003	19873408	41
44 LABORATORY	11174671		11174671	29396	11204067	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
48 INTRAVENOUS THERAPY	2524392		2524392		2524392	48
49 RESPIRATORY THERAPY	2793780		2793780		2793780	49
49.01 PULMONARY FUNCTION	431055		431055		431055	49.01
50 PHYSICAL THERAPY	4560334		4560334		4560334	50
51 OCCUPATIONAL THERAPY	739771		739771		739771	51
52 SPEECH PATHOLOGY	331397		331397		331397	52
53 ELECTROCARDIOLOGY	17161020		17161020		17161020	53
53.01 CARDIAC REHABILITATION	772162		772162		772162	53.01
54 ELECTROENCEPHALOGRAPHY	655510		655510		655510	54
55 MEDICAL SUPPLIES CHARGED TO	1600150		1600150		1600150	55
56 DRUGS CHARGED TO PATIENTS	16639096		16639096		16639096	56
57 RENAL DIALYSIS	3538370		3538370	47915	3586285	57
59 WOUND CARE CENTER	469832		469832		469832	59
59.01 DIABETES CENTER	532453		532453	29915	562368	59.01
59.02 CLINICAL NUTRITION	507237		507237		507237	59.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	16388158		16388158	947615	17335773	61
61.02 S.C.O.R.E.	227920		227920		227920	61.02
61.03 ACLS						61.03
62 OBSERVATION BEDS (NON-DISTI	1859282		1859282		1859282	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	192057563		192057563	3259529	195317092	101
102 LESS OBSERVATION BEDS	1859282		1859282		1859282	102
103 TOTAL	190198281		190198281	3259529	193457810	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	87109860		87109860			25
26 INTENSIVE CARE UNIT	13296527		13296527			26
27 CORONARY CARE UNIT	14727941		14727941			27
31 SUBPROVIDER I						31
33 NURSERY	6999018		6999018			33
34 SKILLED NURSING FACILITY						34
36 OTHER LONG TERM CARE						36
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	32954305	33318549	66272854	.405107	.405107	.415758 37
38 RECOVERY ROOM	3491943	5536388	9028331	.473706	.473706	.473706 38
39 DELIVERY ROOM & LABOR ROOM	10399879	6188412	16588291	.429009	.429009	.471612 39
41 RADIOLOGY-DIAGNOSTIC	31248731	64478921	95727652	.206419	.206419	.207604 41
44 LABORATORY	30972095	33416999	64389094	.173549	.173549	.174006 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
48 INTRAVENOUS THERAPY	1276503	2548525	3825028	.659967	.659967	.659967 48
49 RESPIRATORY THERAPY	11682867	869614	12552481	.222568	.222568	.222568 49
49.01 PULMONARY FUNCTION	2344717	546978	2891695	.149067	.149067	.149067 49.01
50 PHYSICAL THERAPY	2339136	7721509	10060645	.453284	.453284	.453284 50
51 OCCUPATIONAL THERAPY	791224	1172096	1963320	.376796	.376796	.376796 51
52 SPEECH PATHOLOGY	417808	376260	794068	.417341	.417341	.417341 52
53 ELECTROCARDIOLOGY	46899109	25368524	72267633	.237465	.237465	.237465 53
53.01 CARDIAC REHABILITATION	3786	571556	575342	1.342092	1.342092	1.342092 53.01
54 ELECTROENCEPHALOGRAPHY	334926	1251825	1586751	.413115	.413115	.413115 54
55 MEDICAL SUPPLIES CHARGED TO	11178166	4945158	16123324	.099244	.099244	.099244 55
56 DRUGS CHARGED TO PATIENTS	58815700	37931880	96747580	.171985	.171985	.171985 56
57 RENAL DIALYSIS	1275805	7118942	8394747	.421498	.421498	.427206 57
59 WOUND CARE CENTER	78317	301377	379694	1.237396	1.237396	1.237396 59
59.01 DIABETES CENTER	23813	361859	385672	1.380585	1.380585	1.458151 59.01
59.02 CLINICAL NUTRITION	586861	16905	603766	.840122	.840122	.840122 59.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	10581680	33956054	44537734	.367961	.367961	.389238 61
61.02 S.C.O.R.E.		455768	455768	.500079	.500079	.500079 61.02
61.03 ACLS						61.03
62 OBSERVATION BEDS (NON-DISTI		3648071	3648071	.509662	.509662	.509662 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	379830717	272102170	651932887			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	379830717	272102170	651932887			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	789685		789685	3114714		3114714
26 INTENSIVE CARE UNIT	70374		70374	349079		349079
27 CORONARY CARE UNIT	63983		63983	295821		295821
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	26005		26005	148603		148603
101 TOTAL	950047		950047	3908217		3908217

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	46612	20969	16.94	355215	66.82	1401149
26 INTENSIVE CARE UNIT	2717	1486	25.90	38487	128.48	190921
27 CORONARY CARE UNIT	2725	1604	23.48	37662	108.56	174130
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	6509		4.00		22.83	
101 TOTAL	58563	24059		431364		1766200

