

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY SHERMAN HOSPITAL (14-0030) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 05/01/2008 AND ENDING 04/30/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
	1	2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	568072	23668		2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	568072	23668		100

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 934 CENTER STREET P.O. BOX: 1
 1.01 CITY: ELGIN STATE: IL ZIP CODE: 60120 COUNTY: KANE 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

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

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 05/01/2008 TO: 04/30/2009 17
 18 TYPE OF CONTROL 1 2 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
 20 SUBPROVIDER I 20

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. 21

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? YES 21.01

21.02 HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE. 21.02

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 16974 21.03

21.04 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 21.04

21.05 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 21.05

21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 21.06

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW NO 23

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.01

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.02

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.03

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.04

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. 23.05

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.06

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.07

24 IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3. 24

24.01 IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3. 24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

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

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

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04

40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	14H117		40
40.01	NAME: ENTER NAME IN COLUMN 1	FI/CONTRACTOR'S NAME:		FI/CONTRACTOR'S NUMBER:	40.01
40.02	STREET:			P.O. BOX:	40.02
40.03	CITY:			STATE: ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

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

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

-----DISCHARGES-----						
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		3978	2725	11924	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		3978	2725	11924	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	78158607		78158607	2639080.00	29.62		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	88100		88100	1355.00	65.02		4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL	1487077		1487077	11898.00	124.99		7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	262736	40328	303064	7810.00	38.80		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	1274660		1274660	24235.00	52.60		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	3807502		3807502	74845.00	50.87		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	16041817		16041817			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	54169		54169			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A	18164		18164			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)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	1446300	-824759	621541	24735.00	25.13		21
22	ADMINISTRATIVE & GENERAL	11538231	86548	11624779	434090.00	26.78		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	67542		67542	223.00	302.88		22.01
23	MAINTENANCE & REPAIRS		1063051	1063051	38055.00	27.93		23
24	OPERATION OF PLANT	1666836	-1045130	621706	31605.00	19.67		24
25	LAUNDRY & LINEN SERVICE	87757	944	88701	7248.00	12.24		25
26	HOUSEKEEPING	1510178	16236	1526414	111771.00	13.66		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1365947	-627236	738711	52391.00	14.10		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		280533	280533	19898.00	14.10		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1251102	13451	1264553	34493.00	36.66		30
31	CENTRAL SERVICES AND SUPPLY	809115	-427972	381143	33314.00	11.44		31
32	PHARMACY	2106853	22651	2129504	55801.00	38.16		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1021575	10983	1032558	50608.00	20.40		33
34	SOCIAL SERVICE	1089297	11711	1101008	31511.00	34.94		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1		1	2	3	4	5	
1	NET SALARIES	76739072		76739072	2627405.00	29.21	1
2	EXCLUDED AREA SALARIES	262736	40328	303064	7810.00	38.80	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	76476336	-40328	76436008	2619595.00	29.18	3
4	SUBTOTAL OTHER WAGES & REL COSTS	5082162		5082162	99080.00	51.29	4
5	SUBTOTAL WAGE-RELATED COSTS	16059981		16059981		21.01%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	97618479	-40328	97578151	2718675.00	35.89	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	23960733	-1418989	22541744	925743.00	24.35	13

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-3509

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

	---- OUTPATIENT ---		---- TRAINING ----		----- HOME -----			
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6		
1	NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD						83	1
2	NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS						3.00	2
3	AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP						4.50	3
4	CAPD EXCHANGES PER DAY							4
5	NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED						312	5
6	NUMBER OF STATIONS						17	6
7	TREATMENT CAPACITY PER DAY PER STATION						3	7
8	UTILIZATION						80.40	8
9	AVERAGE TIMES DIALYZERS RE-USED							9
10	PERCENTAGE OF PATIENTS RE-USING DIALYZERS							10
TRANSPLANT INFORMATION								
11	NUMBER OF PATIENTS ON TRANSPLANT LIST							18
12	NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD							2
EPOIETIN								
13	NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							523536
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							5600
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							482693
17	ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							17
18	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							2051
19	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							19

