

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

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [] 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 BELoit MEMORIAL HOSPITAL, INC. (52-0100) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2008 AND ENDING 12/31/2008, 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		
1	HOSPITAL	2	3	4	1
2	SUBPROVIDER I	91523	319689	3541286	2
3	SWING BED - SNF	-919			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	90604	319689	3541286	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: 1969 WEST HART ROAD
 1.01 CITY: BELOIT STATE: WI P.O. BOX: 1
 ZIP CODE: 53511 COUNTY: ROCK 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						
3	SUBPROVIDER I						
4	SWING BEDS - SNF						
5	SWING BEDS - NF						
6	HOSPITAL-BASED SNF						
7	HOSPITAL-BASED NF						
8	HOSPITAL-BASED OLTC						
9	HOSPITAL-BASED HHA	AT HOME HEALTHCARE	52-7075	09/01/1996	N	P	N
11	SEPARATELY CERTIFIED ASC						
12	HOSPITAL-BASED HOSPICE						
14	HOSP-BASED RHC						
15	OUTPATIENT REHABILITATION PROVID						
16	RENAL DIALYSIS	BELOIT MEMORIAL DIALYSIS	52-2324	01/01/2004			
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 01/01/2008	TO: 12/31/2008			
18	TYPE OF CONTROL		1	2			

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL		1				19
20	SUBPROVIDER I		1				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
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?			YES			25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?			YES			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)			NO		NO	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)			NO		NO	25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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:		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
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 1, 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)					
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
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31.01
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
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	V	XVIII	XIX	
		1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

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.	NO	40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:
40.02	STREET:		P.O.BOX:
40.03	CITY:		STATE: ZIP CODE:
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	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. 15-11, 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	N	47		
48	SUBPROVIDER I	N	N	N	N	N	48		
49	SKILLED NURSING FACILITY	N	N				49		
50	HOME HEALTH AGENCY	N	N				50		
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO		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.				NO		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 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						53		
53.01	MDH PERIOD:		BEGINNING:		ENDING:		53.01		
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:						54		
	PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:								
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.				NO		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.				NO		55		
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.				DATE 0 / / Y/N NO	LIMIT 2 0.00	Y/N 3 NO	FEES 4	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.				YES		58		
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)				NO		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		

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO					60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)						60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO					61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS		
	1	2	3	4	5		
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	YES	03/31/2009				63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS	
	TITLE V	TITLE XVIII	TITLE XIX			
	12	13	14	15		
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		2389	460	5015		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		2389	460	5015		12
13 RPCH VISITS						13
14 SUBPROVIDER I		6		10		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.	ADJUSTED	PAID HOURS	AVERAGE	DATA SOURCE	WORKSHEET S-3 PART II
		OF SALARIES FROM WKST. A-6	SALARIES (COL.1 + COL.2)	RELATED TO SALARY IN COL.3	HOURLY WAGE (COL.3 / COL.4)		
	1	2	3	4	5	6	
1 SALARIES							
1 TOTAL SALARIES	43978300		43978300	1869839.00	23.52		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B	74715		74715	2192.00	34.09		3
4 PHYSICIAN - PART A							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							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	5316236	330631	5646867	240135.00	23.52		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	152069		152069	2147.00	70.83		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							11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	17276279		17276279			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	2378407		2378407			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B	33451		33451			CMS 339	17
18 PHYSICIAN PART A						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)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)							20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	670161		670161	31167.00	21.50		21
22 ADMINISTRATIVE & GENERAL	4819764	-591036	4228728	171731.00	24.62		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	1019588	-111879	907709	46896.00	19.36		24
25 LAUNDRY & LINEN SERVICE	50652		50652	4738.00	10.69		25
26 HOUSEKEEPING	762318	-75681	686637	72505.00	9.47		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	1062402		1062402	76195.00	13.94		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA	97322		97322	9813.00	9.92		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	786416		786416	26346.00	29.85		30
31 CENTRAL SERVICES AND SUPPLY	401457		401457	31904.00	12.58		31
32 PHARMACY	1160706		1160706	35599.00	32.61		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	1382411		1382411	78441.00	17.62		33
34 SOCIAL SERVICE	302576		302576	13265.00	22.81		34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS.	ADJUSTED	PAID HOURS	AVERAGE		WORKSHEET S-3 PART III
		OF SALARIES FROM WKST. A-6	SALARIES (COL.1 + COL.2)	RELATED TO SALARY IN COL.3	HOURLY WAGE (COL.3 / COL.4)		
	1	2	3	4	5		
1 NET SALARIES	43903585		43903585	1867647.00	23.51		1
2 EXCLUDED AREA SALARIES	5316236	330631	5646867	240135.00	23.52		2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	38587349	-330631	38256718	1627512.00	23.51		3
4 SUBTOTAL OTHER WAGES & REL COSTS	152069		152069	2147.00	70.83		4
5 SUBTOTAL WAGE-RELATED COSTS	17276279		17276279		45.16%		5
6 TOTAL (SUM OF LINES 3 THRU 5)	56015697	-330631	55685066	1629659.00	34.17		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	12515773	-778596	11737177	598600.00	19.61		13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 52-7075

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		6236		879	7115	1
2 UNDUPLICATED CENSUS COUNT		295.00		42.00	337.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
50.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.00		1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL	3.00		3.00	5
6 DIRECT NURSING SERVICE	12.00		12.00	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE	2.00		2.00	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE				10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE				12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE				14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	3.00		3.00	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1.01	3	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)			27500	20
20.01			40420	20.01
20.02			99952	20.02

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
 05/22/2009 09:40

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 52-7075

WORKSHEET S-4
 (CONTINUED)

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 2000

	FULL EPISODES				SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4				
21	SKILLED NURSING VISITS	4086	319	136	49		4590	21
22	SKILLED NURSING VISIT CHARGES	878942	69416	29154	10535		988047	22
23	PHYSICAL THERAPY VISITS	1315	4	23	7		1349	23
24	PHYSICAL THERAPY VISIT CHARGES	306865	940	5385	1645		314835	24
25	OCCUPATIONAL THERAPY VISITS	261	2	1	4		268	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	60635	470	235	940		62280	26
27	SPEECH PATHOLOGY VISITS	52		5			57	27
28	SPEECH PATHOLOGY VISIT CHARGES	12200		1095			13295	28
29	MEDICAL SOCIAL SERVICE VISITS	25	1	1	1		28	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	7623	307	307	307		8544	30
31	HOME HEALTH AIDE VISITS	1430	24		27		1481	31
32	HOME HEALTH AIDE VISIT CHARGES	146399	2472		2781		151652	32
33	TOTAL VISITS	7169	350	166	88		7773	33
34	OTHER CHARGES	95296	6280	2394	2715		106685	34
35	TOTAL CHARGES	1507960	79885	38570	18923		1645338	35
36	TOTAL NUMBER OF EPISODES	419		68	6		493	36
37	TOTAL NUMBER OF OUTLIER EPISODES		14				14	37
38	TOTAL MEDICAL SUPPLY CHARGES							38

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 52-2324

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		59		7		1
2	NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS		3.00		7.00		2
3	AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP		5.00				3
4	CAPD EXCHANGES PER DAY						4
5	NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED		313				5
6	NUMBER OF STATIONS		18				6
7	TREATMENT CAPACITY PER DAY PER STATION		3				7
8	UTILIZATION		51.20				8
9	AVERAGE TIMES DIALYZERS RE-USED		50.00				9
10	PERCENTAGE OF PATIENTS RE-USING DIALYZERS		94.00				10
TRANSPLANT INFORMATION							
11	NUMBER OF PATIENTS ON TRANSPLANT LIST						4 11
12	NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						4 12
EPOIETIN							
13	NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						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

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2008 TO 12/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (4/2005)

VERSION: 2009.01
 05/22/2009 09:40

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	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	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.357965 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	28
29	TOTAL GROSS MEDICAID COST	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	30
31	UNCOMPENSATED CARE COST	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	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	
	GENERAL SERVICE COST CENTERS								
1	0100 OLD CAP REL COSTS-BLDG & FIXT		365879	365879		365879	-468	365411	1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		569	569		569		569	2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		3484272	3484272	2195510	5679782	-2195510	3484272	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		4505884	4505884	1120620	5626504	-113832	5512672	4
5	0500 EMPLOYEE BENEFITS	670161	20257361	20927522	-11367	20916155	-350147	20566008	5
6	0600 ADMINISTRATIVE & GENERAL	4819764	6726823	11546587	-2250555	9296032	-1380097	7915935	6
8	0800 OPERATION OF PLANT	1019588	3310379	4329967	-555174	3774793	-7792	3767001	8
9	0900 LAUNDRY & LINEN SERVICE	50652	233199	283851		283851	-4115	279736	9
10	1000 HOUSEKEEPING	762318	299565	1061883	-92927	968956		968956	10
11	1100 DIETARY	1062402	341424	1403826		1403826	-3406	1400420	11
12	1200 CAFETERIA	97322	482359	579681		579681	-444197	135484	12
14	1400 NURSING ADMINISTRATION	786416	51692	838108		838108		838108	14
15	1500 CENTRAL SERVICES & SUPPLY	401457	517725	919182	-285089	634093		634093	15
16	1600 PHARMACY	1160706	-118240	1042466		1042466	-58828	983638	16
17	1700 MEDICAL RECORDS & LIBRARY	1382411	496609	1879020	-67023	1811997	-4798	1807199	17
18	1800 SOCIAL SERVICE	302576	26828	329404		329404		329404	18
23	2300 I&R SERVICES-OTHER PRGM COSTS A INPATIENT ROUTINE SERV COST CENTERS		13085	13085		13085	15982	29067	23
25	2500 ADULTS & PEDIATRICS	6782693	368688	7151381		7151381	-11563	7139818	25
26	2600 INTENSIVE CARE UNIT	1683919	168548	1852467		1852467	-1176	1851291	26
31	3100 SUBPROVIDER I	193180	170670	363850	-1720	362130	-148943	213187	31
33	3300 NURSERY	171492		171492		171492		171492	33
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	1942639	936652	2879291	-25975	2853316	-753	2852563	37
38	3800 RECOVERY ROOM	392648	15714	408362	-135	408227		408227	38
39	3900 DELIVERY ROOM & LABOR ROOM	423686		423686		423686	-30	423656	39
40	4000 ANESTHESIOLOGY	74715	194497	269212		269212	-74715	194497	40
41	4100 RADIOLOGY-DIAGNOSTIC	3316460	4163520	7479980	145640	7625620	-1642	7623978	41
44	4400 LABORATORY	1957713	2367752	4325465	84827	4410292	-40	4410252	44
49	4900 RESPIRATORY THERAPY	892959	307012	1199971	10989	1210960		1210960	49
50	5000 PHYSICAL THERAPY	2114241	423485	2537726	114131	2651857	-29059	2622798	50
53	5300 ELECTROCARDIOLOGY	154110	42854	196964		15616		212580	53
55	5500 MEDICAL SUPPLIES CHARGED TO PAT		4456019	4456019	332829	4788848		4788848	55
56	5600 DRUGS CHARGED TO PATIENTS	80800	2839344	2920144	3679	2923823	-19854	2903969	56
57	5700 RENAL DIALYSIS	886142	1467196	2353338	-28	2353310	-6827	2346483	57
58	5800 ASC (NON-DISTINCT PART)	383717	19106	402823	42316	445139		445139	58
59	3650 VASCULAR LAB	115869	28837	144706	16845	161551	-5190	156361	59
59.20	3950 CARDIAC REHAB	248008	15724	263732	12914	276646		276646	59.20
59.30	3550 PSYCH	1652088	149302	1801390	-15655	1785735	-4457	1781278	59.30
	OUTPATIENT SERVICE COST CENTERS								
60	6000 CLINIC	282652	15862	298514		298514		298514	60
61	6100 EMERGENCY	2589740	2072340	4662080	84980	4747060	-81771	4665289	61
62	6200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71	7100 HOME HEALTH AGENCY	1072994	212055	1285049	-10814	1274235	-5398	1268837	71
	SPECIAL PURPOSE COST CENTERS								
88	8800 INTEREST EXPENSE		2309342	2309342	-2309342				88
95	SUBTOTALS	39928238	63739932	103668170	-1444908	102223262	-4938626	97284636	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	53595	47579	101174		101174		101174	96
98.01	9801 PATHOLOGY	22413	1916	24329		24329		24329	98.01
98.02	9802 PHYSIATRY CLINIC	53686	925	54611		54611		54611	98.02
98.03	9803 CHOLESTEROL CLINIC	94285	27170	121455	-76737	44718		44718	98.03
98.06	9806 ROSCOE MED		11064	11064	-13383	-2319		-2319	98.06
98.07	9807 JANESVILLE MED	300876	146646	447522	-71536	375986		375986	98.07
98.08	9808 OHW	1241728	258688	1500416	15949	1516365		1516365	98.08
98.09	9809 WEST SIDE MED	565577	199837	765414	-46485	718929		718929	98.09
98.10	9810 PHYSICIAN BILLING				100637	100637		100637	98.10
98.11	9811 SENIOR ADVANTAGE								98.11
98.12	9812 HOMECARE PHARMACY								98.12
98.13	9813 DARIEN MED	339164	114823	453987		453987		453987	98.13
98.14	9814 RCAC	793670	553734	1347404		1347404		1347404	98.14
98.15	9815 EMS PHYSICIAN FEES				150000	150000		150000	98.15
98.16	9816 NORTHPOINTE	585068	2891168	3476236	1386463	4862699		4862699	98.16
101	TOTAL	43978300	67993482	111971782		111971782	-4938626	107033156	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
1		2	3	4	5
1 INTEREST EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		2195510
2	A	NEW CAP REL COSTS-MVBLE EQUIP	4		113832
3 REHAB SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO P	55		1720
4 EMS PHYSICIAN FEES	C	EMS PHYSICIAN FEES	98.15		150000
5 ER: DRUGS AND MED SUPPLIES	D	MEDICAL SUPPLIES CHARGED TO P	55		331109
6	D	DRUGS CHARGED TO PATIENTS	56		3679
7 REGISTRATION CLERKS	E	EMERGENCY	61	189977	
8	E	ASC (NON-DISTINCT PART)	58	42316	
9 PHYSICIAN BILLING SALARIES	F	PHYSICIAN BILLING	98.10	100637	
10 VASCULAR SERVICES DIRECTOR	G	RADIOLOGY-DIAGNOSTIC	41	35280	
11	G	ELECTROCARDIOLOGY	53	11698	
12	G	VASCULAR LAB	59	16845	
13	G	CARDIAC REHAB	59.20	12914	
14 NORTHPOINTE ADMINISTRATION	H	RADIOLOGY-DIAGNOSTIC	41	15306	72052
15	H	LABORATORY	44	9911	46658
16	H	RESPIRATORY THERAPY	49	1755	8262
17	H	PHYSICAL THERAPY	50	15796	74361
18	H	ELECTROCARDIOLOGY	53	516	2430
19	H	EMERGENCY	61	59003	277760
20	H	OHW	98.08	2788	13123
21	H	NORTHPOINTE	98.16	153031	720401
22 NORTHPOINTE OVERHEAD	I	RADIOLOGY-DIAGNOSTIC	41	8421	20678
23	I	LABORATORY	44	8178	20080
24	I	RESPIRATORY THERAPY	49	281	691
25	I	PHYSICAL THERAPY	50	6996	17178
26	I	ELECTROCARDIOLOGY	53	281	691
27	I	EMERGENCY	61	12491	30672
28	I	OHW	98.08	357	875
29	I	NORTHPOINTE	98.16	150555	369676
30 RENTS AND LEASES	J	NEW CAP REL COSTS-MVBLE EQUIP	4		1006788
31	J				
32	J				
33	J				
34	J				
35	J				
36 SUBTOTAL				855333	5478226

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 INTEREST EXPENSE	A	INTEREST EXPENSE	88		2309342	11 1
2	A					11 2
3 REHAB SUPPLIES	B	SUBPROVIDER I	31		1720	3
4 EMS PHYSICIAN FEES	C	EMERGENCY	61		150000	4
5 ER: DRUGS AND MED SUPPLIES	D	EMERGENCY	61		334788	5
6	D					6
7 REGISTRATION CLERKS	E	ADMINISTRATIVE & GENERAL	6	232293		7
8	E					8
9 PHYSICIAN BILLING SALARIES	F	ADMINISTRATIVE & GENERAL	6	100637		9
10 VASCULAR SERVICES DIRECTOR	G	CHOLESTEROL CLINIC	98.03	76737		10
11	G					11
12	G					12
13	G					13
14 NORTHPOINTE ADMINISTRATION	H	ADMINISTRATIVE & GENERAL	6	258106	1215047	14
15	H					15
16	H					16
17	H					17
18	H					18
19	H					19
20	H					20
21	H					21
22 NORTHPOINTE OVERHEAD	I	OPERATION OF PLANT	8	111879	443295	22
23	I	HOUSEKEEPING	10	75681	17246	23
24	I					24
25	I					25
26	I					26
27	I					27
28	I					28
29	I					29
30 RENTS AND LEASES	J	EMPLOYEE BENEFITS	5		11367	10 30
31	J	ADMINISTRATIVE & GENERAL	6		444472	31
32	J	CENTRAL SERVICES & SUPPLY	15		285089	32
33	J	MEDICAL RECORDS & LIBRARY	17		67023	33
34	J	OPERATING ROOM	37		25975	34
35	J	RECOVERY ROOM	38		135	35
36 SUBTOTAL				855333	5305499	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	J				1
2	J				2
3	J				3
4	J				4
5	J				5
6	J				6
7	J				7
8	J				8
9	J				9
10	J				10
11	J				11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				855333	5478226 36