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 CAPITAL		NEW CAPITAL		---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	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	356854	2338451	66272854	15011438	.005385	80837	.035285	529679 37
38 RECOVERY ROOM	33231	695637	9028331	1300586	.003681	4787	.077050	100210 38
39 DELIVERY ROOM & LABOR ROOM	133733	535994	16588291	28668	.008062	231	.032312	926 39
41 RADIOLOGY-DIAGNOSTIC	256542	3196984	95727652	15311709	.002680	41035	.033397	511365 41
44 LABORATORY	129860	791703	64389094	15273966	.002017	30808	.012296	187809 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
48 INTRAVENOUS THERAPY	23552	367809	3825028	688912	.006157	4242	.096159	66245 48
49 RESPIRATORY THERAPY	28948	200917	12552481	6844181	.002306	15783	.016006	109548 49
49.01 PULMONARY FUNCTION	3111	47583	2891695	861888	.001076	927	.016455	14182 49.01
50 PHYSICAL THERAPY	31091	605033	10060645	1586606	.003090	4903	.060139	95417 50
51 OCCUPATIONAL THERAPY	3685	72444	1963320	576606	.001877	1082	.036899	21276 51
52 SPEECH PATHOLOGY	500	23365	794068	309775	.000630	195	.029424	9115 52
53 ELECTROCARDIOLOGY	33531	1540951	72267633	25439781	.000464	11804	.021323	542452 53
53.01 CARDIAC REHABILITATION	1283	198322	575342	1489	.002230	3	.344703	513 53.01
54 ELECTROENCEPHALOGRAPHY	1329	225555	1586751	183818	.000838	154	.142149	26130 54
55 MEDICAL SUPPLIES CHARGED TO P	4023	85073	16123324	4233000	.000250	1058	.005276	22333 55
56 DRUGS CHARGED TO PATIENTS	67438	956599	96747580	28572441	.000697	19915	.009888	282524 56
57 RENAL DIALYSIS	62204	249211	8394747	977195	.007410	7241	.029687	29010 57
59 WOUND CARE CENTER	5452	108090	379694	48348	.014359	694	.284677	13764 59
59.01 DIABETES CENTER	2076	94353	385672	6438	.005383	35	.244646	1575 59.01
59.02 CLINICAL NUTRITION	417	5713	603766		.000691		.009462	59.02
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	147222	1446785	44537734	4957648	.003306	16390	.032484	161044 61
61.02 S.C.O.R.E.	337	79864	455768		.000739		.175230	61.02
61.03 ACLS								61.03
62 OBSERVATION BEDS (NON-DISTINC	36966	145807	3648071		.010133		.039968	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	1363385	14012243	529799541	122214493		242124		2725117 101

PROVIDER NO. 14-0030 SHERMAN HOSPITAL
 PERIOD FROM 05/01/2007 TO 04/30/2008

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

VERSION: 2008.05
 09/29/2008 13:29

APPORIONMENT 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	PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					46612		20969	25
26 INTENSIVE CARE UNIT					2717		1486	26
27 CORONARY CARE UNIT					2725		1604	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					6509			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					58563		24059	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
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 PASS THROUGH COSTS	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		66272854			15011438		10538023 37
38 RECOVERY ROOM		9028331			1300586		1211422 38
39 DELIVERY ROOM & LABOR ROOM		16588291			28668		17593 39
41 RADIOLOGY-DIAGNOSTIC		95727652			15311709		13348059 41
44 LABORATORY		64389094			15273966		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY		3825028			688912		1119797 48
49 RESPIRATORY THERAPY		12552481			6844181		149056 49
49.01 PULMONARY FUNCTION		2891695			861888		217041 49.01
50 PHYSICAL THERAPY		10060645			1586606		143836 50
51 OCCUPATIONAL THERAPY		1963320			576606		51
52 SPEECH PATHOLOGY		794068			309775		52
53 ELECTROCARDIOLOGY		72267633			25439781		10652696 53
53.01 CARDIAC REHABILITATION		575342			1489		238841 53.01
54 ELECTROENCEPHALOGRAPHY		1586751			183818		214034 54
55 MEDICAL SUPPLIES CHARGED TO P		16123324			4233000		1282230 55
56 DRUGS CHARGED TO PATIENTS		96747580			28572441		11447925 56
57 RENAL DIALYSIS		8394747			977195		57
59 WOUND CARE CENTER		379694			48348		176040 59
59.01 DIABETES CENTER		385672			6438		67398 59.01
59.02 CLINICAL NUTRITION		603766					59.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		44537734			4957648		3054680 61
61.02 S.C.O.R.E.		455768					61.02
61.03 ACLS							61.03
62 OBSERVATION BEDS (NON-DISTINC		3648071					859424 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		529799541			122214493		54738095 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
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 COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
48 OPERATING ROOM	.405107	.405107	.405107			37
38 RECOVERY ROOM	.473706	.473706	.473706			38
39 DELIVERY ROOM & LABOR ROOM	.429009	.429009	.429009			39
41 RADIOLOGY-DIAGNOSTIC	.206419	.206419	.206419			41
44 LABORATORY	.173549	.173549	.173549			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
48 INTRAVENOUS THERAPY	.659967	.659967	.659967			48
49 RESPIRATORY THERAPY	.222568	.222568	.222568			49
49.01 PULMONARY FUNCTION	.149067	.149067	.149067			49.01
50 PHYSICAL THERAPY	.453284	.453284	.453284			50
51 OCCUPATIONAL THERAPY	.376796	.376796	.376796			51
52 SPEECH PATHOLOGY	.417341	.417341	.417341			52
53 ELECTROCARDIOLOGY	.237465	.237465	.237465			53
53.01 CARDIAC REHABILITATION	1.342092	1.342092	1.342092			53.01
54 ELECTROENCEPHALOGRAPHY	.413115	.413115	.413115			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.099244	.099244	.099244			55
56 DRUGS CHARGED TO PATIENTS	.171985	.171985	.171985			56
57 RENAL DIALYSIS	.421498	.421498	.421498			57
59 WOUND CARE CENTER	1.237396	1.237396	1.237396			59
59.01 DIABETES CENTER	1.380585	1.380585	1.380585			59.01
59.02 CLINICAL NUTRITION	.840122	.840122	.840122			59.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.367961	.367961	.367961			61
61.02 S.C.O.R.E.	.500079	.500079	.500079			61.02
61.03 ACLS						61.03
62 OBSERVATION BEDS (NON-DISTINCT	.509662	.509662	.509662			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	.171985	1
2 PROGRAM VACCINE CHARGES		2	16859	2
2.01 PROGRAM VACCINE CHARGES				2.01
3 PROGRAM COSTS			2899	3
3.01 PROGRAM COSTS				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 CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER 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		10538023						37
38 RECOVERY ROOM		1211422						38
39 DELIVERY ROOM & LABOR ROOM		17593						39
41 RADIOLOGY-DIAGNOSTIC		13348059						41
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
48 INTRAVENOUS THERAPY		1119797						48
49 RESPIRATORY THERAPY		149056						49
49.01 PULMONARY FUNCTION		217041						49.01
50 PHYSICAL THERAPY		143836						50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		10652696						53
53.01 CARDIAC REHABILITATION		238841						53.01
54 ELECTROENCEPHALOGRAPHY		214034						54
55 MEDICAL SUPPLIES CHARGED TO PA		1282230	7824					55
56 DRUGS CHARGED TO PATIENTS		11447925	35596					56
57 RENAL DIALYSIS								57
59 WOUND CARE CENTER		176040						59
59.01 DIABETES CENTER		67398						59.01
59.02 CLINICAL NUTRITION								59.02
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		3054680						61
61.02 S.C.O.R.E.								61.02
61.03 ACLS								61.03
62 OBSERVATION BEDS (NON-DISTINCT)		859424						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		54738095	43420					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		54738095	43420					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		4269027					37
38 RECOVERY ROOM		573858					38
39 DELIVERY ROOM & LABOR ROOM		7548					39
41 RADIOLOGY-DIAGNOSTIC		2755293					41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
48 INTRAVENOUS THERAPY		739029					48
49 RESPIRATORY THERAPY		33175					49
49.01 PULMONARY FUNCTION		32354					49.01
50 PHYSICAL THERAPY		65199					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		2529642					53
53.01 CARDIAC REHABILITATION		320547					53.01
54 ELECTROENCEPHALOGRAPHY		88421					54
55 MEDICAL SUPPLIES CHARGED TO PAT		127254	776				55
56 DRUGS CHARGED TO PATIENTS		1968871	6122				56
57 RENAL DIALYSIS							57
59 WOUND CARE CENTER		217831					59
59.01 DIABETES CENTER		93049					59.01
59.02 CLINICAL NUTRITION							59.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		1124003					61
61.02 S.C.O.R.E.							61.02
61.03 ACLS							61.03
62 OBSERVATION BEDS (NON-DISTINCT)		438016					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		15383117	6898				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		15383117	6898				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	789685		789685	3114714		3114714
26 INTENSIVE CARE UNIT	70374		70374	349079		349079
27 CORONARY CARE UNIT	63983		63983	295821		295821
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	26005		26005	148603		148603
101 TOTAL	950047		950047	3908217		3908217