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

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

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	30925949 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	30925949 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.289438 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	94080629 28
29	TOTAL GROSS MEDICAID COST	27230509 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	9754583 30
31	UNCOMPENSATED CARE COST	2823347 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	27230509 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
88	8800 INTEREST EXPENSE		5177926	5177926	88193	5266119	-5266119		88
95	SUBTOTALS	77895871	154996932	232892803	-74125	232818678	-39886314	192932364	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN								96
96.02	9601 MEALS ON WHEELS								96.02
100	7950 CHILDBIRTH EDUCATION	34512	3415	37927	371	38298		38298	100
100.01	7951 ACLS								100.01
100.02	7952 COMMUNITY WELLNESS				71300	71300		71300	100.02
100.04	7953 PHYSICIAN REFERRAL	228224	150682	378906	2454	381360		381360	100.04
101	TOTAL	78158607	155151029	233309636		233309636	-39886314	193423322	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE					
		COST CENTER	LINE #	SALARY			
	1	2	3	4	OTHER	5	
1 COST OF BILLABLE MEDICAL SUPPLIES	A	MEDICAL SUPPLIES CHARGED TO P	55			855341	1
2 DRUGS CHARGED TO PATIENTS	B	DRUGS CHARGED TO PATIENTS	56			8707662	2
3 MAINTENANCE AND REPAIRS	C	MAINTENANCE & REPAIRS	7		1051743	3004245	3
4 DEPRECIATION	D						4
5 STERILIZATION COSTS	E	OPERATING ROOM	37		189822	100366	5
6 STERILIZATION COSTS	E	DELIVERY ROOM & LABOR ROOM	39		32999	17448	6
7 STERILIZATION COSTS	E	ELECTROCARDIOLOGY	53		133553	70615	7
8 STERILIZATION COSTS	E	CENTRAL SERVICES & SUPPLY	15		35239	18632	8
9 STERILIZATION COSTS	E	EMERGENCY	61		75652	40000	9
10 CLINICAL NUTRITION	F	CLINICAL NUTRITION	59.02		357545		10
11 CAFETERIA	G	CAFETERIA	12		277549	616134	11
12 EMPLOYEE BENEFITS	H	EMPLOYEE BENEFITS	5			1526083	12
13 INSURANCE EXPENSE	J	OLD CAPITAL COSTS-OTHER CAPIT	2.01			127308	13
14 COMMUNITY WELLNESS NON REIMB PORTIO	K	COMMUNITY WELLNESS	100.02		37104	33797	14
15 INTEREST EXPENSE	L	INTEREST EXPENSE	88			88193	15
16 DEPRECIATION EXPENSE	M	OLD CAP REL COSTS-BLDG & FIXT	1			575882	16
17 DEPRECIATION EXPENSE	M	NEW CAP REL COSTS-BLDG & FIXT	3			6166388	17
18 DEPRECIATION EXPENSE	M	NEW CAP REL COSTS-MVBLE EQUIP	4			10555591	18
19 VACATION ACCRUALS	N	NON-PATIENT TELECOMMUNICATION	6.01		3753		19
20	N	DATA PROCESSING	6.02		24155		20
21	N	PURCHASING	6.03		5745		21
22	N	ADMITTING	6.04		16741		22
23	N	PATIENT ACCOUNTING	6.05		14160		23
24	N	OTHER ADMINISTRATIVE COSTS	6.06		59098		24
25	N	MAINTENANCE & REPAIRS	7		11308		25