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	WKST A-7 REF. 10
				LINE # 7				
1		J	RADIOLOGY-DIAGNOSTIC	41			6097	1
2		J	PHYSICAL THERAPY	50			200	2
3		J	RENAL DIALYSIS	57			28	3
4		J	PSYCH	59.30			15655	4
5		J	EMERGENCY	61			135	5
6		J	HOME HEALTH AGENCY	71			10814	6
7		J	ROSCOE MED	98.06			13383	7
8		J	JANESVILLE MED	98.07			71536	8
9		J	OHW	98.08			1194	9
10		J	WEST SIDE MED	98.09			46485	10
11		J	NORTHPOINTE	98.16			7200	11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34								34
35								35
36	TOTAL RECLASSIFICATIONS					855333	5478226	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	40000					40000	1
2 LAND IMPROVEMENTS	196019					196019	2
3 BUILDINGS AND FIXTURES	13912169					13912169	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	2383932					2383932	5
6 MOVABLE EQUIPMENT	1595761					1595761	6
7 SUBTOTAL	18127881					18127881	7
8 RECONCILING ITEMS							8
9 TOTAL	18127881					18127881	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	4293455					4293455	1
2 LAND IMPROVEMENTS	4985708	309376		309376		5295084	2
3 BUILDINGS AND FIXTURES	61037329	1361885		1361885		62399214	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	12203799	621908		621908		12825707	5
6 MOVABLE EQUIPMENT	39241910	3137140		3137140		42379050	6
7 SUBTOTAL	121762201	5430309		5430309		127192510	7
8 RECONCILING ITEMS							8
9 TOTAL	121762201	5430309		5430309		127192510	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	1	2	3	4	5	6	7	8
1 OLD CAP REL COSTS-BLDG & FIXT	16532120		16532120	.159552				1
2 OLD CAP REL COSTS-MVBLE EQUIP	1595761		1595761	.015401				2
3 NEW CAP REL COSTS-BLDG & FIXT	84853459		84853459	.818921				3
4 NEW CAP REL COSTS-MVBLE EQUIP	634722		634722	.006126				4
5 TOTAL	103616062		103616062	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT	365411						365411 1
2 OLD CAP REL COSTS-MVBLE EQUIP	569						569 2
3 NEW CAP REL COSTS-BLDG & FIXT	1288762		2195510				3484272 3
4 NEW CAP REL COSTS-MVBLE EQUIP	4392052	1006788	113832				5512672 4
5 TOTAL	6046794	1006788	2309342				9362924 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT	365879						365879 1
2 OLD CAP REL COSTS-MVBLE EQUIP	569						569 2
3 NEW CAP REL COSTS-BLDG & FIXT	3484272						3484272 3
4 NEW CAP REL COSTS-MVBLE EQUIP	4505884						4505884 4
5 TOTAL	8356604						8356604 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
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	B	-2195510	NEW CAP REL COSTS-BLDG & FIXT	3	9 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	B	-113832	NEW CAP REL COSTS-MVBLE EQUIP	4	9 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	-227788			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1				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 A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37					37
37.01 EQUIP DEPRECIATION	A	-468	OLD CAP REL COSTS-BLDG & FIXT	1	9 37.01
37.02 TV PREVENT MAINT	A	-8263	ADULTS & PEDIATRICS	25	37.02
37.03 TV PREVENT MAINT	A	-1176	INTENSIVE CARE UNIT	26	37.03
37.04 TV PREVENT MAINT	A	-1092	SUBPROVIDER I	31	37.04
37.05 TV PREVENT MAINT	A	-753	OPERATING ROOM	37	37.05
37.06 TV PREVENT MAINT	A	-503	RADIOLOGY-DIAGNOSTIC	41	37.06
37.07 TV PREVENT MAINT	A	-1681	RENAL DIALYSIS	57	37.07
37.08 TV PREVENT MAINT	A	-82	PSYCH	59.30	37.08
37.09 TV PREVENT MAINT	A	-671	EMERGENCY	61	37.09
37.10 CRNA OFFSET	A	-33398	EMPLOYEE BENEFITS	5	37.10
37.11 CRNA OFFSET	A	-74715	ANESTHESIOLOGY	40	37.11
37.12 PATIENT PORTION OF OPERATORS TIME	A	-2319	EMPLOYEE BENEFITS	5	37.12
37.13 PATIENT PORTION OF OPERATORS TIME	A	-5187	ADMINISTRATIVE & GENERAL	6	37.13
37.14 ADVERTISING OFFSET	A	-1236156	ADMINISTRATIVE & GENERAL	6	37.14
37.15 ADVERTISING OFFSET	A	-880	DIETARY	11	37.15
37.16 ADVERTISING OFFSET	A	-40	LABORATORY	44	37.16
37.17 ADVERTISING OFFSET	A	-58	PHYSICAL THERAPY	50	37.17
37.18 ADVERTISING OFFSET	A	-2805	PSYCH	59.30	37.18
37.19 ADVERTISING OFFSET	A	-1163	EMERGENCY	61	37.19
37.20 MISC REV	B	-314430	EMPLOYEE BENEFITS	5	37.20
37.21 MISC REV	B	-138754	ADMINISTRATIVE & GENERAL	6	37.21
37.22 MISC REV	B	-7792	OPERATION OF PLANT	8	37.22
37.23 MISC REV	B	-4115	LAUNDRY & LINEN SERVICE	9	37.23
37.24 MISC REV	B	-2526	DIETARY	11	37.24
37.25 MISC REV	B	-444197	CAFETERIA	12	37.25
37.26 MISC REV	B	-58828	PHARMACY	16	37.26
37.27 MISC REV	B	-4798	MEDICAL RECORDS & LIBRARY	17	37.27
37.28 MISC REV	B	-3300	ADULTS & PEDIATRICS	25	37.28
37.29 MISC REV	B	-30	DELIVERY ROOM & LABOR ROOM	39	37.29

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2008 TO 12/31/2008

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
37.30 MISC REV	B	-1139	RADIOLOGY-DIAGNOSTIC	41	37.30
37.31 MISC REV	B	-29001	PHYSICAL THERAPY	50	37.31
37.32 MISC REV	B	-19854	DRUGS CHARGED TO PATIENTS	56	37.32
37.33 MISC REV	B	-5146	RENAL DIALYSIS	57	37.33
37.34 MISC REV	B	-5190	VASCULAR LAB	59	37.34
37.35 MISC REV	B	-1570	PSYCH	59.30	37.35
37.36 MISC REV	B	-5398	HOME HEALTH AGENCY	71	37.36
37.37 INTERN/RESIDENT LATE INVOICE	A	15982	I&R SERVICES-OTHER PRGM COSTS A	23	37.37
38					38
39					39
40					40
41					41
42					42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50 TOTAL		-4938626			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 ADJUSTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1						1
2						2
3						3
4						4
5	TOTALS					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 -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1						1
2						2
3						3
4						4
5						5

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

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
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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	31	SUBPROVIDER I	REHAB PHYSICIAN	165474	165474	148400	247	17623	881
2	49	RESPIRATORY THERAPY	RESPIRATORY PHYSICI	10000	10000	148400	182	12985	649
3	61	EMERGENCY	ER PHYSICIANS	87500	87500	148400	106	7563	378
101		TOTAL		262974	262974		535	38171	1908

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2008 TO 12/31/2008

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VERSION: 2009.01
 05/22/2009 09:40

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.			12	13	14	15	16	17	18
10	11								
1	31	SUBPROVIDER I			REHAB PHYSICIAN		17623	147851	147851
2	49	RESPIRATORY THERAPY			RESPIRATORY PHYSICI		12985		
3	61	EMERGENCY			ER PHYSICIANS		7563	79937	79937
101		TOTAL					38171	227788	227788