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	46612	6605	16.94	111889	66.82	441346
26 INTENSIVE CARE UNIT	2717	307	25.90	7951	128.48	39443
27 CORONARY CARE UNIT	2725	82	23.48	1925	108.56	8902
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	6509	3906	4.00	15624	22.83	89174
101 TOTAL	58563	10900		137389		578865

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		NEW CAPITAL		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST	TOTAL CHARGES	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	356854	2338451	66272854		.005385		.035285	37	
38 RECOVERY ROOM	33231	695637	9028331		.003681		.077050	38	
39 DELIVERY ROOM & LABOR ROOM	133733	535994	16588291		.008062		.032312	39	
41 RADIOLOGY-DIAGNOSTIC	256542	3196984	95727652		.002680		.033397	41	
44 LABORATORY	129860	791703	64389094		.002017		.012296	44	
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30	
48 INTRAVENOUS THERAPY	23552	367809	3825028		.006157		.096159	48	
49 RESPIRATORY THERAPY	28948	200917	12552481		.002306		.016006	49	
49.01 PULMONARY FUNCTION	3111	47583	2891695		.001076		.016455	49.01	
50 PHYSICAL THERAPY	31091	605033	10060645		.003090		.060139	50	
51 OCCUPATIONAL THERAPY	3685	72444	1963320		.001877		.036899	51	
52 SPEECH PATHOLOGY	500	23365	794068		.000630		.029424	52	
53 ELECTROCARDIOLOGY	33531	1540951	72267633		.000464		.021323	53	
53.01 CARDIAC REHABILITATION	1283	198322	575342		.002230		.344703	53.01	
54 ELECTROENCEPHALOGRAPHY	1329	225555	1586751		.000838		.142149	54	
55 MEDICAL SUPPLIES CHARGED TO P	4023	85073	16123324		.000250		.005276	55	
56 DRUGS CHARGED TO PATIENTS	67438	956599	96747580		.000697		.009888	56	
57 RENAL DIALYSIS	62204	249211	8394747		.007410		.029687	57	
59 WOUND CARE CENTER	5452	108090	379694		.014359		.284677	59	
59.01 DIABETES CENTER	2076	94353	385672		.005383		.244646	59.01	
59.02 CLINICAL NUTRITION	417	5713	603766		.000691		.009462	59.02	
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	147222	1446785	44537734		.003306		.032484	61	
61.02 S.C.O.R.E.	337	79864	455768		.000739		.175230	61.02	
61.03 ACLS								61.03	
62 OBSERVATION BEDS (NON-DISTINC	36966	145807	3648071		.010133		.039968	62	
63.50 RHC								63.50	
63.60 FQHC								63.60	
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	1363385	14012243	529799541					101	