26	N	OPERATION OF PLANT	8		6613		26
27	N	LAUNDRY & LINEN SERVICE	9		944		27
28	N	HOUSEKEEPING	10		16236		28
29	N	DIETARY	11		7858		29
30	N	CAFETERIA	12		2984		30
31	N	NURSING ADMINISTRATION	14		13451		31
32	N	CENTRAL SERVICES & SUPPLY	15		4054		32
33	N	PHARMACY	16		22651		33
34	N	MEDICAL RECORDS & LIBRARY	17		10983		34
35	N	SOCIAL SERVICE	18		11711		35
36 SUBTOTAL					2423651	32503685	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 COST OF BILLABLE MEDICAL SUPPLIES	A	CENTRAL SERVICES & SUPPLY	15		855341	1
2 DRUGS CHARGED TO PATIENTS	B	PHARMACY	16		8707662	2
3 MAINTENANCE AND REPAIRS	C	OPERATION OF PLANT	8	1051743	3004245	3
4 DEPRECIATION	D					4
5 STERILIZATION COSTS	E	CENTRAL SERVICES & SUPPLY	15	467265	247061	5
6 STERILIZATION COSTS	E					6
7 STERILIZATION COSTS	E					7
8 STERILIZATION COSTS	E					8
9 STERILIZATION COSTS	E					9
10 CLINICAL NUTRITION	F	DIETARY	11	357545		10
11 CAFETERIA	G	DIETARY	11	277549	616134	11
12 EMPLOYEE BENEFITS	H	OTHER ADMINISTRATIVE COSTS	6.06		1526083	12
13 INSURANCE EXPENSE	J	OTHER ADMINISTRATIVE COSTS	6.06		127308	13
14 COMMUNITY WELLNESS NON REIMB PORT	K	OTHER ADMINISTRATIVE COSTS	6.06	37104	33797	14
15 INTEREST EXPENSE	L	OTHER ADMINISTRATIVE COSTS	6.06		88193	15
16 DEPRECIATION EXPENSE	M	OTHER ADMINISTRATIVE COSTS	6.06		17297861	9 16
17 DEPRECIATION EXPENSE	M					9 17
18 DEPRECIATION EXPENSE	M					9 18
19 VACATION ACCRUALS	N	EMPLOYEE BENEFITS	5	824759		19
20	N					20
21	N					21
22	N					22
23	N					23
24	N					24
25	N					25
26	N					26
27	N					27
28	N					28
29	N					29
30	N					30
31	N					31
32	N					32
33	N					33
34	N					34
35	N					35
36 SUBTOTAL				3015965	32503685	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	N	ADULTS & PEDIATRICS	25	142912	1
2	N	INTENSIVE CARE UNIT	26	19923	2
3	N	CORONARY CARE UNIT	27	22169	3
4	N	NURSERY	33	15819	4
5	N	OPERATING ROOM	37	58094	5
6	N	RECOVERY ROOM	38	17218	6
7	N	DELIVERY ROOM & LABOR ROOM	39	31210	7
8	N	RADIOLOGY-DIAGNOSTIC	41	63555	8
9	N	LABORATORY	44	29152	9
10	N	INTRAVENOUS THERAPY	48	10309	10
11	N	RESPIRATORY THERAPY	49	14037	11
12	N	PHYSICAL THERAPY	50	23244	12
13	N	OCCUPATIONAL THERAPY	51	4023	13
14	N	SPEECH PATHOLOGY	52	1681	14
15	N	ELECTROCARDIOLOGY	53	31966	15
16	N	CARDIAC REHABILITATION	53.01	3170	16
17	N	ELECTROENCEPHALOGRAPHY	54	2695	17
18	N	RENAL DIALYSIS	57	13583	18
19	N	WOUND CARE CENTER	59	1345	19
20	N	DIABETES CENTER	59.01	2501	20
21	N	CLINICAL NUTRITION	59.02	3844	21
22	N	EMERGENCY	61	75608	22
23	N	S.C.O.R.E.	61.02	1032	23
24	N	CHILDBIRTH EDUCATION	100	371	24
25	N	PHYSICIAN REFERRAL	100.04	2454	25
26	N	COMMUNITY WELLNESS	100.02	399	26
27	O	EPOETIN & ARANESP COSTS	57		1006229
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36		TOTAL RECLASSIFICATIONS		3015965	33509914