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	
	FOR COST	BLDGS &	MOVABLE	BLDGS &	MOVABLE	BENEFITS		TRATIVE &	
	ALLOCATION	FIXTURES	EQUIPMENT	FIXTURES	EQUIPMENT		5A	GENERAL	
	0	1	2	3	4	5		6	
GENERAL SERVICE COST CENTERS									
1	365411	365411							1
2	569		569						2
3	3484272			3484272					3
4	5512672				5512672				4
5	20566008	5886		56121	13697	20641717			5
6	7915935	87982	316	838944	2133319	2015513	12992009	12992009	6
8	3767001	28028		267249	66500	432636	4561414	630168	8
9	279736	14236		135739		24142	453853	62701	9
10	968956	6629		63210	6001	327268	1372064	189553	10
11	1400420	11662		111202	37211	506366	2066861	285541	11
12	135484	6120		58352	30481	46386	276823	38244	12
14	838108	6622		63141	56598	374825	1339294	185026	14
15	634093	20885	119	199140	28055	191344	1073636	148325	15
16	983638	2823		26918	78589	553220	1645188	227286	16
17	1807199	3132	28	29860	61604	658890	2560713	353768	17
18	329404	870		8293	422	144215	483204	66756	18
23	29067	172		1642			30881	4266	23
INPATIENT ROUTINE SERV COST CENTERS									
25	7139818	34760	3	331444	106144	3232810	10844979	1498256	25
26	1851291	9598		91524	20404	802596	2775413	383429	26
31	213187	3952		37688	4445	92074	351346	48539	31
33	171492	1777		16942		81737	271948	37570	33
ANCILLARY SERVICE COST CENTERS									
37	2852563	16714	11	159372	228709	925908	4183277	577928	37
38	408227	2121		20226	7756	187145	625475	86411	38
39	423656	6814		64975	806	201939	698190	96456	39
40	194497	299		2846	32429	35611	265682	36704	40
41	7623978	24643	3	234981	1469747	1608829	10962181	1514443	41
44	4410252	10940		104319	91643	941715	5558869	767969	44
49	1210960	3410		32515	44748	426576	1718209	237374	49
50	2622798	7858		74924	53443	1018561	3777584	521881	50
53	212580	2268		21622	6761	79408	322639	44573	53
55	4788848	448		4270			4793566	662241	55
56	2903969				888	38511	2943368	406632	56
57	2346483	9646		91975	79163	422357	2949624	407496	57
58	445139	5023		47897	4288	203058	705405	97453	58
59	156361	2583		24633	17867	63255	264699	36569	59
59.20	276646	878		8375	3385	124362	413646	57146	59.20
59.30	1781278	8229	7	78468	10164	787425	2665571	368254	59.30
OUTPATIENT SERVICE COST CENTERS									
60	298514				4862	134719	438095	60524	60
61	4665289	11486	13	109519	131610	1358956	6276873	867163	61
62									62
71	1268837	2278	5	21718	2583	511415	1806836	249618	71
SPECIAL PURPOSE COST CENTERS									
95	97284636	360772	510	3440044	4834322	18553772	94469415	11256263	95
NONREIMBURSABLE COST CENTERS									
96	101174	2834		27027	3710	25545	160290	22144	96
98.01	24329	695		6623		10683	42330	5848	98.01
98.02	54611				424	25588	80623	11138	98.02
98.03	44718	144		1368		8364	54594	7542	98.03
98.06	-2319		6			2017	-296		98.06
98.07	375986		30			6856	143405	526277	98.07
98.08	1516365		1			11733	593336	2121435	98.08
98.09	718929		19			42574	269568	1031090	98.09
98.10	100637	273		2600		47966	151476	20927	98.10
98.11		215		2053			2268	313	98.11
98.12		478		4557			5035	696	98.12
98.13	453987				15440	161654	631081	87185	98.13
98.14	1347404				158113	378282	1883799	260251	98.14
98.15	150000						150000	20723	98.15
98.16	4862699		3		437483	423554	5723739	790746	98.16
101									101
102									102
103	107033156	365411	569	3484272	5512672	20641717	107033156	12992009	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	
	OF PLANT	& LINEN	KEEPING			ADMINIS-	SERVICES &		
	8	9	10	11	12	TRATION	SUPPLY	16	
						14	15		
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
8 OPERATION OF PLANT	5191582								8
9 LAUNDRY & LINEN SERVICE	303494	820048							9
10 HOUSEKEEPING	141329		1702946						10
11 DIETARY	248633		89199	2690234					11
12 CAFETERIA	130467		46806		492340				12
14 NURSING ADMINISTRATION	141176		50648		9683	1725827			14
15 CENTRAL SERVICES & SUPPLY	445251		159738		745		1827695		15
16 PHARMACY	60185		21592		3724		2	1957977	16
17 MEDICAL RECORDS & LIBRARY	66763		23952		28304		2		17
18 SOCIAL SERVICE	18542		6652		4469				18
23 I&R SERVICES-OTHER PRGM COSTS A	3672		1317						23
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	741062	286757	265863	2405929	108001	712948	10902	2655	25
26 INTENSIVE CARE UNIT	204634	30497	73414	272972	20856	137673	1139	791	26
31 SUBPROVIDER I	84265	10306	30231	11333	2979	19668	556		31
33 NURSERY	37879		13590		2235	14751			33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	356335	161584	127839		27559	181925	4430	842	37
38 RECOVERY ROOM	45223		16224		3724	24584	344		38
39 DELIVERY ROOM & LABOR ROOM	145276		52119		5214	34418			39
40 ANESTHESIOLOGY	6364		2283		745	4917	16	50917	40
41 RADIOLOGY-DIAGNOSTIC	525385	80220	188487		41711		1327	99304	41
44 LABORATORY	233243		83678		32028		27	1199	44
49 RESPIRATORY THERAPY	72699	339	26081		12662		51	13626	49
50 PHYSICAL THERAPY	167520	14747	60099		27559		78	989	50
53 ELECTROCARDIOLOGY	48344		17344		4469	29501	31	128	53
55 MEDICAL SUPPLIES CHARGED TO PAT	9546		3425		11173	73753	1742575		55
56 DRUGS CHARGED TO PATIENTS					9683			1352861	56
57 RENAL DIALYSIS	205644	30293	73777		14152	93421	3393	400004	57
58 ASC (NON-DISTINCT PART)	107090	27057	38420		5214	34418	574	14	58
59 VASCULAR LAB	55075	9713	19759		1490	9834	126	403	59
59.20 CARDIAC REHAB	18725	105	6718		2979	19668	20		59.20
59.30 PSYCH	175444		62942		16387		6	577	59.30
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC					3724	24584	458		60
61 EMERGENCY	244869	166255	87849		32028	211426	37165	1835	61
62 OBSERVATION BEDS (NON-DISTINCT									62
71 OTHER REIMBURSABLE COST CENTERS									
HOME HEALTH AGENCY	48558		17421			98338	21874	152	71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	5092692	817873	1667467	2690234	433497	1725827	1825096	1926297	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	60429		21680		1490				96
98.01 PATHOLOGY	14809		5313						98.01
98.02 PHYSIATRY CLINIC							10		98.02
98.03 CHOLESTEROL CLINIC	3060		1098						98.03
98.06 ROSCOE MED									98.06
98.07 JANESVILLE MED		1318					522	4008	98.07
98.08 OHW							882	11877	98.08
98.09 WEST SIDE MED		445					552	12259	98.09
98.10 PHYSICIAN BILLING	5813		2086						98.10
98.11 SENIOR ADVANTAGE	4590		1647		57353				98.11
98.12 HOMECARE PHARMACY	10189		3655						98.12
98.13 DARIEN MED		412					583	3502	98.13
98.14 RCAC							6		98.14
98.15 EMS PHYSICIAN FEES									98.15
98.16 NORTHPOINTE							44	34	98.16
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	5191582	820048	1702946	2690234	492340	1725827	1827695	1957977	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT							3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 EMPLOYEE BENEFITS							5
6 ADMINISTRATIVE & GENERAL							6
8 OPERATION OF PLANT							8
9 LAUNDRY & LINEN SERVICE							9
10 HOUSEKEEPING							10
11 DIETARY							11
12 CAFETERIA							12
14 NURSING ADMINISTRATION							14
15 CENTRAL SERVICES & SUPPLY							15
16 PHARMACY							16
17 MEDICAL RECORDS & LIBRARY	3033502						17
18 SOCIAL SERVICE		579623					18
23 I&R SERVICES-OTHER PRGM COSTS A			40136				23
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	183431	545478		17606261		17606261	25
26 INTENSIVE CARE UNIT	72422	19881		3993121		3993121	26
31 SUBPROVIDER I	761	6893		566877		566877	31
33 NURSERY	11218			389191		389191	33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	321479			5943198		5943198	37
38 RECOVERY ROOM	39713			841698		841698	38
39 DELIVERY ROOM & LABOR ROOM	37331			1069004		1069004	39
40 ANESTHESIOLOGY	24047			391675		391675	40
41 RADIOLOGY-DIAGNOSTIC	639062			14052120		14052120	41
44 LABORATORY	343839			7020852		7020852	44
49 RESPIRATORY THERAPY	107792			2188833		2188833	49
50 PHYSICAL THERAPY	90328			4660785		4660785	50
53 ELECTROCARDIOLOGY	21874			488903		488903	53
55 MEDICAL SUPPLIES CHARGED TO PAT	446302			7742581		7742581	55
56 DRUGS CHARGED TO PATIENTS	204419			4916963		4916963	56
57 RENAL DIALYSIS	139675			4317479		4317479	57
58 ASC (NON-DISTINCT PART)	19280			1034925		1034925	58
59 VASCULAR LAB	39079			436747		436747	59
59.20 CARDIAC REHAB	9976			528983		528983	59.20
59.30 PSYCH	30542			3319723		3319723	59.30
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	10575			537960		537960	60
61 EMERGENCY	240357	7371	40136	8213327		8213327	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS							62
71 HOME HEALTH AGENCY				2242797		2242797	71
SPECIAL PURPOSE COST CENTERS							
95 SUBTOTALS	3033502	579623	40136	92504003		92504003	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN				266033		266033	96
98.01 PATHOLOGY				68300		68300	98.01
98.02 PHYSIATRY CLINIC				91771		91771	98.02
98.03 CHOLESTEROL CLINIC				66294		66294	98.03
98.06 ROSCOE MED				-296		-296	98.06
98.07 JANESVILLE MED				604831		604831	98.07
98.08 OHW				2427274		2427274	98.08
98.09 WEST SIDE MED				1186793		1186793	98.09
98.10 PHYSICIAN BILLING				180302		180302	98.10
98.11 SENIOR ADVANTAGE				66171		66171	98.11
98.12 HOMECARE PHARMACY				19575		19575	98.12
98.13 DARIEN MED				722763		722763	98.13
98.14 RCAC				2144056		2144056	98.14
98.15 EMS PHYSICIAN FEES				170723		170723	98.15
98.16 NORTHPOINTE				6514563		6514563	98.16
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	3033502	579623	40136	107033156		107033156	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	OLD CAP BLDGS & FIXTURES 1	OLD CAP MOVABLE EQUIPMENT 2	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS		5886	5	5891	5891				5
6 ADMINISTRATIVE & GENERAL		87982	316	88298	575	88873			6
8 OPERATION OF PLANT		28028		28028	123	4311	32462		8
9 LAUNDRY & LINEN SERVICE		14236		14236	7	429	1898	16570	9
10 HOUSEKEEPING		6629		6629	93	1297	884		10
11 DIETARY		11662		11662	144	1953	1555		11
12 CAFETERIA		6120		6120	13	262	816		12
14 NURSING ADMINISTRATION		6622		6622	107	1266	883		14
15 CENTRAL SERVICES & SUPPLY		20885	119	21004	55	1015	2784		15
16 PHARMACY		2823		2823	158	1555	376		16
17 MEDICAL RECORDS & LIBRARY		3132	28	3160	188	2420	417		17
18 SOCIAL SERVICE		870		870	41	457	116		18
23 I&R SERVICES-OTHER PRGM COSTS A		172		172		29	23		23
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		34760	3	34763	925	10249	4632	5795	25
26 INTENSIVE CARE UNIT		9598		9598	229	2623	1280	616	26
31 SUBPROVIDER I		3952		3952	26	332	527	208	31
33 NURSERY		1777		1777	23	257	237		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		16714	11	16725	264	3953	2228	3265	37
38 RECOVERY ROOM		2121		2121	53	591	283		38
39 DELIVERY ROOM & LABOR ROOM		6814		6814	58	660	908		39
40 ANESTHESIOLOGY		299		299	10	251	40		40
41 RADIOLOGY-DIAGNOSTIC		24643	3	24646	459	10361	3285	1621	41
44 LABORATORY		10940		10940	269	5253	1458		44
49 RESPIRATORY THERAPY		3410		3410	122	1624	455	7	49
50 PHYSICAL THERAPY		7858		7858	291	3570	1047	298	50
53 ELECTROCARDIOLOGY		2268		2268	23	305	302		53
55 MEDICAL SUPPLIES CHARGED TO PAT		448		448		4530	60		55
56 DRUGS CHARGED TO PATIENTS					11	2781			56
57 RENAL DIALYSIS		9646		9646	121	2787	1286	612	57
58 ASC (NON-DISTINCT PART)		5023		5023	58	667	670	547	58
59 VASCULAR LAB		2583		2583	18	250	344	196	59
59.20 CARDIAC REHAB		878		878	35	391	117	2	59.20
59.30 PSYCH		8229	7	8236	225	2519	1097		59.30
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC					38	414			60
61 EMERGENCY		11486	13	11499	388	5932	1531	3359	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY		2278	5	2283	146	1707	304		71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS		360772	510	361282	5296	77001	31843	16526	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		2834		2834	7	151	378		96
98.01 PATHOLOGY		695		695	3	40	93		98.01
98.02 PHYSIATRY CLINIC					7	76			98.02
98.03 CHOLESTEROL CLINIC		144		144	2	52	19		98.03
98.06 ROSCOE MED			6	6					98.06
98.07 JANESVILLE MED			30	30	41	497		27	98.07
98.08 OHW			1	1	169	2005			98.08
98.09 WEST SIDE MED			19	19	77	974		9	98.09
98.10 PHYSICIAN BILLING		273		273	14	143	36		98.10
98.11 SENIOR ADVANTAGE		215		215		2	29		98.11
98.12 HOMECARE PHARMACY		478		478		5	64		98.12
98.13 DARIEN MED					46	596		8	98.13
98.14 RCAC					108	1780			98.14
98.15 EMS PHYSICIAN FEES						142			98.15
98.16 NORTHPOINTE			3	3	121	5409			98.16
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		365411	569	365980	5891	88873	32462	16570	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	10	11	12	14	15	16	17	18	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	8903								10
11 DIETARY	466	15780							11
12 CAFETERIA	245		7456						12
14 NURSING ADMINISTRATION	265		147	9290					14
15 CENTRAL SERVICES & SUPPLY	835		11		25704				15
16 PHARMACY	113		56			5081			16
17 MEDICAL RECORDS & LIBRARY	125		429				6739		17
18 SOCIAL SERVICE	35		68						18
23 I&R SERVICES-OTHER PRGM COSTS A	7							1587	23
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	1391	14113	1635	3840	153	7	412	1494	25
26 INTENSIVE CARE UNIT	384	1601	316	741	16	2	163	54	26
31 SUBPROVIDER I	158	66	45	106	8		2	19	31
33 NURSERY	71		34	79			25		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	668		417	979	62	2	722		37
38 RECOVERY ROOM	85		56	132	5		89		38
39 DELIVERY ROOM & LABOR ROOM	272		79	185			84		39
40 ANESTHESIOLOGY	12		11	26			132	54	40
41 RADIOLOGY-DIAGNOSTIC	985		632		19		258	1363	41
44 LABORATORY	437		485				3	772	44
49 RESPIRATORY THERAPY	136		192		1		35	242	49
50 PHYSICAL THERAPY	314		417		1		3	203	50
53 ELECTROCARDIOLOGY	91		68	159				49	53
55 MEDICAL SUPPLIES CHARGED TO PAT	18		169	397	24508			1002	55
56 DRUGS CHARGED TO PATIENTS			147				3512	459	56
57 RENAL DIALYSIS	386		214	503	48		1038	313	57
58 ASC (NON-DISTINCT PART)	201		79	185	8			43	58
59 VASCULAR LAB	103		23	53	2		1	88	59
59.20 CARDIAC REHAB	35		45	106				22	59.20
59.30 PSYCH	329		248				1	69	59.30
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC			56	132	6			24	60
61 EMERGENCY	459		485	1138	523		5	539	20
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY	91			529	308				71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	8717	15780	6564	9290	25668	4999	6739	1587	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	113		23						96
98.01 PATHOLOGY	28								98.01
98.02 PHYSIATRY CLINIC									98.02
98.03 CHOLESTEROL CLINIC	6								98.03
98.06 ROSCOE MED									98.06
98.07 JANESVILLE MED					7		10		98.07
98.08 OHW					12		31		98.08
98.09 WEST SIDE MED					8		32		98.09
98.10 PHYSICIAN BILLING	11								98.10
98.11 SENIOR ADVANTAGE	9		869						98.11
98.12 HOMECARE PHARMACY	19								98.12
98.13 DARIEN MED					8		9		98.13
98.14 RCAC									98.14
98.15 EMS PHYSICIAN FEES									98.15
98.16 NORTHPOINTE					1				98.16
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	8903	15780	7456	9290	25704	5081	6739	1587	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
23 I&R SERVICES-OTHER PRGM COSTS A	231			23
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS		79409		25
26 INTENSIVE CARE UNIT		17623		26
31 SUBPROVIDER I		5449		31
33 NURSERY		2503		33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM		29285		37
38 RECOVERY ROOM		3415		38
39 DELIVERY ROOM & LABOR ROOM		9060		39
40 ANESTHESIOLOGY		835		40
41 RADIOLOGY-DIAGNOSTIC		43629		41
44 LABORATORY		19617		44
49 RESPIRATORY THERAPY		6224		49
50 PHYSICAL THERAPY		14002		50
53 ELECTROCARDIOLOGY		3265		53
55 MEDICAL SUPPLIES CHARGED TO PAT		31132		55
56 DRUGS CHARGED TO PATIENTS		6910		56
57 RENAL DIALYSIS		16954		57
58 ASC (NON-DISTINCT PART)		7481		58
59 VASCULAR LAB		3661		59
59.20 CARDIAC REHAB		1631		59.20
59.30 PSYCH		12724		59.30
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC		670		60
61 EMERGENCY		25878		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS				62
71 HOME HEALTH AGENCY		5368		71
SPECIAL PURPOSE COST CENTERS				
95 SUBTOTALS		346725		95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		3506		96
98.01 PATHOLOGY		859		98.01
98.02 PHYSIATRY CLINIC		83		98.02
98.03 CHOLESTEROL CLINIC		223		98.03
98.06 ROSCOE MED		6		98.06
98.07 JANESVILLE MED		612		98.07
98.08 OHW		2218		98.08
98.09 WEST SIDE MED		1119		98.09
98.10 PHYSICIAN BILLING		477		98.10
98.11 SENIOR ADVANTAGE		1124		98.11
98.12 HOMECARE PHARMACY		566		98.12
98.13 DARIEN MED		667		98.13
98.14 RCAC		1888		98.14
98.15 EMS PHYSICIAN FEES		142		98.15
98.16 NORTHPOINTE		5534		98.16
101 CROSS FOOT ADJUSTMENTS	231	231		101
102 NEGATIVE COST CENTER				102
103 TOTAL	231	365980		103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDG & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS		56121	13697	69818	69818				5
6 ADMINISTRATIVE & GENERAL	838944		2133319	2972263	6817	2979080			6
8 OPERATION OF PLANT	267249		66500	333749	1463	144496	479708		8
9 LAUNDRY & LINEN SERVICE	135739			135739	82	14377	28043	178241	9
10 HOUSEKEEPING	63210		6001	69211	1107	43464	13059		10
11 DIETARY	111202		37211	148413	1713	65474	22974		11
12 CAFETERIA	58352		30481	88833	157	8769	12055		12
14 NURSING ADMINISTRATION	63141		56598	119739	1268	42426	13045		14
15 CENTRAL SERVICES & SUPPLY	199140		28055	227195	647	34011	41142		15
16 PHARMACY	26918		78589	105507	1871	52116	5561		16
17 MEDICAL RECORDS & LIBRARY	29860		61604	91464	2228	81118	6169		17
18 SOCIAL SERVICE	8293		422	8715	488	15307	1713		18
23 I&R SERVICES-OTHER PRGM COSTS A	1642			1642		978	339		23
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	331444	106144	106144	437588	10938	343547	68477	62328	25
26 INTENSIVE CARE UNIT	91524	20404	20404	111928	2714	87920	18908	6629	26
31 SUBPROVIDER I	37688	4445	4445	42133	311	11130	7786	2240	31
33 NURSERY	16942			16942	276	8615	3500		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	159372	228709	228709	388081	3132	132518	32926	35121	37
38 RECOVERY ROOM	20226	7756	7756	27982	633	19814	4179		38
39 DELIVERY ROOM & LABOR ROOM	64975	806	806	65781	683	22117	13424		39
40 ANESTHESIOLOGY	2846	32429	32429	35275	120	8416	588		40
41 RADIOLOGY-DIAGNOSTIC	234981	1469747	1469747	1704728	5441	347297	48546	17436	41
44 LABORATORY	104319	91643	91643	195962	3185	176094	21552		44
49 RESPIRATORY THERAPY	32515	44748	44748	77263	1443	54429	6717	74	49
50 PHYSICAL THERAPY	74924	53443	53443	128367	3445	119666	15479	3205	50
53 ELECTROCARDIOLOGY	21622	6761	6761	28383	269	10221	4467		53
55 MEDICAL SUPPLIES CHARGED TO PAT	4270			4270		151851	882		55
56 DRUGS CHARGED TO PATIENTS		888	888	888	130	93240			56
57 RENAL DIALYSIS	91975	79163	79163	171138	1428	93438	19002	6584	57
58 ASC (NON-DISTINCT PART)	47897	4288	4288	52185	687	22346	9895	5881	58
59 VASCULAR LAB	24633	17867	17867	42500	214	8385	5089	2111	59
59.20 CARDIAC REHAB	8375	3385	3385	11760	421	13103	1730	23	59.20
59.30 PSYCH	78468	10164	10164	88632	2663	84440	16211		59.30
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		4862	4862	4862	456	13878			60
61 EMERGENCY	109519	131610	131610	241129	4596	198839	22626	36136	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY	21718	2583	2583	24301	1730	57237	4487		71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	3440044	4834322	4834322	8274366	62756	2581077	470571	177768	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	27027	3710	3710	30737	86	5078	5584		96
98.01 PATHOLOGY	6623			6623	36	1341	1368		98.01
98.02 PHYSIATRY CLINIC		424	424	424	87	2554			98.02
98.03 CHOLESTEROL CLINIC	1368			1368	28	1729	283		98.03
98.06 ROSCOE MED		2017	2017	2017					98.06
98.07 JANESVILLE MED		6856	6856	6856	485	16671		286	98.07
98.08 OHW		11733	11733	11733	2007	67203			98.08
98.09 WEST SIDE MED		42574	42574	42574	912	32663		97	98.09
98.10 PHYSICIAN BILLING	2600			2600	162	4798	537		98.10
98.11 SENIOR ADVANTAGE	2053			2053		72	424		98.11
98.12 HOMECARE PHARMACY	4557			4557		159	941		98.12
98.13 DARIEN MED		15440	15440	15440	547	19991		90	98.13
98.14 RCAC		158113	158113	158113	1279	59675			98.14
98.15 EMS PHYSICIAN FEES						4752			98.15
98.16 NORTHPOINTE			437483	437483	1433	181317			98.16
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	3484272	5512672	5512672	8996944	69818	2979080	479708	178241	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	10	11	12	14	15	16	17	18	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	126841								10
11 DIETARY	6644	245218							11
12 CAFETERIA	3486		113300						12
14 NURSING ADMINISTRATION	3772		2228	182478					14
15 CENTRAL SERVICES & SUPPLY	11898		171		315064				15
16 PHARMACY	1608		857			167520			16
17 MEDICAL RECORDS & LIBRARY	1784		6513				189276		17
18 SOCIAL SERVICE	495		1028						18
23 I&R SERVICES-OTHER PRGM COSTS A	98							27746	23
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	19803	219303	24857	75381	1879	227	11451	26111	25
26 INTENSIVE CARE UNIT	5468	24882	4799	14557	196	68	4521	952	26
31 SUBPROVIDER I	2252	1033	686	2080	96		48	330	31
33 NURSERY	1012		514	1560			700		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	9522		6342	19236	764	72	20069		37
38 RECOVERY ROOM	1208		857	2599	59		2479		38
39 DELIVERY ROOM & LABOR ROOM	3882		1200	3639			2330		39
40 ANESTHESIOLOGY	170		171	520	3	4356	1501		40
41 RADIOLOGY-DIAGNOSTIC	14039		9599		229	8496	39797		41
44 LABORATORY	6233		7370		5	103	21465		44
49 RESPIRATORY THERAPY	1943		2914		9	1166	6729		49
50 PHYSICAL THERAPY	4476		6342		14	85	5639		50
53 ELECTROCARDIOLOGY	1292		1028	3119	5	11	1366		53
55 MEDICAL SUPPLIES CHARGED TO PAT	255		2571	7798	300390		27861		55
56 DRUGS CHARGED TO PATIENTS			2228			115747	12761		56
57 RENAL DIALYSIS	5495		3257	9878	585	34224	8720		57
58 ASC (NON-DISTINCT PART)	2862		1200	3639	99	1	1204		58
59 VASCULAR LAB	1472		343	1040	22	34	2440		59
59.20 CARDIAC REHAB	500		686	2080	3		623		59.20
59.30 PSYCH	4688		3771		1	49	1907		59.30
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC			857	2599	79		660		60
61 EMERGENCY	6543		7370	22355	6407	157	15005	353	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY	1298			10398	3771	13			71
95 SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	124198	245218	99759	182478	314616	164809	189276	27746	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	1615		343						96
98.01 PATHOLOGY	396								98.01
98.02 PHYSIATRY CLINIC					2				98.02
98.03 CHOLESTEROL CLINIC	82								98.03
98.06 ROSCOE MED									98.06
98.07 JANESVILLE MED					90	343			98.07
98.08 OHW					152	1016			98.08
98.09 WEST SIDE MED					95	1049			98.09
98.10 PHYSICIAN BILLING	155								98.10
98.11 SENIOR ADVANTAGE	123		13198						98.11
98.12 HOMECARE PHARMACY	272								98.12
98.13 DARIEN MED					100	300			98.13
98.14 RCAC					1				98.14
98.15 EMS PHYSICIAN FEES									98.15
98.16 NORTHPOINTE					8	3			98.16
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	126841	245218	113300	182478	315064	167520	189276	27746	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	23		25	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
23 I&R SERVICES-OTHER PRGM COSTS A	3057			23
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS		1301890		25
26 INTENSIVE CARE UNIT		283542		26
31 SUBPROVIDER I		70125		31
33 NURSERY		33119		33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM		647783		37
38 RECOVERY ROOM		59810		38
39 DELIVERY ROOM & LABOR ROOM		113056		39
40 ANESTHESIOLOGY		51120		40
41 RADIOLOGY-DIAGNOSTIC		2195608		41
44 LABORATORY		431969		44
49 RESPIRATORY THERAPY		152687		49
50 PHYSICAL THERAPY		286718		50
53 ELECTROCARDIOLOGY		50161		53
55 MEDICAL SUPPLIES CHARGED TO PAT		495878		55
56 DRUGS CHARGED TO PATIENTS		224994		56
57 RENAL DIALYSIS		353749		57
58 ASC (NON-DISTINCT PART)		99999		58
59 VASCULAR LAB		63650		59
59.20 CARDIAC REHAB		30929		59.20
59.30 PSYCH		202362		59.30
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC		23391		60
61 EMERGENCY		561516		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)				62
71 HOME HEALTH AGENCY		103235		71
SPECIAL PURPOSE COST CENTERS				
95 SUBTOTALS		7837291		95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		43443		96
98.01 PATHOLOGY		9764		98.01
98.02 PHYSIATRY CLINIC		3067		98.02
98.03 CHOLESTEROL CLINIC		3490		98.03
98.06 ROSCOE MED		2017		98.06
98.07 JANESVILLE MED		24731		98.07
98.08 OHW		82111		98.08
98.09 WEST SIDE MED		77390		98.09
98.10 PHYSICIAN BILLING		8252		98.10
98.11 SENIOR ADVANTAGE		15870		98.11
98.12 HOMECARE PHARMACY		5929		98.12
98.13 DARIEN MED		36468		98.13
98.14 RCAC		219068		98.14
98.15 EMS PHYSICIAN FEES		4752		98.15
98.16 NORTHPOINTE		620244		98.16
101 CROSS FOOT ADJUSTMENTS	3057	3057		101
102 NEGATIVE COST CENTER				102
103 TOTAL	3057	8996944		103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-
	BLDGS & FIXTURES	MOVABLE EQUIPMENT	BLDGS & FIXTURES	MOVABLE EQUIPMENT	BENEFITS		
	SQUARE FEET	DOLLAR VALUE	SQUARE FEET	DOLLAR VALUE	GROSS SALARIES	CILIAATION	TRATIVE & GENERAL ACCUM COST
	1	2	3	4	5	6A	6
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT	254610						1
2 OLD CAP REL COSTS-MVBLE EQUIP		1356568					2
3 NEW CAP REL COSTS-BLDG & FIXT			254610				3
4 NEW CAP REL COSTS-MVBLE EQUIP				7924975			4
5 EMPLOYEE BENEFITS	4101	11367	4101	19691	43308139		5
6 ADMINISTRATIVE & GENERAL	61305	756799	61305	3066844	4228728	-12992009	94041443 6
8 OPERATION OF PLANT	19529	43	19529	95600	907709		4561414 8
9 LAUNDRY & LINEN SERVICE	9919		9919		50652		453853 9
10 HOUSEKEEPING	4619		4619	8627	686637		1372064 10
11 DIETARY	8126	107	8126	53494	1062402		2066861 11
12 CAFETERIA	4264	60	4264	43819	97322		276823 12
14 NURSING ADMINISTRATION	4614		4614	81365	786416		1339294 14
15 CENTRAL SERVICES & SUPPLY	14552	285089	14552	40332	401457		1073636 15
16 PHARMACY	1967	38	1967	112979	1160706		1645188 16
17 MEDICAL RECORDS & LIBRARY	2182	67118	2182	88562	1382411		2560713 17
18 SOCIAL SERVICE	606		606	606	302576		483204 18
23 I&R SERVICES-OTHER PRGM COSTS	120		120				30881 23
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	24220	6564	24220	152592	6782693		10844979 25
26 INTENSIVE CARE UNIT	6688		6688	29333	1683919		2775413 26
31 SUBPROVIDER I	2754	39	2754	6390	193180		351346 31
33 NURSERY	1238		1238		171492		271948 33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	11646	25975	11646	328791	1942639		4183277 37
38 RECOVERY ROOM	1478	135	1478	11150	392648		625475 38
39 DELIVERY ROOM & LABOR ROOM	4748		4748	1158	423686		698190 39
40 ANESTHESIOLOGY	208	53	208	46619	74715		265682 40
41 RADIOLOGY-DIAGNOSTIC	17171	6394	17171	2112899	3375467		10962181 41
44 LABORATORY	7623		7623	131745	1975802		5558869 44
49 RESPIRATORY THERAPY	2376	263	2376	64329	894995		1718209 49
50 PHYSICAL THERAPY	5475	250	5475	76830	2137033		3777584 50
53 ELECTROCARDIOLOGY	1580		1580	9719	166605		322639 53
55 MEDICAL SUPPLIES CHARGED TO P	312		312				4793566 55
56 DRUGS CHARGED TO PATIENTS				1276	80800		2943368 56
57 RENAL DIALYSIS	6721	28	6721	113804	886142		2949624 57
58 ASC (NON-DISTINCT PART)	3500		3500	6164	426033		705405 58
59 VASCULAR LAB	1800		1800	25685	132714		264699 59
59.20 CARDIAC REHAB	612		612	4866	260922		413646 59.20
59.30 PSYCH	5734	15655	5734	14612	1652088		2665571 59.30
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC				6989	282652		438095 60
61 EMERGENCY	8003	29979	8003	189201	2851211		6276873 61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
71 HOME HEALTH AGENCY	1587	10814	1587	3714	1072994		1806836 71
SPECIAL PURPOSE COST CENTERS							
95 SUBTOTALS	251378	1216770	251378	6949785	38927446	-12992009	81477406 95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	1975		1975	5334	53595		160290 96
98.01 PATHOLOGY	484		484		22413		42330 98.01
98.02 PHYSIATRY CLINIC				609	53686		80623 98.02
98.03 CHOLESTEROL CLINIC	100		100		17548		54594 98.03
98.06 ROSCOE MED		13383		2899		296	98.06
98.07 JANESVILLE MED		71536		9856	300876		526277 98.07
98.08 OHW		1194		16867	1244873		2121435 98.08
98.09 WEST SIDE MED		46485		61204	565577		1031090 98.09
98.10 PHYSICIAN BILLING	190		190		100637		151476 98.10
98.11 SENIOR ADVANTAGE	150		150				2268 98.11
98.12 HOMECARE PHARMACY	333		333				5035 98.12
98.13 DARIEN MED				22196	339164		631081 98.13
98.14 RCAC				227302	793670		1883799 98.14
98.15 EMS PHYSICIAN FEES							150000 98.15
98.16 NORTHPOINTE		7200		628923	888654		5723739 98.16