PROVIDER NO. 14-0030 SHERMAN HOSPITAL
 PERIOD FROM 05/01/2007 TO 04/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2008.05
 09/29/2008 13:29

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	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					46612		6605	25
26 INTENSIVE CARE UNIT					2717		307	26
27 CORONARY CARE UNIT					2725		82	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					6509		3906	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					58563		10900	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
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	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		66272854					37
38 RECOVERY ROOM		9028331					38
39 DELIVERY ROOM & LABOR ROOM		16588291					39
41 RADIOLOGY-DIAGNOSTIC		95727652					41
44 LABORATORY		64389094					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY		3825028					48
49 RESPIRATORY THERAPY		12552481					49
49.01 PULMONARY FUNCTION		2891695					49.01
50 PHYSICAL THERAPY		10060645					50
51 OCCUPATIONAL THERAPY		1963320					51
52 SPEECH PATHOLOGY		794068					52
53 ELECTROCARDIOLOGY		72267633					53
53.01 CARDIAC REHABILITATION		575342					53.01
54 ELECTROENCEPHALOGRAPHY		1586751					54
55 MEDICAL SUPPLIES CHARGED TO P		16123324					55
56 DRUGS CHARGED TO PATIENTS		96747580					56
57 RENAL DIALYSIS		8394747					57
59 WOUND CARE CENTER		379694					59
59.01 DIABETES CENTER		385672					59.01
59.02 CLINICAL NUTRITION		603766					59.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		44537734					61
61.02 S.C.O.R.E.		455768					61.02
61.03 ACLS							61.03
62 OBSERVATION BEDS (NON-DISTINC		3648071					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		529799541					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 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
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)	46612						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	46612						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	46612						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)	20969						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	39718097						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	39718097						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	182146286						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.218056						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							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	39718097						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	852.10					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	17867685					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	17867685					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)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	4425880	2717	1628.96	1486	2420635	43
44 CORONARY CARE UNIT	4726995	2725	1734.68	1604	2782427	44
45 BURN INTENSIVE CARE UNIT						45
46 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	29748944					48
49 TOTAL PROGRAM INPATIENT COSTS	52819691					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2197564					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2967241					51
52 TOTAL PROGRAM EXCLUDABLE COST	5164805					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	47654886					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

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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

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 (PPS) (14-0030)	SUB I	SUB II	SUB III	SUB IV	
PART IV - COMPUTATION OF OBSERVATION BED COST	1	1	1	1	1	
83 TOTAL OBSERVATION BEDS	2182					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	852.10					84
85 OBSERVATION BED COST	1859282					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	789685	39718097	.019882	1859282	36966	86
87 NEW CAPITAL-RELATED COST	3114714	39718097	.078421	1859282	145807	87
88 NON PHYSICIAN ANESTHETIST		39718097		1859282		88
89 MEDICAL EDUCATION		39718097		1859282		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)	46612					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	46612					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	46612					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)	6605					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	6509					15
16 TITLE V OR XIX NURSERY DAYS	3906					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	39118191						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	39118191						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	182146286						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.214762						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							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	39118191						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	839.23					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5543114					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5543114					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)	2878990	6509	442.31	3906	1727663	42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	4425880	2717	1628.96	307	500091	43
44 CORONARY CARE UNIT	4726995	2725	1734.68	82	142244	44
45 BURN INTENSIVE CARE UNIT						45
46 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	7913112					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	716254					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	716254					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	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

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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

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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	2182	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	852.10	84
85 OBSERVATION BED COST	1859282	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0030)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input 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		41100180		25
26 INTENSIVE CARE UNIT		7292450		26
27 CORONARY CARE UNIT		8627570		27
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.415758	15011438	6241125	37
38 RECOVERY ROOM	.473706	1300586	616095	38
39 DELIVERY ROOM & LABOR ROOM	.471612	28668	13520	39
41 RADIOLOGY-DIAGNOSTIC	.207604	15311709	3178772	41
44 LABORATORY	.174006	15273966	2657762	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
48 INTRAVENOUS THERAPY	.659967	688912	454659	48
49 RESPIRATORY THERAPY	.222568	6844181	1523296	49
49.01 PULMONARY FUNCTION	.149067	861888	128479	49.01
50 PHYSICAL THERAPY	.453284	1586606	719183	50
51 OCCUPATIONAL THERAPY	.376796	576606	217263	51
52 SPEECH PATHOLOGY	.417341	309775	129282	52
53 ELECTROCARDIOLOGY	.237465	25439781	6041058	53
53.01 CARDIAC REHABILITATION	1.342092	1489	1998	53.01
54 ELECTROENCEPHALOGRAPHY	.413115	183818	75938	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.099244	4233000	420100	55
56 DRUGS CHARGED TO PATIENTS	.171985	28572441	4914031	56
57 RENAL DIALYSIS	.427206	977195	417464	57
59 WOUND CARE CENTER	1.237396	48348	59826	59
59.01 DIABETES CENTER	1.458151	6438	9388	59.01
59.02 CLINICAL NUTRITION	.840122			59.02
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.389238	4957648	1929705	61
61.02 S.C.O.R.E.	.500079			61.02
61.03 ACLS				61.03
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.509662			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		122214493	29748944	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		122214493		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
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.405107		37
38 RECOVERY ROOM	.473706		38
39 DELIVERY ROOM & LABOR ROOM	.429009		39
41 RADIOLOGY-DIAGNOSTIC	.206419		41
44 LABORATORY	.173549		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
48 INTRAVENOUS THERAPY	.659967		48
49 RESPIRATORY THERAPY	.222568		49
49.01 PULMONARY FUNCTION	.149067		49.01
50 PHYSICAL THERAPY	.453284		50
51 OCCUPATIONAL THERAPY	.376796		51
52 SPEECH PATHOLOGY	.417341		52
53 ELECTROCARDIOLOGY	.237465		53
53.01 CARDIAC REHABILITATION	1.342092		53.01
54 ELECTROENCEPHALOGRAPHY	.413115		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.099244		55
56 DRUGS CHARGED TO PATIENTS	.171985		56
57 RENAL DIALYSIS	.421498		57
59 WOUND CARE CENTER	1.237396		59
59.01 DIABETES CENTER	1.380585		59.01
59.02 CLINICAL NUTRITION	.840122		59.02
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	.367961		61
61.02 S.C.O.R.E.	.500079		61.02
61.03 ACLS			61.03
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.509662		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	15028115					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	9036514					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	11786757					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						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	2112717					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	223.41					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						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						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						6
7						7
7.01						7.01
8						8
9						9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
21.01						21.01
21.02						21.02
22						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	41054684				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	40401043				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	653641				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					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 INSTRUCTIO					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) 1	HOSPITAL (14-0030) 1.01	HOSPITAL (14-0030) 1.02	
1 MEDICAL AND OTHER SERVICES	9797			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	15383117			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS		11785667		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	9797			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	60279			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	60279			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	60279			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	50482			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	9797			17
17.01 TOTAL PPS PAYMENTS	11785667			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	8718		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	3115638		18.01
19 SUBTOTAL	8671108		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	8671108		23
24 PRIMARY PAYER PAYMENTS	1808		24
25 SUBTOTAL	8669300		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	87367		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	61157		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	87367		27.02
28 SUBTOTAL	8730457		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	8730457		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	8814687		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-84230		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