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- DECREASE -----			WKST A-7 REF. 10	
		COST CENTER 6	LINE # 7	SALARY 8		OTHER 9
1	N				1	
2	N				2	
3	N				3	
4	N				4	
5	N				5	
6	N				6	
7	N				7	
8	N				8	
9	N				9	
10	N				10	
11	N				11	
12	N				12	
13	N				13	
14	N				14	
15	N				15	
16	N				16	
17	N				17	
18	N				18	
19	N				19	
20	N				20	
21	N				21	
22	N				22	
23	N				23	
24	N				24	
25	N				25	
26	N				26	
27 EPOETIN & ARANESP COSTS	O	DRUGS CHARGED TO PATIENTS	56		1006229	27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				3015965	33509914	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	14069193					14069193	1
2 LAND IMPROVEMENTS	4875					4875	2
3 BUILDINGS AND FIXTURES	195108502	196673782		196673782	60685873	331096411	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	128199462	13858164		13858164	1922540	140135086	5
6 MOVABLE EQUIPMENT							6
7 SUBTOTAL	337382032	210531946		210531946	62608413	485305565	7
8 RECONCILING ITEMS	122635847	196603719		196603719	60647322	258592244	8
9 TOTAL	214746185	13928227		13928227	1961091	226713321	9

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-3593520			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	6357828			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 REMOVE BAD DEBT	A	-24713726	OTHER ADMINISTRATIVE COSTS	6.06	37
38 GAIN/LOSS ON ASSET DISPOSAL	B	31427	OTHER ADMINISTRATIVE COSTS	6.06	38
39 EMPLOYEE HEALTH	A	-316837	EMPLOYEE BENEFITS	5	39
40 PATIENT TELEPHONES	A	-44518	NON-PATIENT TELECOMMUNICATIONS	6.01	40
41 REAL ESTATE TAX	A	92	OPERATION OF PLANT	8	41
42 PATIENT TELEVISIONS	A	-40342	OTHER ADMINISTRATIVE COSTS	6.06	42
43 LOBBY EXPENSE	A	-38913	OTHER ADMINISTRATIVE COSTS	6.06	43
44 INTEREST	A	-5266119	INTEREST EXPENSE	88	44
45 MEDICAID TAX	A	-7491996	OTHER ADMINISTRATIVE COSTS	6.06	45
46 MEALS ON WHEELS	A	11232	DIETARY	11	46
47					47
48 TELECOMMUNICATIONS OTHER INCOME	B	-196957	NON-PATIENT TELECOMMUNICATIONS	6.01	48
49 BUSINESS OFFICE - OTHER INCOME	B	-990888	PATIENT ACCOUNTING	6.05	49
49.01 OTHER ADMIN AND GENERAL - OTHER I	B	-568836	OTHER ADMINISTRATIVE COSTS	6.06	49.01
49.02 FOOD & NUTRITION OTHER INCOME	B	-1407859	DIETARY	11	49.02
49.03 OPERATION OF PLANT - OTHER INCOME	B	-10800	OPERATION OF PLANT	8	49.03
49.05 MEDICAL RECORDS - OTHER INCOME	B	-86498	MEDICAL RECORDS & LIBRARY	17	49.05
49.07 OPERATING ROOM - OTHER INCOME	B	-92250	OPERATING ROOM	37	49.07
49.08 RADIOLOGY - OTHER INCOME	B	-216145	RADIOLOGY-DIAGNOSTIC	41	49.08
49.09 LABORATORY - OTHER INCOME	B	-696466	LABORATORY	44	49.09
49.10 INFUSION CENTER - OTHER INCOME	B	-55934	INTRAVENOUS THERAPY	48	49.10
49.12 PHYSICAL THERAPY - OTHER INCOME	B	-1402	PHYSICAL THERAPY	50	49.12
49.13 CARDIAC - OTHER INCOME	B	-6300	ELECTROCARDIOLOGY	53	49.13
49.14 CARDIAC REHAB - OTHER INCOME	B	109	CARDIAC REHABILITATION	53.01	49.14
49.15 DIABETES CENTER - OTHER INCOME	B	-8701	DIABETES CENTER	59.01	49.15
49.16 EMERGENCY ROOM - OTHER INCOME	B	-431631	EMERGENCY	61	49.16
49.17 S.C.O.R.E - OTHER INCOME	B	-8708	S.C.O.R.E.	61.02	49.17
49.18 ACLS - OTHER INCOME	B	-1561	NURSING ADMINISTRATION	14	49.18
49.19 OCCUPATIONAL THERAPY-OTHER INCOME	B	-75	OCCUPATIONAL THERAPY	51	49.19
49.20 WOUND CARE CLINIC-OTHER INCOME	B	-20	WOUND CARE CENTER	59	49.20