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES		CILIATION
	1	2	3	4	5	6A	6
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	365411	569	3484272	5512672	20641717		12992009 103
104 UNIT COST MULT-WS B PT I		.000419		.695607			104
104 UNIT COST MULT-WS B PT I	1.435179		13.684741		.476624		.138152 104
105 COST TO BE ALLOC PER B PT II					5891		88873 105
106 UNIT COST MULT-WS B PT II							106
106 UNIT COST MULT-WS B PT II					.000136		.000945 106
107 COST TO BE ALLOC PER B PT III					69818		2979080 107
108 UNIT COST MULT-WS B PT III							108
108 UNIT COST MULT-WS B PT III					.001612		.031678 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY		
	OF PLANT	& LINEN	KEEPING			ADMINIS-	SERVICES &			
	SQUARE	SERVICE	SQUARE	MEALS	MEALS	TRATION	SUPPLY	COSTED		
	FEET	POUNDS OF	FEET	SERVED	SERVED	DIRECT	COSTED	COSTED		
	8	LAUNDRY	10	11	12	NRSING HRS	REQUIS.	REQUIS.		
		9				14	15	16		
GENERAL SERVICE COST CENTERS										
1	OLD CAP REL COSTS-BLDG & FIXT							1		
2	OLD CAP REL COSTS-MVBLE EQUIP							2		
3	NEW CAP REL COSTS-BLDG & FIXT							3		
4	NEW CAP REL COSTS-MVBLE EQUIP							4		
5	EMPLOYEE BENEFITS							5		
6	ADMINISTRATIVE & GENERAL							6		
8	OPERATION OF PLANT	169675						8		
9	LAUNDRY & LINEN SERVICE	9919	769796					9		
10	HOUSEKEEPING	4619		155137				10		
11	DIETARY	8126		8126	22076			11		
12	CAFETERIA	4264		4264		661		12		
14	NURSING ADMINISTRATION	4614		4614		13	351	14		
15	CENTRAL SERVICES & SUPPLY	14552		14552		1	2263489	15		
16	PHARMACY	1967		1967		5	2	3926527		
17	MEDICAL RECORDS & LIBRARY	2182		2182		38	2	17		
18	SOCIAL SERVICE	606		606		6		18		
23	I&R SERVICES-OTHER PRGM COSTS	120		120				23		
INPATIENT ROUTINE SERV COST CENTERS										
25	ADULTS & PEDIATRICS	24220	269185	24220	19743	145	145	13502	5324	25
26	INTENSIVE CARE UNIT	6688	28628	6688	2240	28	28	1410	1586	26
31	SUBPROVIDER I	2754	9674	2754	93	4	4	689		31
33	NURSERY	1238		1238		3	3			33
ANCILLARY SERVICE COST CENTERS										
37	OPERATING ROOM	11646	151682	11646		37	37	5486	1688	37
38	RECOVERY ROOM	1478		1478		5	5	426		38
39	DELIVERY ROOM & LABOR ROOM	4748		4748		7	7			39
40	ANESTHESIOLOGY	208		208		1	1	20	102108	40
41	RADIOLOGY-DIAGNOSTIC	17171	75304	17171		56		1643	199145	41
44	LABORATORY	7623		7623		43		34	2405	44
49	RESPIRATORY THERAPY	2376	318	2376		17		63	27325	49
50	PHYSICAL THERAPY	5475	13843	5475		37		97	1983	50
53	ELECTROCARDIOLOGY	1580		1580		6	6	38	256	53
55	MEDICAL SUPPLIES CHARGED TO P	312		312		15	15	2158073		55
56	DRUGS CHARGED TO PATIENTS					13			2713031	56
57	RENAL DIALYSIS	6721	28437	6721		19	19	4202	802168	57
58	ASC (NON-DISTINCT PART)	3500	25399	3500		7	7	711	29	58
59	VASCULAR LAB	1800	9118	1800		2	2	156	808	59
59.20	CARDIAC REHAB	612	99	612		4	4	25		59.20
59.30	PSYCH	5734		5734		22		8	1157	59.30
OUTPATIENT SERVICE COST CENTERS										
60	CLINIC					5	5	567		60
61	EMERGENCY	8003	156067	8003		43	43	46027	3679	61
62	OBSERVATION BEDS (NON-DISTINC									62
OTHER REIMBURSABLE COST CENTERS										
71	HOME HEALTH AGENCY	1587		1587			20	27090	304	71
SPECIAL PURPOSE COST CENTERS										
95	SUBTOTALS	166443	767754	151905	22076	582	351	2260271	3862996	95
NONREIMBURSABLE COST CENTERS										
96	GIFT, FLOWER, COFFEE SHOP & C	1975		1975		2				96
98.01	PATHOLOGY	484		484						98.01
98.02	PHYSIATRY CLINIC							12		98.02
98.03	CHOLESTEROL CLINIC	100		100						98.03
98.06	ROSCOE MED									98.06
98.07	JANESVILLE MED		1237					646	8037	98.07
98.08	OHW							1092	23819	98.08
98.09	WEST SIDE MED		418					683	24585	98.09
98.10	PHYSICIAN BILLING	190		190						98.10
98.11	SENIOR ADVANTAGE	150		150		77				98.11
98.12	HOMECARE PHARMACY	333		333						98.12
98.13	DARIEN MED		387					722	7022	98.13
98.14	RCAC							8		98.14
98.15	EMS PHYSICIAN FEES									98.15
98.16	NORTHPOINTE							55	68	98.16

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY
	OF PLANT	& LINEN	KEEPING			ADMINIS-	SERVICES &	
	SQUARE	SERVICE	SQUARE	MEALS	MEALS	TRATION	SUPPLY	COSTED
	FEET	POUNDS OF	FEET	SERVED	SERVED	DIRECT	COSTED	REQUIS.
	8	LAUNDRY	10	11	12	NRSING HRS	REQUIS.	16
		9				14	15	
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	5191582	820048	1702946	2690234	492340	1725827	1827695	1957977 103
104 UNIT COST MULT-WS B PT I	30.597212		10.977046		744.841150		.807468	104
104 UNIT COST MULT-WS B PT I		1.065280		121.862384		4916.886040		.498654 104
105 COST TO BE ALLOC PER B PT II	32462	16570	8903	15780	7456	9290	25704	5081 105
106 UNIT COST MULT-WS B PT II	.191319		.057388		11.279879		.011356	106
106 UNIT COST MULT-WS B PT II		.021525		.714803		26.467236		.001294 106
107 COST TO BE ALLOC PER B PT III	479708	178241	126841	245218	113300	182478	315064	167520 107
108 UNIT COST MULT-WS B PT III	2.827217		.817606		171.406959		.139194	108
108 UNIT COST MULT-WS B PT III		.231543		11.107900		519.880342		.042664 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE TIME SPENT 18	I&R PROGRAM COSTS ASSIGNED TIME 23	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY	252151265			17
18 SOCIAL SERVICE		14548		18
23 I&R SERVICES-OTHER PRGM COSTS			100	23
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	15247780	13691		25
26 INTENSIVE CARE UNIT	6020153	499		26
31 SUBPROVIDER I	63296	173		31
33 NURSERY	932527			33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	26723124			37
38 RECOVERY ROOM	3301180			38
39 DELIVERY ROOM & LABOR ROOM	3103122			39
40 ANESTHESIOLOGY	1998910			40
41 RADIOLOGY-DIAGNOSTIC	53112108			41
44 LABORATORY	28581785			44
49 RESPIRATORY THERAPY	8960301			49
50 PHYSICAL THERAPY	7508552			50
53 ELECTROCARDIOLOGY	1818309			53
55 MEDICAL SUPPLIES CHARGED TO P	37099053			55
56 DRUGS CHARGED TO PATIENTS	16992419			56
57 RENAL DIALYSIS	11610564			57
58 ASC (NON-DISTINCT PART)	1602638			58
59 VASCULAR LAB	3248471			59
59.20 CARDIAC REHAB	829223			59.20
59.30 PSYCH	2538840			59.30
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	879092			60
61 EMERGENCY	19979818	185	100	61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS				62
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
95 SUBTOTALS	252151265	14548	100	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & C				96
98.01 PATHOLOGY				98.01
98.02 PHYSIATRY CLINIC				98.02
98.03 CHOLESTEROL CLINIC				98.03
98.06 ROSCOE MED				98.06
98.07 JANESVILLE MED				98.07
98.08 OHW				98.08
98.09 WEST SIDE MED				98.09
98.10 PHYSICIAN BILLING				98.10
98.11 SENIOR ADVANTAGE				98.11
98.12 HOMECARE PHARMACY				98.12
98.13 DARIEN MED				98.13
98.14 RCAC				98.14
98.15 EMS PHYSICIAN FEES				98.15
98.16 NORTHPOINTE				98.16