	HOSPITAL (14-0030) OCTOBER 1, 1997 PRIOR TO ON OR AFTER	
	1 1.01	
1 STANDARD OVERHEAD AMOUNTS (ASC FEES)		1
2 DEDUCTIBLES		2
3 SUBTOTAL		3
4 80 PERCENT OF LINE 3		4
5 ASC PORTION OF BLEND		5
6 OUTPATIENT ASC COST		6
COMPUTATION OF LESSER OF COST OR CHARGES		
7 TOTAL CHARGES		7
CUSTOMARY CHARGES		
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		8
9 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)		9
10 RATIO OF LINE 8 TO LINE 9		10
11 TOTAL CUSTOMARY CHARGES		11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		13
14 LESSER OF COST OR CHARGES		14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15 DEDUCTIBLES AND COINSURANCE		15
16 TOTAL		16
17 HOSPITAL SPECIFIC PORTION OF BLEND		17
18 ASC BLENDED AMOUNT		18
19 LESSER OF LINES 16 OR 18		19
20 PART B DEDUCTIBLES AND COINSURANCE		20
21 ASC PAYMENT AMOUNT		21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0030)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	62 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OUTPATIENT RADIOLOGY	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	RADIOLOGY PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0030)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	42 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	DIAGNOSTIC PAYMENT AMOUNT	21

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

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		40401043		8814687
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
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.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 PROGRAM .54	NONE	NONE	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		40401043		8814687
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	NONE	NONE	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 PROGRAM TO PROVIDER TO .02	653641		6.01 -84230 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		41054684		8730457

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	7913112			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	7913112			6
8	INPATIENT PRIMARY PAYER PAYMENTS				7
9	OUTPATIENT PRIMARY PAYER PAYMENTS				8
10	SUBTOTAL	7913112			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)				
24	RATIO OF LINE 17 TO LINE 18				19
25	TOTAL CUSTOMARY CHARGES				20
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST				21
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	7913112			22
28	COST OF COVERED SERVICES	7913112			23
29	PROSPECTIVE PAYMENT AMOUNT				
30	OTHER THAN OUTLIER PAYMENTS				24
31	OUTLIER PAYMENTS				25
32	PROGRAM CAPITAL PAYMENTS				26
33	CAPITAL EXCEPTION PAYMENTS				27
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS				28
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS				29
36	SUBTOTAL	7913112			30
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)				31
38	LESSER OF LINES 30 OR 31	7913112			32
39	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)				33

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	7913112				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	104181417			1
2 TEMPORARY INVESTMENTS	13631845			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	58705367			4
5 OTHER RECEIVABLES	3028570			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-22198693			6
7 INVENTORY	3364864			7
8 PREPAID EXPENSES	3161541			8
9 OTHER CURRENT ASSETS	1935811			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	165810722			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	119022285			14
14.01 ACCUMULATED DEPRECIATION				14.01
15 LEASEHOLD IMPROVEMENTS				15
15.01 ACCUMULATED AMORTIZATION				15.01
16 FIXED EQUIPMENT	128199461			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	-173387551			19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE	122635848			20
21 TOTAL FIXED ASSETS	211647099			21
OTHER ASSETS				
22 INVESTMENTS	6176168			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	3811003			25
26 TOTAL OTHER ASSETS	9987171			26
27 TOTAL ASSETS	387444992			27
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	28720844			28
29 SALARIES, WAGES & FEES PAYABLE	7707481			29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)	3219196			31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	20194909			35
36 TOTAL CURRENT LIABILITIES	59842430			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE	270856338			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	17722840			41
42 TOTAL LONG TERM LIABILITIES	288579178			42
43 TOTAL LIABILITIES	348421608			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	39023384			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	39023384			51
52 TOTAL LIABILITIES AND FUND BALANCES	387444992			52