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER 3	LINE NO. 4	
50 TOTAL		-39886314			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6.06	OTHER ADMINISTRATIVE COSTS	HOME OFFICE COSTS	6521227	1107949	5413278	1
2	41	RADIOLOGY-DIAGNOSTIC	RENTAL COSTS	33159	202535	-169376	2
3	61	EMERGENCY	RENTAL COSTS	115739	494530	-378791	3
4	2.01	OLD CAPITAL COSTS-OTHER CAPITAL	CAPITAL COSTS	1492717		1492717	11 4
5		TOTALS		8162842	1805014	6357828	5

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

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	2	3	4	5	6	7	8	9
1	6.06 OTHER ADMINISTRATIVE COS							
	MEDICAL STAFF	272161		272161	177200	1	85	4
2	18 SOCIAL SERVICE	72000		72000	177200	1	85	4
3	25 ADULTS & PEDIATRICS	482979		482979	177200	1	85	4
4	33 NURSERY	87217		87217	177200	1	85	4
5	34 SKILLED NURSING FACILITY					1		
	SNF					1		
6	37 OPERATING ROOM	742900		742900	208000	1	100	5
7	39 DELIVERY ROOM & LABOR RO	704470		704470	196400	1	94	5
	LABOR & DELIVERY					1		
8	41 RADIOLOGY-DIAGNOSTIC	107362		107362	225300	1	108	5
	RADIOLOGY					1		
9	44 LABORATORY	50000		50000	215700	1	104	5
	LABORATORY					1		
10	49 RESPIRATORY THERAPY	7500		7500	177200	1	85	4
	RESPIRATORY THERAPY					1		
12	53 ELECTROCARDIOLOGY	20109		20109	177200	1	85	4
	CARDIAC CATH LAB					1		
13	53.01 CARDIAC REHABILITATION	106649		106649	177200	1355	115436	5772
	CARDIAC REHAB					1		
15	57 RENAL DIALYSIS	48000		48000	177200	1	85	4
	RENAL DIALYSIS					1		
16	59.01 DIABETES CENTER	28000		28000	177200	1	85	4
	DIABETES					1		
17	61 EMERGENCY	971993		971993	177200	1	85	4
	EMERGENCY DEPARTMEN					1		
101	TOTAL	3701340		3701340		1369	116607	5828

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	6.06 OTHER ADMINISTRATIVE COS	MEDICAL STAFF				85	272076	272076
2	18 SOCIAL SERVICE	OUTCOMES MGMT				85	71915	71915
3	25 ADULTS & PEDIATRICS	ADULTS & PEDS				85	482894	482894
4	33 NURSERY	NURSERY				85	87132	87132
5	34 SKILLED NURSING FACILITY	SNF						
6	37 OPERATING ROOM	SURGERY				100	742800	742800
7	39 DELIVERY ROOM & LABOR RO	LABOR & DELIVERY				94	704376	704376
8	41 RADIOLOGY-DIAGNOSTIC	RADIOLOGY				108	107254	107254
9	44 LABORATORY	LABORATORY				104	49896	49896
10	49 RESPIRATORY THERAPY	RESPIRATORY THERAPY				85	7415	7415
12	53 ELECTROCARDIOLOGY	CARDIAC CATH LAB				85	20024	20024
13	53.01 CARDIAC REHABILITATION	CARDIAC REHAB				115436		
15	57 RENAL DIALYSIS	RENAL DIALYSIS				85	47915	47915
16	59.01 DIABETES CENTER	DIABETES				85	27915	27915
17	61 EMERGENCY CENTER	EMERGENCY DEPARTMEN				85	971908	971908
101	TOTAL					116607	3593520	3593520