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE TIME SPENT 18	I&R PROGRAM COSTS ASSIGNED TIME 23	
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	3033502	579623	40136	103
104 UNIT COST MULT-WS B PT I	.012030		401.360000	104
104 UNIT COST MULT-WS B PT I		39.842109		104
105 COST TO BE ALLOC PER B PT II	6739	1587	231	105
106 UNIT COST MULT-WS B PT II	.000027		2.310000	106
106 UNIT COST MULT-WS B PT II		.109087		106
107 COST TO BE ALLOC PER B PT III	189276	27746	3057	107
108 UNIT COST MULT-WS B PT III	.000751		30.570000	108
108 UNIT COST MULT-WS B PT III		1.907204		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT			COSTS	
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	17606261		17606261		17606261	25
26 INTENSIVE CARE UNIT	3993121		3993121		3993121	26
31 SUBPROVIDER I	566877		566877	147851	714728	31
33 NURSERY	389191		389191		389191	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	5943198		5943198		5943198	37
38 RECOVERY ROOM	841698		841698		841698	38
39 DELIVERY ROOM & LABOR ROOM	1069004		1069004		1069004	39
40 ANESTHESIOLOGY	391675		391675		391675	40
41 RADIOLOGY-DIAGNOSTIC	14052120		14052120		14052120	41
44 LABORATORY	7020852		7020852		7020852	44
49 RESPIRATORY THERAPY	2188833		2188833		2188833	49
50 PHYSICAL THERAPY	4660785		4660785		4660785	50
53 ELECTROCARDIOLOGY	488903		488903		488903	53
55 MEDICAL SUPPLIES CHARGED TO	7742581		7742581		7742581	55
56 DRUGS CHARGED TO PATIENTS	4916963		4916963		4916963	56
57 RENAL DIALYSIS	4317479		4317479		4317479	57
58 ASC (NON-DISTINCT PART)	1034925		1034925		1034925	58
59 VASCULAR LAB	436747		436747		436747	59
59.20 CARDIAC REHAB	528983		528983		528983	59.20
59.30 PSYCH	3319723		3319723		3319723	59.30
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	537960		537960		537960	60
61 EMERGENCY	8213327		8213327	79937	8293264	61
62 OBSERVATION BEDS (NON-DISTI	289446		289446		289446	62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	90550652		90550652	227788	90778440	101
102 LESS OBSERVATION BEDS	289446		289446		289446	102
103 TOTAL	90261206		90261206	227788	90488994	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	15028684		15028684			25
26 INTENSIVE CARE UNIT	6020153		6020153			26
31 SUBPROVIDER I	63296		63296			31
33 NURSERY	932527		932527			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	8447502	18275622	26723124	.222399	.222399	.222399 37
38 RECOVERY ROOM	1169252	2131928	3301180	.254969	.254969	.254969 38
39 DELIVERY ROOM & LABOR ROOM	2346263	756859	3103122	.344493	.344493	.344493 39
40 ANESTHESIOLOGY	898688	1100222	1998910	.195944	.195944	.195944 40
41 RADIOLOGY-DIAGNOSTIC	16580860	36531248	53112108	.264575	.264575	.264575 41
44 LABORATORY	13851418	14730367	28581785	.245641	.245641	.245641 44
49 RESPIRATORY THERAPY	5996899	2963402	8960301	.244281	.244281	.244281 49
50 PHYSICAL THERAPY	1511288	5997264	7508552	.620730	.620730	.620730 50
53 ELECTROCARDIOLOGY	622133	1196176	1818309	.268878	.268878	.268878 53
55 MEDICAL SUPPLIES CHARGED TO	21988909	15110144	37099053	.208700	.208700	.208700 55
56 DRUGS CHARGED TO PATIENTS	12203101	4789318	16992419	.289362	.289362	.289362 56
57 RENAL DIALYSIS	423991	11186573	11610564	.371858	.371858	.371858 57
58 ASC (NON-DISTINCT PART)		1602638	1602638	.645763	.645763	.645763 58
59 VASCULAR LAB	1969866	1278605	3248471	.134447	.134447	.134447 59
59.20 CARDIAC REHAB	8145	821078	829223	.637926	.637926	.637926 59.20
59.30 PSYCH	70434	2468406	2538840	1.307575	1.307575	1.307575 59.30
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	89829	789263	879092	.611950	.611950	.611950 60
61 EMERGENCY	3789425	16190393	19979818	.411081	.411081	.415082 61
62 OBSERVATION BEDS (NON-DISTI OTHER REIMBURSABLE COST CENTERS		219096	219096	1.321092	1.321092	1.321092 62
101 SUBTOTAL	114012663	138138602	252151265			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	114012663	138138602	252151265			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		REDUCED CAPITAL RELATED COST	
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	CAPITAL RELATED COST	SWING-BED ADJUSTMENT		
	1	2	3	4		
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	79409		79409	1301890	1301890	25
26 INTENSIVE CARE UNIT	17623		17623	283542	283542	26
27 CORONARY CARE UNIT						27
28 BURN INTENSIVE CARE UNIT						28
29 SURGICAL INTENSIVE CARE UNIT						29
30 OTHER SPECIAL CARE (SPECIFY)						30
31 SUBPROVIDER I	5449		5449	70125	70125	31
33 NURSERY	2503		2503	33119	33119	33
101 TOTAL	104984		104984	1688676	1688676	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
25 INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	20073	11908	3.96	47156	64.86	772353	25
26 INTENSIVE CARE UNIT	2240	1277	7.87	10050	126.58	161643	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	93	45	58.59	2637	754.03	33931	31
33 NURSERY	1386		1.81		23.90		33
101 TOTAL	23792	13230		59843		967927	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (52-0100) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----- OLD CAPITAL -----		----- NEW CAPITAL -----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	29285	647783	26723124	3743624	.001096	4103	.024241	90749 37
38 RECOVERY ROOM	3415	59810	3301180	408953	.001034	423	.018118	7409 38
39 DELIVERY ROOM & LABOR ROOM	9060	113056	3103122	10990	.002920	32	.036433	400 39
40 ANESTHESIOLOGY	835	51120	1998910	407096	.000418	170	.025574	10411 40
41 RADIOLOGY-DIAGNOSTIC	43629	2195608	53112108	7407600	.000821	6082	.041339	306223 41
44 LABORATORY	19617	431969	28581785	8863846	.000686	6081	.015113	133959 44
49 RESPIRATORY THERAPY	6224	152687	8960301	2214288	.000695	1539	.017040	37731 49
50 PHYSICAL THERAPY	14002	286718	7508552	963811	.001865	1798	.038186	36804 50
53 ELECTROCARDIOLOGY	3265	50161	1818309	524112	.001796	941	.027587	14459 53
55 MEDICAL SUPPLIES CHARGED TO P	31132	495878	37099053	16711520	.000839	14021	.013366	223366 55
56 DRUGS CHARGED TO PATIENTS	6910	224994	16992419	7541013	.000407	3069	.013241	99851 56
57 RENAL DIALYSIS	16954	353749	11610564	322392	.001460	471	.030468	9823 57
58 ASC (NON-DISTINCT PART)	7481	99999	1602638		.004668		.062396	
59 VASCULAR LAB	3661	63650	3248471	1750902	.001127	1973	.019594	34307 59
59.20 CARDIAC REHAB	1631	30929	829223	3350	.001967	7	.037299	125 59.20
59.30 PSYCH	12724	202362	2538840	25981	.005012	130	.079706	2071 59.30
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	670	23391	879092		.000762		.026608	
61 EMERGENCY	25878	561516	19979818	2075334	.001295	2688	.028104	58325 61
62 OBSERVATION BEDS (NON-DISTINCT)	1305	21403	219096		.005956		.097688	
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	237678	6066783	230106605	52974812		43528		1066013 101

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
 05/22/2009 09:40

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					20073		11908	25
26	INTENSIVE CARE UNIT					2240		1277	26
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I					93		45	31
33	NURSERY					1386			33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					23792		13230	101

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2008 TO 12/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2009.01
 05/22/2009 09:40

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (52-0100)	[]	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
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 VASCULAR LAB							59
59.20 CARDIAC REHAB							59.20
59.30 PSYCH							59.30
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY				40136			40136 61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS							62
101 TOTAL				40136			40136 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (52-0100) [] 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	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		26723124			3743624		5592792 37
38 RECOVERY ROOM		3301180			408953		335771 38
39 DELIVERY ROOM & LABOR ROOM		3103122			10990		663 39
40 ANESTHESIOLOGY		1998910			407096		248896 40
41 RADIOLOGY-DIAGNOSTIC		53112108			7407600		9676599 41
44 LABORATORY		28581785			8863846		483067 44
49 RESPIRATORY THERAPY		8960301			2214288		499533 49
50 PHYSICAL THERAPY		7508552			963811		1599 50
53 ELECTROCARDIOLOGY		1818309			524112		541674 53
55 MEDICAL SUPPLIES CHARGED TO P		37099053			16711520		5094219 55
56 DRUGS CHARGED TO PATIENTS		16992419			7541013		2164385 56
57 RENAL DIALYSIS		11610564			322392		57
58 ASC (NON-DISTINCT PART)		1602638					1924 58
59 VASCULAR LAB		3248471			1750902		520515 59
59.20 CARDIAC REHAB		829223			3350		426560 59.20
59.30 PSYCH		2538840			25981		394023 59.30
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		879092					220921 60
61 EMERGENCY	40136	19979818	.002009	.002009	2075334	4169	2627361 61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		219096					38728 62
101 TOTAL	40136	230106605			52974812	4169	28869230 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (52-0100)	[]	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
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 VASCULAR LAB					59
59.20 CARDIAC REHAB					59.20
59.30 PSYCH					59.30
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY			5278		61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			5278		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (52-0100) [] 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
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.222399	.222399	.222399			37
38 RECOVERY ROOM	.254969	.254969	.254969			38
39 DELIVERY ROOM & LABOR ROOM	.344493	.344493	.344493			39
40 ANESTHESIOLOGY	.195944	.195944	.195944			40
41 RADIOLOGY-DIAGNOSTIC	.264575	.264575	.264575			41
44 LABORATORY	.245641	.245641	.245641			44
49 RESPIRATORY THERAPY	.244281	.244281	.244281			49
50 PHYSICAL THERAPY	.620730	.620730	.620730			50
53 ELECTROCARDIOLOGY	.268878	.268878	.268878			53
55 MEDICAL SUPPLIES CHARGED TO PAT	.208700	.208700	.208700			55
56 DRUGS CHARGED TO PATIENTS	.289362	.289362	.289362			56
57 RENAL DIALYSIS	.371858	.371858	.371858			57
58 ASC (NON-DISTINCT PART)	.645763	.645763	.645763			58
59 VASCULAR LAB	.134447	.134447	.134447			59
59.20 CARDIAC REHAB	.637926	.637926	.637926			59.20
59.30 PSYCH	1.307575	1.307575	1.307575			59.30
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.611950	.611950	.611950			60
61 EMERGENCY	.411081	.411081	.411081			61
62 OBSERVATION BEDS (NON-DISTINCT	1.321092	1.321092	1.321092			62
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	.289362	1
2 PROGRAM VACCINE CHARGES	2	8370	2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3	2422	3
3.01 PROGRAM COSTS	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (52-0100) [] 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) (SEE INSTRU.) 5	PPS SER- VICES (SEE INSTRU.) 5.01	ALL OTHER (SEE INSTRU.) 5.02	PPS SER- VICES (SEE INSTRU.) 5.03	PPS SER- VICES (SEE INSTRU.) 5.04	OUTPATIENT AMBULATORY CENTER 6	OUTPATIENT RADIOLOGY 7	OUTPATIENT DIAGNOSTIC 8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		5592792						37
38 RECOVERY ROOM		335771						38
39 DELIVERY ROOM & LABOR ROOM		663						39
40 ANESTHESIOLOGY		248896						40
41 RADIOLOGY-DIAGNOSTIC		9676599						41
44 LABORATORY		483067						44
49 RESPIRATORY THERAPY		499533						49
50 PHYSICAL THERAPY		1599						50
53 ELECTROCARDIOLOGY		541674						53
55 MEDICAL SUPPLIES CHARGED TO PA		5094219						55
56 DRUGS CHARGED TO PATIENTS		2164385						56
57 RENAL DIALYSIS								57
58 ASC (NON-DISTINCT PART)		1924						58
59 VASCULAR LAB		520515						59
59.20 CARDIAC REHAB		426560						59.20
59.30 PSYCH		394023						59.30
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		220921						60
61 EMERGENCY		2627361						61
62 OBSERVATION BEDS (NON-DISTINCT)		38728						62
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		28869230						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		28869230						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (52-0100) [] 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			
	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	HOSPITAL I/P PART B CHARGES (SEE INSTRU.) 10	HOSPITAL I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1243831					37
38 RECOVERY ROOM		85611					38
39 DELIVERY ROOM & LABOR ROOM		228					39
40 ANESTHESIOLOGY		48770					40
41 RADIOLOGY-DIAGNOSTIC		2560186					41
44 LABORATORY		118661					44
49 RESPIRATORY THERAPY		122026					49
50 PHYSICAL THERAPY		993					50
53 ELECTROCARDIOLOGY		145644					53
55 MEDICAL SUPPLIES CHARGED TO PAT		1063164					55
56 DRUGS CHARGED TO PATIENTS		626291					56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)		1242					58
59 VASCULAR LAB		69982					59
59.20 CARDIAC REHAB		272114					59.20
59.30 PSYCH		515215					59.30
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		135193					60
61 EMERGENCY		1080058					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS		51163					62
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		8140372					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		8140372					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (52-T100) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----	OLD CAPITAL RATIO OF COST TO CHARGES	----	NEW CAPITAL RATIO OF COST TO CHARGES	----	CAPITAL COSTS
	1	2	3	4	5	6	7	8		
ANCILLARY SERVICE COST CENTERS										
37 OPERATING ROOM	29285	647783	26723124		.001096		.024241		37	
38 RECOVERY ROOM	3415	59810	3301180		.001034		.018118		38	
39 DELIVERY ROOM & LABOR ROOM	9060	113056	3103122		.002920		.036433		39	
40 ANESTHESIOLOGY	835	51120	1998910		.000418		.025574		40	
41 RADIOLOGY-DIAGNOSTIC	43629	2195608	53112108	4531	.000821	4	.041339	187	41	
44 LABORATORY	19617	431969	28581785	5954	.000686	4	.015113	90	44	
49 RESPIRATORY THERAPY	6224	152687	8960301		.000695		.017040		49	
50 PHYSICAL THERAPY	14002	286718	7508552	45578	.001865	85	.038186	1740	50	
53 ELECTROCARDIOLOGY	3265	50161	1818309		.001796		.027587		53	
55 MEDICAL SUPPLIES CHARGED TO P	31132	495878	37099053	5613	.000839	5	.013366	75	55	
56 DRUGS CHARGED TO PATIENTS	6910	224994	16992419	2485	.000407	1	.013241	33	56	
57 RENAL DIALYSIS	16954	353749	11610564		.001460		.030468		57	
58 ASC (NON-DISTINCT PART)	7481	99999	1602638		.004668		.062396		58	
59 VASCULAR LAB	3661	63650	3248471		.001127		.019594		59	
59.20 CARDIAC REHAB	1631	30929	829223		.001967		.037299		59.20	
59.30 PSYCH	12724	202362	2538840	390	.005012	2	.079706	31	59.30	
OUTPATIENT SERVICE COST CENTERS										
60 CLINIC	670	23391	879092		.000762		.026608		60	
61 EMERGENCY	25878	561516	19979818		.001295		.028104		61	
62 OBSERVATION BEDS (NON-DISTINC	1305	21403	219096		.005956		.097688		62	
OTHER REIMBURSABLE COST CENTERS										
101 TOTAL	237678	6066783	230106605	64551		101		2156	101	

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2008 TO 12/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2009.01
 05/22/2009 09:40

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	SUB I (52-T100)	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			MEDICAL EDUCATION	N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2					
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC								41
44 LABORATORY								44
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
53 ELECTROCARDIOLOGY								53
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS								57
58 ASC (NON-DISTINCT PART)								58
59 VASCULAR LAB								59
59.20 CARDIAC REHAB								59.20
59.30 PSYCH								59.30
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
61 EMERGENCY				40136				40136 61
62 OBSERVATION BEDS (NON-DISTINCT)								62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL				40136				40136 101

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2008 TO 12/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2009.01
 05/22/2009 09:40

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (52-T100) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH			TO	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	CHARGES	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		26723124					37
38 RECOVERY ROOM		3301180					38
39 DELIVERY ROOM & LABOR ROOM		3103122					39
40 ANESTHESIOLOGY		1998910					40
41 RADIOLOGY-DIAGNOSTIC		53112108			4531		41
44 LABORATORY		28581785			5954		44
49 RESPIRATORY THERAPY		8960301					49
50 PHYSICAL THERAPY		7508552			45578		50
53 ELECTROCARDIOLOGY		1818309					53
55 MEDICAL SUPPLIES CHARGED TO P		37099053			5613		55
56 DRUGS CHARGED TO PATIENTS		16992419			2485		56
57 RENAL DIALYSIS		11610564					57
58 ASC (NON-DISTINCT PART)		1602638					58
59 VASCULAR LAB		3248471					59
59.20 CARDIAC REHAB		829223					59.20
59.30 PSYCH		2538840			390		59.30
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		879092					60
61 EMERGENCY	40136	19979818	.002009	.002009			61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		219096					62
101 TOTAL	40136	230106605			64551		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (52-T100) [] 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
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
44 LABORATORY						44
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY						53
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
58 ASC (NON-DISTINCT PART)						58
59 VASCULAR LAB						59
59.20 CARDIAC REHAB						59.20
59.30 PSYCH						59.30
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS						62
101 TOTAL						101

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	79409		79409	1301890		1301890	25
26 INTENSIVE CARE UNIT	17623		17623	283542		283542	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	5449		5449	70125		70125	31
33 NURSERY	2503		2503	33119		33119	33
101 TOTAL	104984		104984	1688676		1688676	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	20073	1096	3.96	4340	64.86	71087	25
26 INTENSIVE CARE UNIT	2240	141	7.87	1110	126.58	17848	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	93		58.59		754.03		31
33 NURSERY	1386	268	1.81	485	23.90	6405	33
101 TOTAL	23792	1505		5935		95340	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (52-0100) [] 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	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----- OLD CAPITAL -----	----- NEW CAPITAL -----	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	RATIO OF COST TO CHARGES			
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	29285	647783	26723124	207324	.001096	227	.024241	5026	37
38 RECOVERY ROOM	3415	59810	3301180	83349	.001034	86	.018118	1510	38
39 DELIVERY ROOM & LABOR ROOM	9060	113056	3103122	609148	.002920	1779	.036433	22193	39
40 ANESTHESIOLOGY	835	51120	1998910	101549	.000418	42	.025574	2597	40
41 RADIOLOGY-DIAGNOSTIC	43629	2195608	53112108	272069	.000821	223	.041339	11247	41
44 LABORATORY	19617	431969	28581785	695310	.000686	477	.015113	10508	44
49 RESPIRATORY THERAPY	6224	152687	8960301	167736	.000695	117	.017040	2858	49
50 PHYSICAL THERAPY	14002	286718	7508552	52122	.001865	97	.038186	1990	50
53 ELECTROCARDIOLOGY	3265	50161	1818309	15475	.001796	28	.027587	427	53
55 MEDICAL SUPPLIES CHARGED TO P	31132	495878	37099053	1365666	.000839	1146	.013366	18253	55
56 DRUGS CHARGED TO PATIENTS	6910	224994	16992419	545499	.000407	222	.013241	7223	56
57 RENAL DIALYSIS	16954	353749	11610564	9645	.001460	14	.030468	294	57
58 ASC (NON-DISTINCT PART)	7481	99999	1602638		.004668		.062396		58
59 VASCULAR LAB	3661	63650	3248471	71835	.001127	81	.019594	1408	59
59.20 CARDIAC REHAB	1631	30929	829223	4795	.001967	9	.037299	179	59.20
59.30 PSYCH	12724	202362	2538840	3566	.005012	18	.079706	284	59.30
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	670	23391	879092	5679	.000762	4	.026608	151	60
61 EMERGENCY	25878	561516	19979818	137484	.001295	178	.028104	3864	61
62 OBSERVATION BEDS (NON-DISTINC	1305	21403	219096		.005956		.097688		62
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	237678	6066783	230106605	4348251		4748		90012	101