PROVIDER NO. 14-0030 SHERMAN HOSPITAL
PERIOD FROM 05/01/2007 TO 04/30/2008

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

VERSION: 2008.05
09/29/2008 13:29

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	61702150			1
2 NET INCOME (LOSS)	-1479221			2
3 TOTAL	60222929			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6 UNREALIZED GAIN/LOSS IN INVESTMENT	293198			6
7 NET ASSETS RELEASED	86455			7
8 INC TEMP REST NET ASSETS, CONTRIBS	1023497			8
9 OTHER	140403			9
10 TOTAL ADDITIONS	1543553			10
11 SUBTOTAL	61766482			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 EQUITY TRANSFER	22743098			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	22743098			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	39023384			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	94108878		94108878	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	94108878		94108878	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	13296527		13296527	12
13 CORONARY CARE UNIT	14727941		14727941	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	28024468		28024468	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	122133346		122133346	18
18.50 ANCILLARY SERVICES	257697371		529799541	18.50
18.60 OUTPATIENT SERVICES		272102170		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	379830717	272102170	651932887	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES			26
27 ADD (SPECIFY)		233395836	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		233395836	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	651932887	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	431006034	2
3	NET PATIENT REVENUES	220926853	3
4	LESS - TOTAL OPERATING EXPENSES	233395836	4
5	NET INCOME FROM SERVICE TO PATIENTS	-12468983	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	6196969	24
24.01	OTHER OPERATING	4792793	24.01
25	TOTAL OTHER INCOME	10989762	25
26	TOTAL	-1479221	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-1479221	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	825286	HRS OF SERVICE	22116.00	10.63	1
2 LICENSED PRACTICAL NURSES		HRS OF SERVICE			2
3 NURSES AIDES		HRS OF SERVICE			3
4 TECHNICIANS	333417	HRS OF SERVICE	16834.00	8.09	4
5 SOCIAL WORKERS	44518	HRS OF SERVICE	2017.00	.97	5
6 DIETICIANS	37623	HRS OF SERVICE	1489.00	.72	6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	36194	ACCUMULATED COST			8
9 SUBTOTAL	1277038				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	6308	PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS	52493	PERCENTAGE OF TIME			13
14 SUPPLIES	513816	REQUISITIONS			14
15 DRUGS	4543	REQUISITIONS			15
16 OTHER	15326	ACCUMULATED COST			16
17 SUBTOTAL	1869524				17
18 OLD CAP REL COSTS-BLDGS & FIXTURES	8582	SQUARE FEET			18
19 OLD CAP REL COSTS-MOV EQUIPMENT	25259	PERCENTAGE OF TIME			19
20 NEW CAP REL COSTS-BLDGS & FIXTURES		SQUARE FEET			20
21 NEW CAP REL COSTS-MOV EQUIPMENT	49081	PERCENTAGE OF TIME			21
22 EMPLOYEE BENEFITS	319798	SALARY			22
23 ADMINISTRATIVE AND GENERAL	602537	ACCUMULATED COST			23
24 MAINT/REPAIRS-OPERATION-HOUSEKEEPING	438352	SQUARE FEET			24
25 MEDICAL EDUCATION PROGRAM COSTS					25
26 CENTRAL SERVICES & SUPPLIES	106797	REQUISITIONS			26
27 PHARMACY	2583	REQUISITIONS			27
28 OTHER ALLOCATED COSTS	115857	ACCUMULATED COST			28
29 SUBTOTAL	3538370				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	3538370				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	BUILDING	CARE	SALARY	EMPLOYEE		MEDICAL SUPPLIES	ANCILLARY SERVICES	TOTAL				
	1	2	3	4	5	6	7	8	9	10	11		
1 TOTAL RENAL DEPT COSTS	446934	133141	825286	415558	319798	7126	620613		2768456	769914	3538370	1	
2 MAINTENANCE													
3 HEMODIALYSIS	407838	121494	605419	408229	273684	6503	566354		2389521	664531	3054052	2	
4 INTERMITTENT PERITONEAL TRAINING												3	
5 HEMODIALYSIS												4	
6 INTERMITTENT PERITONEAL												5	
7 CAPD												6	
8 CCPD												7	
9 HOME													8
10 HEMODIALYSIS												9	
11 INTERMITTENT PERITONEAL												10	
12 CAPD												11	
13 CCPD												12	
14 OTHER BILLABLE SERVICES													13
15 INPATIENT DIALYSIS	39096	11647	219867	7329	46114	623	54259		378935	105383	484318	14	
16 METHOD II HOME PATIENT												15	
17 EPO (INCL IN RENAL DEPT)												16	
18.01 ARANESP (INCL IN RENAL DEPT)												17	
19 OTHER												18	
20 TOTAL	446934	133141	825286	415558	319798	7126	620613		2768456	769914	3538370	19	
21 MEDICAL EDUC PGM COSTS												20	
22 TOTAL RENAL COSTS											3538370	21	

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---		-DIRECT RNS	PATIENT- SALARY OTHERS	EMPLOYEE BENEFITS (SALARY)	DRGS (REQUIS)	MEDICAL SUPPLIES (REQUIS)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUB- TOTAL	OVERHEAD (ACCUM. COST)	
	BUILDING (SQUARE FEET)	EQUIPMENT (% OF TIME)									
	1	2									
1	TOTAL RENAL DEPT COSTS	446934	133141	825286	415558	319798	7126	620613	2768456	769914	1
	MAINTENANCE										
2	HEMODIALYSIS	7104	7104.00	16224.00	20721.00	37948	4145	229249			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 1249	681	681.00	5892.00	372.00	6394	397	21963			13
13	METHOD II HOME PATIENT										14
14	EPO										14.01
14.01	ARANESP										15
15	OTHER										16
16	TOTAL STATISTICAL BASIS	7785	7785.00	22116.00	21093.00	44342	4542	251212	2768456		17
17	UNIT COST MULTIPLIER	57.409634	17.102248	37.316242	19.701228	7.212079	1.568912	2.470475		.278102	