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP	OLD	NEW CAP	NEW CAP	EMPLOYEE	NONPATIENT	DATA	
	FOR COST	BLDGS &	CAPITAL	BLDGS &	MOVABLE	BENEFITS	TELEPHONES	PROCESSING	
	ALLOCATION	FIXTURES	OTHER	FIXTURES	EQUIPMENT				
	0	1	2.01	3	4	5	6.01	6.02	
95 SUBTOTALS	192932364	575882	1620025	6087091	10467476	17200577	858482	11080644	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN				79297					96
96.02 MEALS ON WHEELS									96.02
100 CHILDBIRTH EDUCATION	38298					7769			100
100.01ACLS									100.01
100.02COMMUNITY WELLNESS	71300					8352			100.02
100.04PHYSICIAN REFERRAL	381360				88115	51374		150076	100.04
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	193423322	575882	1620025	6166388	10555591	17268072	858482	11230720	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PURCHASING	ADMITTING	PATIENT ACCOUNTING	SUBTOTAL	OTHER ADMIN COSTS	MAIN- TENANCE + REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
								6.03	6.04
95 SUBTOTALS	1442340	2747331	3020980	192547021	30700403	5440395	14288920	1372564	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN				79297	15057				96
96.02 MEALS ON WHEELS						7049			96.02
100 CHILDBIRTH EDUCATION	112			46179	8769				100
100.01ACLS									100.01
100.02COMMUNITY WELLNESS				79652	15125				100.02
100.04PHYSICIAN REFERRAL	248			671173	127444				100.04
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1442700	2747331	3020980	193423322	30866798	5447444	14288920	1372564	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	
	KEEPING			ADMINIS-	SERVICES &		RECORDS +	SERVICE	
	10	11	12	14	15	16	17	18	
95 SUBTOTALS	3075267	1694530	1853368	2370829	1484416	5157726	3313003	2253102	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN									96
96.02 MEALS ON WHEELS		69425							96.02
100 CHILDBIRTH EDUCATION			1296						100
100.01ACLS									100.01
100.02COMMUNITY WELLNESS									100.02
100.04PHYSICIAN REFERRAL									100.04
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	3075267	1763955	1854664	2370829	1484416	5157726	3313003	2253102	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
2.01 OLD CAPITAL COSTS-OTHER CAPITAL				2.01
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6.01 NON-PATIENT TELECOMMUNICATIONS				6.01
6.02 DATA PROCESSING				6.02
6.03 PURCHASING				6.03
6.04 ADMITTING				6.04
6.05 PATIENT ACCOUNTING				6.05
6.06 OTHER ADMINISTRATIVE COSTS				6.06
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	37699802		37699802	25
26 INTENSIVE CARE UNIT	4483164		4483164	26
27 CORONARY CARE UNIT	4856860		4856860	27
33 NURSERY	3070205		3070205	33
34 SKILLED NURSING FACILITY				34
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	28313921		28313921	37
38 RECOVERY ROOM	4303357		4303357	38
39 DELIVERY ROOM & LABOR ROOM	7324666		7324666	39
41 RADIOLOGY-DIAGNOSTIC	21316744		21316744	41
44 LABORATORY	11899706		11899706	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
48 INTRAVENOUS THERAPY	2617435		2617435	48
49 RESPIRATORY THERAPY	3078039		3078039	49
49.01 PULMONARY FUNCTION				49.01
50 PHYSICAL THERAPY	4520050		4520050	50
51 OCCUPATIONAL THERAPY	703583		703583	51
52 SPEECH PATHOLOGY	272993		272993	52
53 ELECTROCARDIOLOGY	16366968		16366968	53
53.01 CARDIAC REHABILITATION	896803		896803	53.01
54 ELECTROENCEPHALOGRAPHY	721506		721506	54
55 MEDICAL SUPPLIES CHARGED TO PAT	1293078		1293078	55
56 DRUGS CHARGED TO PATIENTS	14825197		14825197	56
57 RENAL DIALYSIS	5300446	-1006229	4294217	57
59 WOUND CARE CENTER	419569		419569	59
59.01 DIABETES CENTER	523483		523483	59.01
59.02 CLINICAL NUTRITION	536160		536160	59.02
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	16705033		16705033	61
61.02 S.C.O.R.E.	254088		254088	61.02
61.03 ACLS				61.03
62 OBSERVATION BEDS (NON-DISTINCT)				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
95 SUBTOTALS	192302856	-1006229	191296627	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	94354		94354	96
96.02 MEALS ON WHEELS	76474		76474	96.02
100 CHILDBIRTH EDUCATION	56244		56244	100
100.01ACLS				100.01
100.02COMMUNITY WELLNESS	94777		94777	100.02
100.04PHYSICIAN REFERRAL	798617		798617	100.04
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	193423322	-1006229	192417093	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP	OLD	CAP REL	EMPLOYEE	NONPATIENT DATA		PURCHASING	
	CAP-REL COSTS 0	BLDGS & FIXTURES 1	CAPITAL OTHER 2.01	COST TO BE ALLOC 4A	BENEFITS 5	TELEPHONES 6.01	PROCESSING 6.02	6.03	
95 SUBTOTALS		575882	1620025	2195907	13245	6065	45221	38367	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN									96
96.02 MEALS ON WHEELS									96.02
100 CHILDBIRTH EDUCATION					6				3 100
100.01ACLS									100.01
100.02COMMUNITY WELLNESS					6				100.02
100.04PHYSICIAN REFERRAL					39		612		7 100.04
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		575882	1620025	2195907	13296	6065	45833	38377	103