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
 05/22/2009 09:40

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 ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					20073		1096	25
26	INTENSIVE CARE UNIT					2240		141	26
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I					93			31
33	NURSERY					1386		268	33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					23792		1505	101

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2008 TO 12/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2009.01
 05/22/2009 09:40

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (52-0100)	[]	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
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 VASCULAR LAB							59
59.20 CARDIAC REHAB							59.20
59.30 PSYCH							59.30
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY				40136			40136 61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				40136			40136 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (52-0100) [] 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	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	TO COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		26723124			207324		37
38 RECOVERY ROOM		3301180			83349		38
39 DELIVERY ROOM & LABOR ROOM		3103122			609148		39
40 ANESTHESIOLOGY		1998910			101549		40
41 RADIOLOGY-DIAGNOSTIC		53112108			272069		41
44 LABORATORY		28581785			695310		44
49 RESPIRATORY THERAPY		8960301			167736		49
50 PHYSICAL THERAPY		7508552			52122		50
53 ELECTROCARDIOLOGY		1818309			15475		53
55 MEDICAL SUPPLIES CHARGED TO P		37099053			1365666		55
56 DRUGS CHARGED TO PATIENTS		16992419			545499		56
57 RENAL DIALYSIS		11610564			9645		57
58 ASC (NON-DISTINCT PART)		1602638					58
59 VASCULAR LAB		3248471			71835		59
59.20 CARDIAC REHAB		829223			4795		59.20
59.30 PSYCH		2538840			3566		59.30
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		879092			5679		60
61 EMERGENCY	40136	19979818	.002009	.002009	137484	276	61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		219096					62
101 TOTAL	40136	230106605			4348251	276	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (52-0100)	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	SUB I	<input type="checkbox"/>	SNF	<input type="checkbox"/>	TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF	<input type="checkbox"/>	OTHER
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 VASCULAR LAB					59
59.20 CARDIAC REHAB					59.20
59.30 PSYCH					59.30
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
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 (52-0100) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [XX] 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
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.222399	.222399	.222399			37
38 RECOVERY ROOM	.254969	.254969	.254969			38
39 DELIVERY ROOM & LABOR ROOM	.344493	.344493	.344493			39
40 ANESTHESIOLOGY	.195944	.195944	.195944			40
41 RADIOLOGY-DIAGNOSTIC	.264575	.264575	.264575			41
44 LABORATORY	.245641	.245641	.245641			44
49 RESPIRATORY THERAPY	.244281	.244281	.244281			49
50 PHYSICAL THERAPY	.620730	.620730	.620730			50
53 ELECTROCARDIOLOGY	.268878	.268878	.268878			53
55 MEDICAL SUPPLIES CHARGED TO PAT	.208700	.208700	.208700			55
56 DRUGS CHARGED TO PATIENTS	.289362	.289362	.289362			56
57 RENAL DIALYSIS	.371858	.371858	.371858			57
58 ASC (NON-DISTINCT PART)	.645763	.645763	.645763			58
59 VASCULAR LAB	.134447	.134447	.134447			59
59.20 CARDIAC REHAB	.637926	.637926	.637926			59.20
59.30 PSYCH	1.307575	1.307575	1.307575			59.30
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.611950	.611950	.611950			60
61 EMERGENCY	.411081	.411081	.411081			61
62 OBSERVATION BEDS (NON-DISTINCT	1.321092	1.321092	1.321092			62
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	
2 PROGRAM VACCINE CHARGES	.289362	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		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 (52-0100) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [XX] 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) (SEE INSTRU.) 5	PPS SER- VICES (SEE INSTRU.) 5.01	ALL OTHER (SEE INSTRU.) 5.02	PPS SER- VICES (SEE INSTRU.) 5.03	PPS SER- VICES (SEE INSTRU.) 5.04	OUTPATIENT AMBULATORY SURGICAL CENTER 6	OUTPATIENT RADIOLOGY 7	OUTPATIENT DIAGNOSTIC 8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	334578							37
38 RECOVERY ROOM	72085							38
39 DELIVERY ROOM & LABOR ROOM	94834							39
40 ANESTHESIOLOGY	38643							40
41 RADIOLOGY-DIAGNOSTIC	1078702							41
44 LABORATORY	1010396							44
49 RESPIRATORY THERAPY	37396							49
50 PHYSICAL THERAPY	129609							50
53 ELECTROCARDIOLOGY	63943							53
55 MEDICAL SUPPLIES CHARGED TO PA	477831							55
56 DRUGS CHARGED TO PATIENTS	675110							56
57 RENAL DIALYSIS	544486							57
58 ASC (NON-DISTINCT PART)	49766							58
59 VASCULAR LAB	192844							59
59.20 CARDIAC REHAB	20935							59.20
59.30 PSYCH	242052							59.30
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	16879							60
61 EMERGENCY	919721							61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
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	5999810							101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	5999810							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[XX]	HOSPITAL (52-0100)	[]	SNF
APPLICABLE	[]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[XX]	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		74410					37
38 RECOVERY ROOM		18379					38
39 DELIVERY ROOM & LABOR ROOM		32670					39
40 ANESTHESIOLOGY		7572					40
41 RADIOLOGY-DIAGNOSTIC		285398					41
44 LABORATORY		248195					44
49 RESPIRATORY THERAPY		9135					49
50 PHYSICAL THERAPY		80452					50
53 ELECTROCARDIOLOGY		17193					53
55 MEDICAL SUPPLIES CHARGED TO PAT		99723					55
56 DRUGS CHARGED TO PATIENTS		195351					56
57 RENAL DIALYSIS		202471					57
58 ASC (NON-DISTINCT PART)		32137					58
59 VASCULAR LAB		25927					59
59.20 CARDIAC REHAB		13355					59.20
59.30 PSYCH		316501					59.30
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		10329					60
61 EMERGENCY		378080					61
62 OBSERVATION BEDS (NON-DISTINCT							62
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		2047278					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		2047278					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (52-T100) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	OLD CAPITAL	NEW CAPITAL	CAPITAL COSTS	CAPITAL COSTS
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	RATIO OF COST TO CHARGES		
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	29285	647783	26723124		.001096		.024241	37
38 RECOVERY ROOM	3415	59810	3301180		.001034		.018118	38
39 DELIVERY ROOM & LABOR ROOM	9060	113056	3103122		.002920		.036433	39
40 ANESTHESIOLOGY	835	51120	1998910		.000418		.025574	40
41 RADIOLOGY-DIAGNOSTIC	43629	2195608	53112108		.000821		.041339	41
44 LABORATORY	19617	431969	28581785		.000686		.015113	44
49 RESPIRATORY THERAPY	6224	152687	8960301		.000695		.017040	49
50 PHYSICAL THERAPY	14002	286718	7508552		.001865		.038186	50
53 ELECTROCARDIOLOGY	3265	50161	1818309		.001796		.027587	53
55 MEDICAL SUPPLIES CHARGED TO P	31132	495878	37099053		.000839		.013366	55
56 DRUGS CHARGED TO PATIENTS	6910	224994	16992419		.000407		.013241	56
57 RENAL DIALYSIS	16954	353749	11610564		.001460		.030468	57
58 ASC (NON-DISTINCT PART)	7481	99999	1602638		.004668		.062396	58
59 VASCULAR LAB	3661	63650	3248471		.001127		.019594	59
59.20 CARDIAC REHAB	1631	30929	829223		.001967		.037299	59.20
59.30 PSYCH	12724	202362	2538840		.005012		.079706	59.30
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	670	23391	879092		.000762		.026608	60
61 EMERGENCY	25878	561516	19979818		.001295		.028104	61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	1305	21403	219096		.005956		.097688	62
101 TOTAL	237678	6066783	230106605					101

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2008 TO 12/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2009.01
 05/22/2009 09:40

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	SUB I (52-T100)	[]	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 1	NONPHYSICIAN ANESTHETIST COST 1.01	MEDICAL EDUCATION COST 2				
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM				2.01	2.02	2.03	37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 VASCULAR LAB							59
59.20 CARDIAC REHAB							59.20
59.30 PSYCH							59.30
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY				40136			40136 61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				40136			40136 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	SUB I (52-T100)	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	TO CHARGES	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		26723124					37
38 RECOVERY ROOM		3301180					38
39 DELIVERY ROOM & LABOR ROOM		3103122					39
40 ANESTHESIOLOGY		1998910					40
41 RADIOLOGY-DIAGNOSTIC		53112108					41
44 LABORATORY		28581785					44
49 RESPIRATORY THERAPY		8960301					49
50 PHYSICAL THERAPY		7508552					50
53 ELECTROCARDIOLOGY		1818309					53
55 MEDICAL SUPPLIES CHARGED TO P		37099053					55
56 DRUGS CHARGED TO PATIENTS		16992419					56
57 RENAL DIALYSIS		11610564					57
58 ASC (NON-DISTINCT PART)		1602638					58
59 VASCULAR LAB		3248471					59
59.20 CARDIAC REHAB		829223					59.20
59.30 PSYCH		2538840					59.30
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		879092					60
61 EMERGENCY	40136	19979818	.002009	.002009			61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		219096					62
101 TOTAL	40136	230106605					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	SUB I (52-T100)	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 VASCULAR LAB					59
59.20 CARDIAC REHAB					59.20
59.30 PSYCH					59.30
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	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) (52-0100)	SUB I (PPS) (52-T100)	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)	20073	93				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	20073	93				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	20073	93				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)	11908	45				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) (52-0100)	SUB I (PPS) (52-T100)	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	17606261	714728					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	17606261	714728					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	10129149	30960					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	10129149	30960					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.73817823	.085530					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	504.62	332.90					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	17606261	714728					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) (52-0100)	SUB I (PPS) (52-T100)	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	877.11	7685.25				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10444626	345836				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10444626	345836				41
	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	3993121	2240	1782.64	1277	2276431	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (52-0100)	SUB I (PPS) (52-T100)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	13360296	33354				48
49 TOTAL PROGRAM INPATIENT COSTS	26081353	379190				49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	991202	36568				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1113710	2257				51
52 TOTAL PROGRAM EXCLUDABLE COST	2104912	38825				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	23976441	340365				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) (52-0100)	SUB I (PPS) (52-T100)	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

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
PERIOD FROM 01/01/2008 TO 12/31/2008

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

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL	SUB I	SUB II	SUB III	SUB IV
(PPS)	(PPS)			
(52-0100)	(52-T100)			
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	330	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	877.11	84
85 OBSERVATION BED COST	289446	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST	ROUTINE COST	COLUMN 1	TOTAL	OBSERVATION BED	OBSERVATION BED
	1	(FROM LINE 27)	DIVIDED BY	OBSERVATION	PASS-THROUGH COST	PASS-THROUGH COST
		2	COLUMN 2	BED COST	COL 3 TIMES COL 4	COL 3 TIMES COL 4
			3	(FROM LINE 85)	5	5
86 OLD CAPITAL-RELATED COST	79409	17606261	.004510	289446	1305	86
87 NEW CAPITAL-RELATED COST	1301890	17606261	.073945	289446	21403	87
88 NON PHYSICIAN ANESTHETIST		17606261		289446		88
89 MEDICAL EDUCATION		17606261		289446		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) (52-0100)	SUB I (OTHER) (52-T100)	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)	20073	93					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	20073	93					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	20073	93					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)	1096						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	1386						15
16 TITLE V OR XIX NURSERY DAYS	268						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) (52-0100)	SUB I (OTHER) (52-T100)	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	17606261	566877					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	17606261	566877					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	10129149	30960					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	10129149	30960					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.73817818	309981					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	504.62	332.90					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	17606261	566877					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) (52-0100)	SUB I (OTHER) (52-T100)	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	877.11	6095.45					38	
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	961313						39	
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	961313						41	
		TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST			
		1	2	3	4	5			
42	NURSERY (TITLES V AND XIX ONLY)	389191	1386	280.80	268	75254	42		
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS								
43	INTENSIVE CARE UNIT	3993121	2240	1782.64	141	251352	43		
44	CORONARY CARE UNIT						44		
45	BURN INTENSIVE CARE UNIT						45		
46	SURGICAL INTENSIVE CARE UNIT						46		
47	OTHER SPECIAL CARE (SPECIFY)						47		
		HOSPITAL (OTHER) (52-0100)	SUB I (OTHER) (52-T100)	SUB II	SUB III	SUB IV			
		1	1	1	1	1			
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	1141195						48	
49	TOTAL PROGRAM INPATIENT COSTS	2429114						49	
		PASS THROUGH COST ADJUSTMENTS							
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	101275						50	
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	95036						51	
52	TOTAL PROGRAM EXCLUDABLE COST	196311						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) (52-0100)	SUB I (OTHER) (52-T100)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
PERIOD FROM 01/01/2008 TO 12/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
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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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PERIOD FROM 01/01/2008 TO 12/31/2008

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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) (52-0100)	SUB I (OTHER) (52-T100)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	330	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	877.11	84
85 OBSERVATION BED COST	289446	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (52-0100)	<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		8469048		25
26 INTENSIVE CARE UNIT		1660101		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.222399	3743624	832578	37
38 RECOVERY ROOM	.254969	408953	104270	38
39 DELIVERY ROOM & LABOR ROOM	.344493	10990	3786	39
40 ANESTHESIOLOGY	.195944	407096	79768	40
41 RADIOLOGY-DIAGNOSTIC	.264575	7407600	1959866	41
44 LABORATORY	.245641	8863846	2177324	44
49 RESPIRATORY THERAPY	.244281	2214288	540908	49
50 PHYSICAL THERAPY	.620730	963811	598266	50
53 ELECTROCARDIOLOGY	.268878	524112	140922	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.208700	16711520	3487694	55
56 DRUGS CHARGED TO PATIENTS	.289362	7541013	2182083	56
57 RENAL DIALYSIS	.371858	322392	119884	57
58 ASC (NON-DISTINCT PART)	.645763			58
59 VASCULAR LAB	.134447	1750902	235404	59
59.20 CARDIAC REHAB	.637926	3350	2137	59.20
59.30 PSYCH	1.307575	25981	33972	59.30
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.611950			60
61 EMERGENCY	.415082	2075334	861434	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1.321092			62
101 TOTAL		52974812	13360296	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		52974812		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (52-T100)	<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				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		30960		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.222399			37
38 RECOVERY ROOM	.254969			38
39 DELIVERY ROOM & LABOR ROOM	.344493			39
40 ANESTHESIOLOGY	.195944			40
41 RADIOLOGY-DIAGNOSTIC	.264575	4531	1199	41
44 LABORATORY	.245641	5954	1463	44
49 RESPIRATORY THERAPY	.244281			49
50 PHYSICAL THERAPY	.620730	45578	28292	50
53 ELECTROCARDIOLOGY	.268878			53
55 MEDICAL SUPPLIES CHARGED TO PAT	.208700	5613	1171	55
56 DRUGS CHARGED TO PATIENTS	.289362	2485	719	56
57 RENAL DIALYSIS	.371858			57
58 ASC (NON-DISTINCT PART)	.645763			58
59 VASCULAR LAB	.134447			59
59.20 CARDIAC REHAB	.637926			59.20
59.30 PSYCH	1.307575	390	510	59.30
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.611950			60
61 EMERGENCY	.415082			61
62 OBSERVATION BEDS (NON-DISTINCT)	1.321092			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		64551	33354	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		64551		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (52-0100)	<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		713897		25
26 INTENSIVE CARE UNIT		146561		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.222399	207324	46109	37
38 RECOVERY ROOM	.254969	83349	21251	38
39 DELIVERY ROOM & LABOR ROOM	.344493	609148	209847	39
40 ANESTHESIOLOGY	.195944	101549	19898	40
41 RADIOLOGY-DIAGNOSTIC	.264575	272069	71983	41
44 LABORATORY	.245641	695310	170797	44
49 RESPIRATORY THERAPY	.244281	167736	40975	49
50 PHYSICAL THERAPY	.620730	52122	32354	50
53 ELECTROCARDIOLOGY	.268878	15475	4161	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.208700	1365666	285014	55
56 DRUGS CHARGED TO PATIENTS	.289362	545499	157847	56
57 RENAL DIALYSIS	.371858	9645	3587	57
58 ASC (NON-DISTINCT PART)	.645763			58
59 VASCULAR LAB	.134447	71835	9658	59
59.20 CARDIAC REHAB	.637926	4795	3059	59.20
59.30 PSYCH	1.307575	3566	4663	59.30
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.611950	5679	3475	60
61 EMERGENCY	.411081	137484	56517	61
62 OBSERVATION BEDS (NON-DISTINCT	1.321092			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		4348251	1141195	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		4348251		103