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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	13037	3054052	234.26	9799	2295514	153.74	1506498	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	13037	3054052		9799	2295514		1506498	11

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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	2295514 1
2	TOTAL PAYMENT (FROM I-4, COLUMN 7, LINE11)	1506498 2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	1589 3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	330469 4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	2948 5
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	2948 5.01
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	329110 6
7	PROGRAM PAYMENT	1203927 7
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9)	8
9	REIMBURSABLE BAD DEBTS	9

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0030)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	3126075			2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	161310			3.01
4	INDIRECT MEDICAL EDUCATION ADJUSTMENT TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD				4
	[E-3,PT VI,LN.18]				
	[E,PT A,LN.3.17][x E-3,PT VI,LN.1]				
4.01	NO. OF INTERNS & RESIDENTS	0.00	0.00		4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0317			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.1950			5.01
5.02	SUM OF LINES 5 AND 5.01	0.2267			5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0470			5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	146926			5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3434311			6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

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
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
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
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					25
26 INTENSIVE CARE UNIT					26
27 CORONARY CARE UNIT					27
31 SUBPROVIDER I					31
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
36 OTHER LONG TERM CARE					36
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					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 PAT					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 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

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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	
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS						95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN						96
96.02 MEALS ON WHEELS						96.02
00 CHILDBIRTH EDUCATION						00
00.01 ACLS						00.01
00.02 COMMUNITY WELLNESS						00.02
00.04 PHYSICIAN REFERRAL						00.04
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
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	44.99		14.17				59.16 25
26 INTENSIVE CARE UNIT	54.69		11.30				65.99 26
27 CORONARY CARE UNIT	58.86		3.01				61.87 27
33 NURSERY			60.01				60.01 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	22.65	15.90					38.55 37
38 RECOVERY ROOM	14.41	13.42					27.83 38
39 DELIVERY ROOM & LABOR ROOM	0.17	0.11					0.28 39
41 RADIOLOGY-DIAGNOSTIC	16.00	13.94					29.94 41
44 LABORATORY	23.72						23.72 44
48 INTRAVENOUS THERAPY	18.01	29.28					47.29 48
49 RESPIRATORY THERAPY	54.52	1.19					55.71 49
49.01 PULMONARY FUNCTION	29.81	7.51					37.32 49.01
50 PHYSICAL THERAPY	15.77	1.43					17.20 50
51 OCCUPATIONAL THERAPY	29.37						29.37 51
52 SPEECH PATHOLOGY	39.01						39.01 52
53 ELECTROCARDIOLOGY	35.20	14.74					49.94 53
53.01 CARDIAC REHABILITATION	0.26	41.51					41.77 53.01
54 ELECTROENCEPHALOGRAPHY	11.58	13.49					25.07 54
55 MEDICAL SUPPLIES CHARGED TO PAT	26.25	7.95					34.20 55
56 DRUGS CHARGED TO PATIENTS	29.53	11.83					41.36 56
57 RENAL DIALYSIS	11.64						11.64 57
59 WOUND CARE CENTER	12.73	46.36					59.09 59
59.01 DIABETES CENTER	1.67	17.48					19.15 59.01
61 EMERGENCY	11.13	6.86					17.99 61
62 OBSERVATION BEDS (NON-DISTINCT		23.56					23.56 62
101 TOTAL CHARGES	18.75	8.40					27.15 101

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT	578731	.30	-578731	-.61			1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
2.01	OLD CAPITAL COSTS-OTHER CAPITAL	1703234	.89	-1703234	-1.80			2.01
3	NEW CAP REL COSTS-BLDG & FIXT	6107215	3.19	-6107215	-6.46			3
4	NEW CAP REL COSTS-MVBLE EQUIP	9188691	4.80	-9188691	-9.72			4
5	EMPLOYEE BENEFITS	19487509	10.19	-19487509	-20.61			5
6.01	NON-PATIENT TELECOMMUNICATIONS	1086474	.57	-1086474	-1.15			6.01
6.02	DATA PROCESSING	6424485	3.36	-6424485	-6.79			6.02
6.03	PURCHASING	730155	.38	-730155	-.77			6.03
6.04	ADMITTING	1504742	.79	-1504742	-1.59			6.04
6.05	PATIENT ACCOUNTING	1387796	.73	-1387796	-1.47			6.05
6.06	OTHER ADMINISTRATIVE COSTS	25346079	13.25	-25346079	-26.81			6.06
7	MAINTENANCE & REPAIRS	4236113	2.21	-4236113	-4.48			7
8	OPERATION OF PLANT	4274213	2.23	-4274213	-4.52			8
9	LAUNDRY & LINEN SERVICE	1097528	.57	-1097528	-1.16			9
10	HOUSEKEEPING	1902348	.99	-1902348	-2.01			10
11	DIETARY	476018	.25	-476018	-.50			11
12	CAFETERIA	938791	.49	-938791	-.99			12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	1445572	.76	-1445572	-1.53			14
15	CENTRAL SERVICES & SUPPLY	758340	.40	-758340	-.80			15
16	PHARMACY	2890465	1.51	-2890465	-3.06			16
17	MEDICAL RECORDS & LIBRARY	1713921	.90	-1713921	-1.81			17
18	SOCIAL SERVICE	1271176	.66	-1271176	-1.34			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	15663991	8.19	23454200	24.81	39118191	20.45	25
26	INTENSIVE CARE UNIT	2112704	1.10	2313176	2.45	4425880	2.31	26
27	CORONARY CARE UNIT	2309729	1.21	2417266	2.56	4726995	2.47	27
31	SUBPROVIDER I							31
33	NURSERY	1602565	.84	1276425	1.35	2878990	1.50	33
34	SKILLED NURSING FACILITY							34
36	OTHER LONG TERM CARE							36
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	15600887	8.15	11246717	11.90	26847604	14.03	37
38	RECOVERY ROOM	1827187	.96	2449588	2.59	4276775	2.24	38
39	DELIVERY ROOM & LABOR ROOM	3406404	1.78	3710129	3.92	7116533	3.72	39
41	RADIOLOGY-DIAGNOSTIC	9198627	4.81	10561378	11.17	19760005	10.33	41
44	LABORATORY	6274081	3.28	4900590	5.18	11174671	5.84	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
48	INTRAVENOUS THERAPY	1108151	.58	1416241	1.50	2524392	1.32	48
49	RESPIRATORY THERAPY	1520408	.79	1273372	1.35	2793780	1.46	49