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ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMITTING	PATIENT	OTHER	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY
	6.04	ACCOUNTING	ADMIN	TENANCE +	OF PLANT	& LINEN	KEEPING	
		6.05	COSTS	REPAIRS	8	SERVICE	10	11
			6.06	7		9		
95 SUBTOTALS	4977	20651	104347	56841	749828	27673	44080	79324 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN			51					96
96.02 MEALS ON WHEELS				74				3250 96.02
100 CHILDBIRTH EDUCATION			30					100
100.01ACLS								100.01
100.02COMMUNITY WELLNESS			51					100.02
100.04PHYSICIAN REFERRAL			433					100.04
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	4977	20651	104912	56915	749828	27673	44080	82574 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS
	12	ADMINIS- TRATION 14	SERVICES & SUPPLY 15	16	RECORDS + LIBRARY 17	SERVICE 18		
95 SUBTOTALS	60042	17663	11024	49139	49068	29351	2191303	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN							51	96
96.02 MEALS ON WHEELS							3324	96.02
100 CHILDBIRTH EDUCATION	42						81	100
100.01ACLS								100.01
100.02COMMUNITY WELLNESS							57	100.02
100.04PHYSICIAN REFERRAL							1091	100.04
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	60084	17663	11024	49139	49068	29351	2195907	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
2.01	OLD CAPITAL COSTS-OTHER CAPITAL		2.01
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6.01	NON-PATIENT TELECOMMUNICATIONS		6.01
6.02	DATA PROCESSING		6.02
6.03	PURCHASING		6.03
6.04	ADMITTING		6.04
6.05	PATIENT ACCOUNTING		6.05
6.06	OTHER ADMINISTRATIVE COSTS		6.06
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES A		22
23	I&R SERVICES-OTHER PRGM COSTS A		23
24	PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	761159	25
26	INTENSIVE CARE UNIT	68489	26
27	CORONARY CARE UNIT	62766	27
33	NURSERY	25978	33
34	SKILLED NURSING FACILITY		34
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	347242	37
38	RECOVERY ROOM	32603	38
39	DELIVERY ROOM & LABOR ROOM	129588	39
41	RADIOLOGY-DIAGNOSTIC	248286	41
44	LABORATORY	126612	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
48	INTRAVENOUS THERAPY	23168	48
49	RESPIRATORY THERAPY	29339	49
49.01	PULMONARY FUNCTION		49.01
50	PHYSICAL THERAPY	29592	50
51	OCCUPATIONAL THERAPY	3406	51
52	SPEECH PATHOLOGY	356	52
53	ELECTROCARDIOLOGY	29341	53
53.01	CARDIAC REHABILITATION	2963	53.01
54	ELECTROENCEPHALOGRAPHY	1294	54
55	MEDICAL SUPPLIES CHARGED TO PAT	2654	55
56	DRUGS CHARGED TO PATIENTS	56617	56
57	RENAL DIALYSIS	65176	57
59	WOUND CARE CENTER	4982	59
59.01	DIABETES CENTER	1892	59.01
59.02	CLINICAL NUTRITION	427	59.02
OUTPATIENT SERVICE COST CENTERS			
61	EMERGENCY	137040	61
61.02	S.C.O.R.E.	333	61.02
61.03	ACLS		61.03
62	OBSERVATION BEDS (NON-DISTINCT)		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
71	HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02
85.03	ISLET CELL ACQUISITION		85.03