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (52-T100)	<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
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.222399		37
38 RECOVERY ROOM	.254969		38
39 DELIVERY ROOM & LABOR ROOM	.344493		39
40 ANESTHESIOLOGY	.195944		40
41 RADIOLOGY-DIAGNOSTIC	.264575		41
44 LABORATORY	.245641		44
49 RESPIRATORY THERAPY	.244281		49
50 PHYSICAL THERAPY	.620730		50
53 ELECTROCARDIOLOGY	.268878		53
55 MEDICAL SUPPLIES CHARGED TO PAT	.208700		55
56 DRUGS CHARGED TO PATIENTS	.289362		56
57 RENAL DIALYSIS	.371858		57
58 ASC (NON-DISTINCT PART)	.645763		58
59 VASCULAR LAB	.134447		59
59.20 CARDIAC REHAB	.637926		59.20
59.30 PSYCH	1.307575		59.30
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.611950		60
61 EMERGENCY	.411081		61
62 OBSERVATION BEDS (NON-DISTINCT	1.321092		62
OTHER REIMBURSABLE COST CENTERS			
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 (52-0100)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	11748467					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3916155					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						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	1117184					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	104.10					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)	0.45					3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.06
[FOR CR PERIODS ENDING]						
[ON OR AFTER 7/1/2005]						
[E-3,PT.VI, LN.15] [PLUS LN.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	0.45					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..						3.16
RES. IN INIT YRS						
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 (52-0100)	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	17930023					6
7						7
7.01						7.01
8	17930023					8
9	1457617					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15	4169					15
16	19391809					16
17	4230					17
18	19387579					18
19	1752928					19
20	26112					20
21	168605					21
21.01	118024					21.01
21.02	12716					21.02
22	17726563					22

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (52-0100)	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	17726563				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	17635040				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	91523				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 INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (52-0100) 1	HOSPITAL (52-0100) 1.01	HOSPITAL (52-0100) 1.02	
1 MEDICAL AND OTHER SERVICES	2422			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	8135094			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	6644120			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.872			1.03
1.04 LINE 1.01 TIMES LINE 1.03	7093802			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	93.66			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	5278			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	2422			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	8370			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	8370			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	8370			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	5948			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	2422			17
17.01 TOTAL PPS PAYMENTS	6649398			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (52-0100) 1	HOSPITAL (52-0100) 1.01	HOSPITAL (52-0100) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1786376		18.01
19 SUBTOTAL	4865444		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	4865444		23
24 PRIMARY PAYER PAYMENTS	548		24
25 SUBTOTAL	4864896		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	449166		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	314416		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	255265		27.02
28 SUBTOTAL	5179312		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	5179312		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	4859623		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	319689		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 B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (52-T100) 1	SUB I (52-T100) 1.01	SUB I (52-T100) 1.02	
1				1
1.01				1.01
1.02				1.02
1.03				1.03
1.04				1.04
1.05				1.05
1.06				1.06
1.07				1.07
2				2
3				3
4				4
5				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6				6
7				7
8				8
9				9
10				10
CUSTOMARY CHARGES				
11				11
12				12
13				13
14				14
15				15
16				16
17				17
17.01				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (52-T100) 1	SUB I (52-T100) 1.01	SUB I (52-T100) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18			18
18.01			18.01
			18.01
19			19
20			20
21			21
22			22
23			23
24			24
25			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26			26
27			27
27.01			27.01
27.02			27.02
28			28
29			29
30			30
30.99			30.99
31			31
32			32
33			33
34			34
34.01			34.01
35			35
36			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(52-0100)
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
(52-0100)
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
(52-0100)
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
 SUBPROVIDER I (52-T100)

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		79001			1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				3.01
	TO .02				3.02
	PROVIDER .03	NONE		NONE	3.03
	PROVIDER .04				3.04
	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		79001			4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02				5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01				6.01
	PROVIDER TO .02				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (52-T100)	SUB II	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	73393				1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	0.0175				1.04
1.05	OUTLIER PAYMENTS	797				1.05
1.06	TOTAL PPS PAYMENTS	3892				1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	78082				1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)					1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)					1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS					1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS					1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)	0.254098				1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	78082				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	78082				6
7	DEDUCTIBLES					7
8	SUBTOTAL	78082				8
9	COINSURANCE					9
10	SUBTOTAL	78082				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					11
11.01	REDUCED REIMBURSABLE BAD DEBTS					11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL	78082				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (52-T100)	SUB II	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)						13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER		78082				17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		79001				19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		-919				20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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			NF I	
		HOSPITAL (52-0100) (OTHER)	SUB I (52-T100) (OTHER)	SUB II	SUB III	SUB IV	
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES	2429114					2
3	MEDICAL AND OTHER SERVICES	2047278					3
4	INTERNS AND RESIDENTS						4
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						5
6	COST OF TEACHING PHYSICIANS						6
7	SUBTOTAL	4476392					7
8	INPATIENT PRIMARY PAYER PAYMENTS						8
9	OUTPATIENT PRIMARY PAYER PAYMENTS						9
10	SUBTOTAL	4476392					10
11	COMPUTATION OF LESSER OF COST OR CHARGES						11
12	ROUTINE SERVICE CHARGES						12
13	ANCILLARY SERVICE CHARGES	10348061					13
14	INTERNS AND RESIDENTS SERVICE CHARGES						14
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE						15
16	TEACHING PHYSICIANS						16
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION						17
18	TOTAL REASONABLE CHARGES	10348061					18
19	CUSTOMARY CHARGES						19
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						20
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						21
22	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						22
23	ACCORDANCE WITH 42 CFR 413.13(E)						23
24	RATIO OF LINE 17 TO LINE 18						24
25	TOTAL CUSTOMARY CHARGES	10348061					25
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	5871669					26
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						27
28	COST OF COVERED SERVICES	4476392					28
29	PROSPECTIVE PAYMENT AMOUNT						29
30	OTHER THAN OUTLIER PAYMENTS						30
31	OUTLIER PAYMENTS						31
32	PROGRAM CAPITAL PAYMENTS						32
33	CAPITAL EXCEPTION PAYMENTS						33
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS						34
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						35
36	SUBTOTAL	4476392					36
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						37
38	LESSER OF LINES 30 OR 31	4476392					38
39	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						39

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 (52-0100) (OTHER)	SUB I (52-T100) (OTHER)	SUB II	SUB III
	1	1	1	1
			SUB IV	NF I
			1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
35				34
36				35
37				36
38				37
38.01				38
38.02				38.01
39				38.02
40				
41				39
42				40
43				41
44				42
45				43
46				44
47				
48				45
49				46
50				47
51				48
52				49
53				
54				50
55				51
56				
57				52
57.01				53
58				54
59				55
				56
				57
				57.01
				58
				59

DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	3.09
3.10	SEE INSTRUCTIONS	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
3.17	SEE INSTRUCTIONS	3.17
3.18	SEE INSTRUCTIONS	3.18

DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS			3.19
3.20	SEE INSTRUCTIONS			3.20
3.21	SEE INSTRUCTIONS			3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		0.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		13230	4
5	TOTAL INPATIENT DAYS		22076	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.599293	6
		[LINE 6 x] [E-3, PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	0		6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		22076	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD			6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3, PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		11610564	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
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DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV
(CONT)

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY			
	PART A REASONABLE COST		
12	REASONABLE COST	26460543	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	4230	15
16	TOTAL PART A REASONABLE COST	26456313	16
	PART B REASONABLE COST		
17	REASONABLE COST	8142794	17
18	PRIMARY PAYER PAYMENTS	548	18
19	TOTAL PART B REASONABLE COST	8142246	19
20	TOTAL REASONABLE COST	34598559	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.764665	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.235335	22
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998		23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY		24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY		25

DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	3.09
3.10	SEE INSTRUCTIONS	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
3.17	SEE INSTRUCTIONS	3.17
3.18	SEE INSTRUCTIONS	3.18

DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS			3.19
3.20	SEE INSTRUCTIONS			3.20
3.21	SEE INSTRUCTIONS			3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS	0.00]	0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		0.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		1237	4
5	TOTAL INPATIENT DAYS		22076	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.056034	6
		[LINE 6 x] [E-3, PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	0		6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		22076	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD			6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3, PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

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DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

APPORIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY
PART A REASONABLE COST

12	REASONABLE COST	12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	15
16	TOTAL PART A REASONABLE COST	16
	PART B REASONABLE COST	
17	REASONABLE COST	17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	19
20	TOTAL REASONABLE COST	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	22

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	25

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	3680938			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	20828937			4
5	OTHER RECEIVABLES	418895			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-6993750			6
7	INVENTORY	1977036			7
8	PREPAID EXPENSES	539152			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	20451208			11
FIXED ASSETS					
12	LAND	4333455			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	5491103			13
13.01	ACCUMULATED DEPRECIATION	-1532278			13.01
14	BUILDINGS	76311383			14
14.01	ACCUMULATED DEPRECIATION	-24933384			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	15209638			16
16.01	ACCUMULATED DEPRECIATION	-9497756			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	47019924			18
18.01	ACCUMULATED DEPRECIATION	-29440001			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	82962084			21
OTHER ASSETS					
22	INVESTMENTS	39093591			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	2991362			25
26	TOTAL OTHER ASSETS	42084953			26
27	TOTAL ASSETS	145498245			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	7948316			28
29	SALARIES, WAGES & FEES PAYABLE	3866245			29
30	PAYROLL TAXES PAYABLE	3127			30
31	NOTES & LOANS PAYABLE (SHORT TERM)	1616514			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	22003262			35
36	TOTAL CURRENT LIABILITIES	35437464			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	64224840			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	-10370349			41
42	TOTAL LONG TERM LIABILITIES	53854491			42
43	TOTAL LIABILITIES	89291955			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	56206290			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	56206290			51
52	TOTAL LIABILITIES AND FUND BALANCES	145498245			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	75563307			1
2 NET INCOME (LOSS)	818059			2
3 TOTAL	76381366			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 NET ASSETS RELEASED FRM RESTRICTION	8405			5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	8405			10
11 SUBTOTAL	76389771			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 CHG IN PENSION OBLIGATION	20111951			13
14 FOUNDATION RECEIVABLE WRITE-DOWN	71530			14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	20183481			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	56206290			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	22200460		22200460	2
4 SUBPROVIDER I	63296		63296	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	22263756		22263756	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				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	22263756		22263756	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	93438293		93438293	18
19 ANCILLARY SERVICES		144592833	144592833	19
20 OUTPATIENT SERVICES		2258800	2258800	20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
26 TOTAL PATIENT REVENUES	115702049	146851633	262553682	26

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		111971782	26
27 ADD (SPECIFY)			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		111971782	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	262553682	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	154927920	2
3	NET PATIENT REVENUES	107625762	3
4	LESS - TOTAL OPERATING EXPENSES	111971782	4
5	NET INCOME FROM SERVICE TO PATIENTS	-4346020	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 OPERATING INCOME	6516876	24
25	TOTAL OTHER INCOME	6516876	25
26	TOTAL	2170856	26
27	NON OPERATING EXPENSE - NET	1352797	27
28			28
29			29
30	TOTAL OTHER EXPENSES	1352797	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	818059	31

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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 52-7075

WORKSHEET H

	SALARIES	EMPLOYEE BENEFITS	TRANS-PORTATION	CONTRACTED/PURCH SVCS	OTHER COSTS	TOTAL HHA COST
	1	2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	211952		411		150541	362904
6 SKILLED NURSING CARE	584126		37976			622102
7 PHYSICAL THERAPY	154209		7935			162144
8 OCCUPATIONAL THERAPY	31194		1471			32665
9 SPEECH PATHOLOGY	7392		748			8140
10 MEDICAL SOCIAL SERVICES	1265		145			1410
11 HOME HEALTH AIDE	82857		12827			95684
12 SUPPLIES						12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
14 HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	1072995		61513		150541	1285049

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 52-7075

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
1					1
2					2
3					3
4					4
5	-10814	352090	-5398	346692	5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
13.20					13.20
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
23.50					23.50
24	-10814	1274235	-5398	1268837	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 52-7075

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION 0	CAP REL BLDGS & FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPORT- ATION 4	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	346692					346692	346692	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	622102					622102	233887	855989
7 PHYSICAL THERAPY	162144					162144	60960	223104
8 OCCUPATIONAL THERAPY	32665					32665	12281	44946
9 SPEECH PATHOLOGY	8140					8140	3060	11200
10 MEDICAL SOCIAL SERVICES	1410					1410	530	1940
11 HOME HEALTH AIDE	95684					95684	35974	131658
12 SUPPLIES								12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL	1268837					1268837		1268837

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COST ALLOCATION - HHA STATISTICAL BASIS

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WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
1							1
2							2
3							3
4							4
5					-346692	922145	5
6						622102	6
7						162144	7
8						32665	8
9						8140	9
10						1410	10
11						95684	11
12							12
13							13
13.20							13.20
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
23.50							23.50
24					-346692	922145	24
25						346692	25
26						.375963	26

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO. : 52-7075

WORKSHEET H-5
 PART I

HHA COST CENTER	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29	
1 ADMINISTRATIVE AND GENERAL				233239		233239			1
2 SKILLED NURSING CARE				1389456		1389456	161267	1550723	2
3 PHYSICAL THERAPY				337580		337580	39181	376761	3
4 OCCUPATIONAL THERAPY				68077		68077	7901	75978	4
5 SPEECH PATHOLOGY				16757		16757	1945	18702	5
6 MEDICAL SOCIAL SERVICES				2894		2894	336	3230	6
7 HOME HEALTH AIDE				194794		194794	22609	217403	7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS				2242797		2242797	233239	2242797	20
21 UNIT COST MULTIPLIER							.116065		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 52-7075

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
	1	2	3	4	5	6A	6	8	
1 ADMINISTRATIVE AND GENERAL	1587	10814	1587	3714	211952		127605	1587	1
2 SKILLED NURSING CARE					584126		1134398		2
3 PHYSICAL THERAPY					154209		296604		3
4 OCCUPATIONAL THERAPY					31194		59814		4
5 SPEECH PATHOLOGY					7392		14723		5
6 MEDICAL SOCIAL SERVICES					1265		2543		6
7 HOME HEALTH AIDE					82856		171149		7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS	1587	10814	1587	3714	1072994		1806836	1587	20
21 TOTAL COST TO BE ALLOCATED	2278	5	21718	2583	511415		249618	48558	21
22 UNIT COST MULTIPLIER	1.435413		13.684940		.476624		.138152		22
22 UNIT COST MULTIPLIER		.000462		.695477				30.597353	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 52-7075

WORKSHEET H-5
 PART II

HHA COST CENTER	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	
	9	10	11	12	14	15	16	17	
1 ADMINISTRATIVE AND GENERAL		1587				27090	304		1
2 SKILLED NURSING CARE					20				2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS		1587			20	27090	304		20
21 TOTAL COST TO BE ALLOCATED		17421			98338	21874	152		21
22 UNIT COST MULTIPLIER					4916.900000		.500000		22
22 UNIT COST MULTIPLIER		10.977316				.807457			22

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
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WORKSHEET H-5
PART II

HHA COST CENTER	SOCIAL SERVICE TIME SPENT	I&R PROGRAM COSTS ASSIGNED TIME	
1			1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
9.20			9.20
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
19			19
19.50			19.50
20			20
21			21
22			22
22			22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 52-7075

WORKSHEET H-6
 PARTS I & II

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

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		1		2	3	4	5	
1	SKILLED NURSING CARE	2	1550723		1550723	7031	220.56	1
2	PHYSICAL THERAPY	3	376761		376761	1785	211.07	2
3	OCCUPATIONAL THERAPY	4	75978		75978	305	249.11	3
4	SPEECH PATHOLOGY	5	18702		18702	92	203.28	4
5	MEDICAL SOCIAL SERV	6	3230		3230	28	115.36	5
6	HOME HEALTH AIDE SERV	7	217403		217403	1778	122.27	6
7	TOTAL		2242797		2242797	11019		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST	
		1		2	3	4	LIMITS	
8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERV							12
13	HOME HEALTH AIDE SERV							13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS								
OTHER PATIENT SERVICES		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		1		2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8						15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA		
						NO.	AMOUNT	
						1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4							17
18	PER BENEFICIARY COST LIMITATION							18
19	PER BENEFICIARY COST LIMITATION							19

PROVIDER NO. 52-0100 BELoit MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2008 TO 12/31/2008

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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 52-7075

WORKSHEET H-6
 PARTS II & III

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

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

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4		
1	PHYSICAL THERAPY 50	.620730			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51				COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52				COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.208700			COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS 56	.289362			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I COL. 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE				
			PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99
	1	2	3	4	5		
1	PHYSICAL THERAPY 2	211.07	2.01	3	3.01	4	1
2	OCCUPATIONAL THERAPY 3	249.11					2
3	SPEECH PATHOLOGY 4	203.28					3
4	TOTAL						4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 52-7075

WORKSHEET H-7
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PROGRAM SERVICES				1
2 REASONABLE COST OF SERVICES				
2 TOTAL CHARGES	851953	793386		2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6 TOTAL CUSTOMARY CHARGES	851953	793386		6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	851953	793386		7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
9 PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	566300	490934	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	8666	10977	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	8473	9542	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	2451	3348	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	585890	514801	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	585890	514801	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	585890	514801	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	585890	514801	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	585890	514801	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	585890	514801	24
25 TOTAL INTERIM PAYMENTS	585890	514801	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