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
49.01 PULMONARY FUNCTION	228329	.12	202726	.21	431055	.23	49.01
50 PHYSICAL THERAPY	2496106	1.30	2064228	2.18	4560334	2.38	50
51 OCCUPATIONAL THERAPY	445178	.23	294593	.31	739771	.39	51
52 SPEECH PATHOLOGY	204643	.11	126754	.13	331397	.17	52
53 ELECTROCARDIOLOGY	10983250	5.74	6177770	6.53	17161020	8.97	53
53.01 CARDIAC REHABILITATION	432306	.23	339856	.36	772162	.40	53.01
54 ELECTROENCEPHALOGRAPHY	259581	.14	395929	.42	655510	.34	54
55 MEDICAL SUPPLIES CHARGED TO PAT	1021521	.53	578629	.61	1600150	.84	55
56 DRUGS CHARGED TO PATIENTS	8745021	4.57	7894075	8.35	16639096	8.70	56
57 RENAL DIALYSIS	1869524	.98	1668846	1.77	3538370	1.85	57
59 WOUND CARE CENTER	177427	.09	292405	.31	469832	.25	59
59.01 DIABETES CENTER	285213	.15	247240	.26	532453	.28	59.01
59.02 CLINICAL NUTRITION	339184	.18	168053	.18	507237	.27	59.02
61 EMERGENCY	8025817	4.20	8362341	8.84	16388158	8.57	61
61.02 S.C.O.R.E.	135664	.07	92256	.10	227920	.12	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 GIFT, FLOWER, COFFEE SHOP & CAN	31380	.02	108608	.11	139988	.07	96
96.02 MEALS ON WHEELS			80860	.09	80860	.04	96.02
100 CHILDBIRTH EDUCATION	30262	.02	14988	.02	45250	.02	100
100.01 ACLS							100.01
100.02 COMMUNITY WELLNESS	79122	.04	27890	.03	107012	.06	100.02
100.04 PHYSICIAN REFERRAL	341393	.18	392467	.42	733860	.38	100.04
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	191305251	100.00	0	.00	191305251	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	2695305	66272854	.040670	15011438	610516	37
38 RECOVERY ROOM	728868	9028331	.080731	1300586	104997	38
39 DELIVERY ROOM & LABOR ROOM	669727	16588291	.040374	28668	1157	39
41 RADIOLOGY-DIAGNOSTIC	3453526	95727652	.036077	15311709	552400	41
44 LABORATORY	921563	64389094	.014313	15273966	218617	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
48 INTRAVENOUS THERAPY	391361	3825028	.102316	688912	70487	48
49 RESPIRATORY THERAPY	229865	12552481	.018312	6844181	125331	49
49.01 PULMONARY FUNCTION	50694	2891695	.017531	861888	15109	49.01
50 PHYSICAL THERAPY	636124	10060645	.063229	1586606	100320	50
51 OCCUPATIONAL THERAPY	76129	1963320	.038776	576606	22358	51
52 SPEECH PATHOLOGY	23865	794068	.030054	309775	9310	52
53 ELECTROCARDIOLOGY	1574482	72267633	.021787	25439781	554256	53
53.01 CARDIAC REHABILITATION	199605	575342	.346933	1489	516	53.01
54 ELECTROENCEPHALOGRAPHY	226884	1586751	.142987	183818	26284	54
55 MEDICAL SUPPLIES CHARGED TO PAT	89096	16123324	.005526	4233000	23391	55
56 DRUGS CHARGED TO PATIENTS	1024037	96747580	.010585	28572441	302439	56
57 RENAL DIALYSIS	311415	8394747	.037097	977195	36251	57
59 WOUND CARE CENTER	113542	379694	.299036	48348	14458	59
59.01 DIABETES CENTER	96429	385672	.250029	6438	1610	59.01
59.02 CLINICAL NUTRITION	6130	603766	.010153			59.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	1594007	44537734	.035790	4957648	177434	61
61.02 S.C.O.R.E.	80201	455768	.175969			61.02
61.03 ACLS						61.03
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	182773	3648071	.050101			62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	15375628	529799541		122214493	2967241	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT		PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	6	COSTS
							7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	3904399		3904399	46612	83.76	20969	1756364 25
26 INTENSIVE CARE UNIT	419453		419453	2717	154.38	1486	229408 26
27 CORONARY CARE UNIT	359804		359804	2725	132.04	1604	211792 27
101 TOTAL	4683656		4683656			24059	2197564 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	2197564
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	2967241
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	5164805
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)	4585
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)	24059
PER DISCHARGE CAPITAL COSTS	1126.46
PER DIEM CAPITAL COSTS	214.67

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)	47654886
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	179234693
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.266

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)	5164805
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.029

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)	15317918
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)	54594259
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.281