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 PERIOD FROM 01/01/2008 TO 12/31/2008

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ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 52-7075

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER					1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		585890		514801	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 PROGRAM .53 .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		585890		514801	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 52-2324

WORKSHEET I-1

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

	TOTAL COSTS	BASIS	STATISTICS	FTEs PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES	494805	HRS OF SERVICE	16136.00	7.76	1
2 LICENSED PRACTICAL NURSES	117342	HRS OF SERVICE	6349.00	3.05	2
3 NURSES AIDES		HRS OF SERVICE			3
4 TECHNICIANS	243322	HRS OF SERVICE	16142.00	7.76	4
5 SOCIAL WORKERS		HRS OF SERVICE			5
6 DIETICIANS		HRS OF SERVICE			6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	30673	ACCUMULATED COST			8
9 SUBTOTAL	886142				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		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES	1460341	REQUISITIONS			14
15 DRUGS		REQUISITIONS			15
16 OTHER		ACCUMULATED COST			16
17 SUBTOTAL	2346483				17
18 OLD CAP REL COSTS-BLDGS & FIXTURES	9646	SQUARE FEET			18
19 OLD CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			19
20 NEW CAP REL COSTS-BLDGS & FIXTURES	91975	SQUARE FEET			20
21 NEW CAP REL COSTS-MOV EQUIPMENT	79163	PERCENTAGE OF TIME			21
22 EMPLOYEE BENEFITS	422357	SALARY			22
23 ADMINISTRATIVE AND GENERAL	407496	ACCUMULATED COST			23
24 MAINT/REPAIRS-OPERATION-HOUSEKEEPING	279421	SQUARE FEET			24
25 MEDICAL EDUCATION PROGRAM COSTS					25
26 CENTRAL SERVICES & SUPPLIES	3393	REQUISITIONS			26
27 PHARMACY	400004	REQUISITIONS			27
28 OTHER ALLOCATED COSTS	277541	ACCUMULATED COST			28
29 SUBTOTAL	4317479				29
30 LABORATORY		CHARGES			30
31 RESPIRATORY THERAPY		CHARGES			31
32 VASCULAR LAB		CHARGES			32
32.20 CARDIAC REHAB		CHARGES			32.20
32.30 PSYCH		CHARGES			32.30
33 TOTAL COSTS	4317479				33

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 52-2324

WORKSHEET I-2

CHECK APPLICABLE BOX:

[XX] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	---CAPITAL AND---		DIRECT PATIENT			ROUTINE					SUB-	OVERHEAD	TOTAL	
	BUILDING	EQUIPMENT	CARE	SALARY	EMPLOYEE	DRUGS	MEDICAL	ANCILLARY	SERVICES	TOTAL				
	1	2	3	4	5	6	7	8	9	10	11			
1 TOTAL RENAL DEPT COSTS	381042	79163	494805	360664	422357	400004	1463734		3601769	715710	4317479		1	
2 MAINTENANCE														
3 HEMODIALYSIS	371972	75074	469261	342019	400524	379347	1387813		3426010	680784	4106794		2	
4 INTERMITTENT PERITONEAL													3	
5 TRAINING													4	
6 HEMODIALYSIS													5	
7 INTERMITTENT PERITONEAL													6	
8 CAPD	2721	339	2116	1548	1812	1710	6269		16515	3282	19797		7	
9 CCPD													8	
10 HOME													9	
11 HEMODIALYSIS													10	
12 INTERMITTENT PERITONEAL													11	
13 CAPD													12	
14 CCPD													13	
15 OTHER BILLABLE SERVICES													14	
16 INPATIENT DIALYSIS	6066	3646	22784	16615	19457	18421	67562		154551	30711	185262		14.01	
17 METHOD II HOME PATIENT	283	104	644	482	564	526	2090		4693	933	5626		14	
18 EPO (INCL IN RENAL DEPT)													15	
19 ARANESP (INCL IN RENAL DEPT)													16	
20 OTHER													17	
21 TOTAL	381042	79163	494805	360664	422357	400004	1463734		3601769	715710	4317479		18	
22 MEDICAL EDUC PGM COSTS													17	
23 TOTAL RENAL COSTS												4317479	18	

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 52-2324

WORKSHEET I-3

CHECK APPLICABLE BOX:

[XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	----CAPITAL AND----		-DIRECT PATIENT-		EMPLOYEE BENEFITS (SALARY)	DRGS (REQUIS)	MEDICAL SUPPLIES (REQUIS)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUB- TOTAL	OVERHEAD (ACCUM. COST)	
	BUILDING EQUIPMENT (SQUARE FEET)	RELATED COSTS (% OF TIME)	RNS (HOURS)	SALARY OTHERS (HOURS)							
	1	2	3	4							
1	TOTAL RENAL DEPT COSTS	381042	79163	494805	360664	422357	400004	1463734	3601769	715710	1
2	MAINTENANCE										
3	HEMODIALYSIS	6561	107927.0	15303.00	23426.00	23426	760740	3985			2
4	INTERMITTENT PERITONEAL TRAINING										3
5	HEMODIALYSIS										4
6	INTERMITTENT PERITONEAL										5
7	CAPD	48	487.00	69.00	106.00	106	3430	18			6
8	CCPD										7
9	HOME										
10	HEMODIALYSIS										8
11	INTERMITTENT PERITONEAL										9
12	CAPD										10
13	CCPD										11
14	OTHER BILLABLE SERVICES										
15	INPT DIAL TRMNTS 420	107	5241.00	743.00	1138.00	1138	36942	194			13
16	METHOD II HOME PATIENT	5	150.00	21.00	33.00	33	1055	6			14
17	EPO										14.01
18	ARANESP										15
19	OTHER										16
20	TOTAL STATISTICAL BASIS	6721	113805.0	16136.00	24703.00	24703	802167	4203	3601769		17
21	UNIT COST MULTIPLIER	56.694242	.695602	30.664663	14.600008	17.097397	348.259339			.198711	

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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 52-2324
 PAYMENT RATE # 1

WORKSHEET I-4

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

	NUMBER OF TOTAL TREATMENTS	TOTAL COST	AVG COST OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS	TOTAL PROGRAM EXPENSES	PAYMENT RATE	TOTAL PROGRAM PAYMENT	
	1	2	3	4	5	6	7	
1 MAINTENANCE - HEMODIALYSIS	8649	4106794	474.83	6605	3136252			1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD	39	19797	507.62	7	3553			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	8688	4126591		6612	3139805			11

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CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 52-2324

WORKSHEET I-5

DESCRIPTION			
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES	3139805	1
2	TOTAL PAYMENT (FROM I-4, COLUMN 7, LINE11)		2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS		3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS		4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES		5
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		5.01
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS		6
7	PROGRAM PAYMENT		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 (52-0100)	HOSPITAL (52-0100)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2	1326689				2
3					3
3.01	70564				3.01
4	60.06				4
4.01	0.00	0.00			4.01
4.02					4.02
4.03					4.03
5	0.0551				5
5.01	0.1645				5.01
5.02	0.2196				5.02
5.03	0.0455				5.03
5.04	60364				5.04
6	1457617				6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					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
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
23 I&R SERVICES-OTHER PRGM COSTS A					23
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 VASCULAR LAB					59
59.20 CARDIAC REHAB					59.20
59.30 PSYCH					59.30
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
OTHER REIMBURSABLE COST CENTERS					
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
98.01 PATHOLOGY					98.01
98.02 PHYSIATRY CLINIC					98.02
98.03 CHOLESTEROL CLINIC					98.03
98.06 ROSCOE MED					98.06
98.07 JANESVILLE MED					98.07
98.08 OHW					98.08
98.09 WEST SIDE MED					98.09
98.10 PHYSICIAN BILLING					98.10
98.11 SENIOR ADVANTAGE					98.11
98.12 HOMECARE PHARMACY					98.12
98.13 DARIEN MED					98.13
98.14 RCAC					98.14
98.15 EMS PHYSICIAN FEES					98.15
98.16 NORTHPOINTE					98.16
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	59.32		5.46				64.78 25
26 INTENSIVE CARE UNIT	57.01		6.29				63.30 26
33 NURSERY			19.34				19.34 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	14.01	20.93	0.78	1.25			36.97 37
38 RECOVERY ROOM	12.39	10.17	2.52	2.18			27.26 38
39 DELIVERY ROOM & LABOR ROOM	0.35	0.02	19.63	3.06			23.06 39
40 ANESTHESIOLOGY	20.37	12.45	5.08	1.93			39.83 40
41 RADIOLOGY-DIAGNOSTIC	13.95	18.22	0.51	2.03			34.71 41
44 LABORATORY	31.01	1.69	2.43	3.54			38.67 44
49 RESPIRATORY THERAPY	24.71	5.57	1.87	0.42			32.57 49
50 PHYSICAL THERAPY	12.84	0.02	0.69	1.73			15.28 50
53 ELECTROCARDIOLOGY	28.82	29.79	0.85	3.52			62.98 53
55 MEDICAL SUPPLIES CHARGED TO PAT	45.05	13.73	3.68	1.29			63.75 55
56 DRUGS CHARGED TO PATIENTS	44.38	12.74	3.21	3.97			64.30 56
57 RENAL DIALYSIS	2.78		0.08	4.69			7.55 57
58 ASC (NON-DISTINCT PART)		0.12		3.11			3.23 58
59 VASCULAR LAB	53.90	16.02	2.21	5.94			78.07 59
59.20 CARDIAC REHAB	0.40	51.44	0.58	2.52			54.94 59.20
59.30 PSYCH	1.02	15.52	0.14	9.53			26.21 59.30
60 CLINIC		25.13	0.65	1.92			27.70 60
61 EMERGENCY	10.39	13.15	0.69	4.60			28.83 61
62 OBSERVATION BEDS (NON-DISTINCT)		17.68					17.68 62
101 TOTAL CHARGES	21.01	11.45	1.72	2.38			36.56 101

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

SUBPROVIDER I

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							
31 SUBPROVIDER I	48.39						48.39 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC	0.01						0.01 41
44 LABORATORY	0.02						0.02 44
50 PHYSICAL THERAPY	0.61						0.61 50
55 MEDICAL SUPPLIES CHARGED TO PAT	0.02						0.02 55
56 DRUGS CHARGED TO PATIENTS	0.01						0.01 56
59.30 PSYCH	0.02						0.02 59.30
101 TOTAL CHARGES	0.03						0.03 101

	COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
	GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT	365411	.34	-365411	-.75			1
2	OLD CAP REL COSTS-MVBLE EQUIP	569		-569				2
3	NEW CAP REL COSTS-BLDG & FIXT	3484272	3.26	-3484272	-7.11			3
4	NEW CAP REL COSTS-MVBLE EQUIP	5512672	5.15	-5512672	-11.25			4
5	EMPLOYEE BENEFITS	20566008	19.21	-20566008	-41.96			5
6	ADMINISTRATIVE & GENERAL	7915935	7.40	-7915935	-16.15			6
8	OPERATION OF PLANT	3767001	3.52	-3767001	-7.68			8
9	LAUNDRY & LINEN SERVICE	279736	.26	-279736	-.57			9
10	HOUSEKEEPING	968956	.91	-968956	-1.98			10
11	DIETARY	1400420	1.31	-1400420	-2.86			11
12	CAFETERIA	135484	.13	-135484	-.28			12
14	NURSING ADMINISTRATION	838108	.78	-838108	-1.71			14
15	CENTRAL SERVICES & SUPPLY	634093	.59	-634093	-1.29			15
16	PHARMACY	983638	.92	-983638	-2.01			16
17	MEDICAL RECORDS & LIBRARY	1807199	1.69	-1807199	-3.69			17
18	SOCIAL SERVICE	329404	.31	-329404	-.67			18
23	I&R SERVICES-OTHER PRGM COSTS A	29067	.03	-29067	-.06			23
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	7139818	6.67	10466443	21.35	17606261	16.45	25
26	INTENSIVE CARE UNIT	1851291	1.73	2141830	4.37	3993121	3.73	26
31	SUBPROVIDER I	213187	.20	353690	.72	566877	.53	31
33	NURSERY	171492	.16	217699	.44	389191	.36	33
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	2852563	2.67	3090635	6.31	5943198	5.55	37
38	RECOVERY ROOM	408227	.38	433471	.88	841698	.79	38
39	DELIVERY ROOM & LABOR ROOM	423656	.40	645348	1.32	1069004	1.00	39
40	ANESTHESIOLOGY	194497	.18	197178	.40	391675	.37	40
41	RADIOLOGY-DIAGNOSTIC	7623978	7.12	6428142	13.11	14052120	13.13	41
44	LABORATORY	4410252	4.12	2610600	5.33	7020852	6.56	44
49	RESPIRATORY THERAPY	1210960	1.13	977873	1.99	2188833	2.05	49
50	PHYSICAL THERAPY	2622798	2.45	2037987	4.16	4660785	4.35	50
53	ELECTROCARDIOLOGY	212580	.20	276323	.56	488903	.46	53
55	MEDICAL SUPPLIES CHARGED TO PAT	4788848	4.47	2953733	6.03	7742581	7.23	55
56	DRUGS CHARGED TO PATIENTS	2903969	2.71	2012994	4.11	4916963	4.59	56
57	RENAL DIALYSIS	2346483	2.19	1970996	4.02	4317479	4.03	57
58	ASC (NON-DISTINCT PART)	445139	.42	589786	1.20	1034925	.97	58
59	VASCULAR LAB	156361	.15	280386	.57	436747	.41	59
59.20	CARDIAC REHAB	276646	.26	252337	.51	528983	.49	59.20
59.30	PSYCH	1781278	1.66	1538445	3.14	3319723	3.10	59.30
60	CLINIC	298514	.28	239446	.49	537960	.50	60
61	EMERGENCY	4665289	4.36	3548038	7.24	8213327	7.67	61
62	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS							62
	OUTPATIENT SERVICE COST CENTERS							
71	HOME HEALTH AGENCY	1268837	1.19	973960	1.99	2242797	2.10	71
	SPECIAL PURPOSE COST CENTERS							
	NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & CAN	101174	.09	164859	.34	266033	.25	96

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
98.01 PATHOLOGY	24329	.02	43971	.09	68300	.06	98.01
98.02 PHYSIATRY CLINIC	54611	.05	37160	.08	91771	.09	98.02
98.03 CHOLESTEROL CLINIC	44718	.04	21576	.04	66294	.06	98.03
98.06 ROSCOE MED	-2319		2023		-296		98.06
98.07 JANESVILLE MED	375986	.35	228845	.47	604831	.57	98.07
98.08 OHW	1516365	1.42	910909	1.86	2427274	2.27	98.08
98.09 WEST SIDE MED	718929	.67	467864	.95	1186793	1.11	98.09
98.10 PHYSICIAN BILLING	100637	.09	79665	.16	180302	.17	98.10
98.11 SENIOR ADVANTAGE			66171	.13	66171	.06	98.11
98.12 HOMECARE PHARMACY			19575	.04	19575	.02	98.12
98.13 DARIEN MED	453987	.42	268776	.55	722763	.68	98.13
98.14 RCAC	1347404	1.26	796652	1.63	2144056	2.00	98.14
98.15 EMS PHYSICIAN FEES	150000	.14	20723	.04	170723	.16	98.15
98.16 NORTHPOINTE	4862699	4.54	1651864	3.37	6514563	6.09	98.16
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	107033156	100.00	0	.00	107033156	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	677068	26723124	.025337	3743624	94852	37
38 RECOVERY ROOM	63225	3301180	.019152	408953	7832	38
39 DELIVERY ROOM & LABOR ROOM	122116	3103122	.039353	10990	432	39
40 ANESTHESIOLOGY	51955	1998910	.025992	407096	10581	40
41 RADIOLOGY-DIAGNOSTIC	2239237	53112108	.042160	7407600	312305	41
44 LABORATORY	451586	28581785	.015799	8863846	140040	44
49 RESPIRATORY THERAPY	158911	8960301	.017735	2214288	39270	49
50 PHYSICAL THERAPY	300720	7508552	.040051	963811	38602	50
53 ELECTROCARDIOLOGY	53426	1818309	.029383	524112	15400	53
55 MEDICAL SUPPLIES CHARGED TO PAT	527010	37099053	.014205	16711520	237387	55
56 DRUGS CHARGED TO PATIENTS	231904	16992419	.013648	7541013	102920	56
57 RENAL DIALYSIS	370703	11610564	.031928	322392	10294	57
58 ASC (NON-DISTINCT PART)	107480	1602638	.067064			58
59 VASCULAR LAB	67311	3248471	.020721	1750902	36280	59
59.20 CARDIAC REHAB	32560	829223	.039266	3350	132	59.20
59.30 PSYCH	215086	2538840	.084718	25981	2201	59.30
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	24061	879092	.027370			60
61 EMERGENCY	587394	19979818	.029399	2075334	61013	61
62 OBSERVATION BEDS (NON-DISTINCT	22708	219096	.103644			62
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL	6304461	230106605		52974812	1109541	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	1381299		1381299	20073	68.82	11908	819509 25
26	INTENSIVE CARE UNIT	301165		301165	2240	134.45	1277	171693 26
101	TOTAL	1682464		1682464			13185	991202 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							991202	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							1109541	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							2100743	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)								
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)								
PER DISCHARGE CAPITAL COSTS								
PER DIEM CAPITAL COSTS								

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)	23976441
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	63103961
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.380

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	379190
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	103166
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	3.676

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)	2100743
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.033

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (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)	8139379
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (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)	28867631
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.282