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WORKSHEET B
PART II

COST CENTER DESCRIPTION	TOTAL	
	27	
95 SUBTOTALS	2191303	95
NONREIMBURSABLE COST CENTERS		
96 GIFT, FLOWER, COFFEE SHOP & CAN	51	96
96.02 MEALS ON WHEELS	3324	96.02
100 CHILDBIRTH EDUCATION	81	100
100.01ACLS		100.01
100.02COMMUNITY WELLNESS	57	100.02
100.04PHYSICIAN REFERRAL	1091	100.04
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 TOTAL	2195907	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	NONPATIENT DATA	PURCHASING	
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	MOVABLE EQUIPMENT 4	COST TO BE ALLOC 4A	BENEFITS 5	TELEPHONES 6.01	PROCESSING 6.02	6.03
95 SUBTOTALS	3214251	6087091	10467476	19768818	20817	182843	3926738	311437 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		79297		79297				96
96.02 MEALS ON WHEELS								96.02
100 CHILDBIRTH EDUCATION					9			24 100
100.01ACLS								100.01
100.02COMMUNITY WELLNESS					10			100.02
100.04PHYSICIAN REFERRAL			88115	88115	62		53184	53 100.04
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	3214251	6166388	10555591	19936230	20898	182843	3979922	311514 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMITTING	PATIENT	OTHER	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	
	6.04	ACCOUNTING	ADMIN	TENANCE +	OF PLANT	& LINEN	KEEPING		
		6.05	COSTS	REPAIRS	8	SERVICE	10	11	
			6.06	7		9			
95 SUBTOTALS	256910	434830	2226659	225967	2973750	68087	214329	188318	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN			1092						96
96.02 MEALS ON WHEELS				293				7715	96.02
100 CHILDBIRTH EDUCATION			636						100
100.01ACLS									100.01
100.02COMMUNITY WELLNESS			1097						100.02
100.04PHYSICIAN REFERRAL			9243						100.04
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	256910	434830	2238727	226260	2973750	68087	214329	196033	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION		CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26
95	SUBTOTALS	154720	172392	448054	863526	285199	130435	19695292	95
	NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & CAN							80389	96
96.02	MEALS ON WHEELS							8008	96.02
100	CHILDBIRTH EDUCATION	108						777	100
100.01	ACLS								100.01
100.02	COMMUNITY WELLNESS							1107	100.02
100.04	PHYSICIAN REFERRAL							150657	100.04
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	154828	172392	448054	863526	285199	130435	19936230	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	TOTAL	
	27	
GENERAL SERVICE COST CENTERS		
1 OLD CAP REL COSTS-BLDG & FIXT		1
2 OLD CAP REL COSTS-MVBLE EQUIP		2
2.01 OLD CAPITAL COSTS-OTHER CAPITAL		2.01
3 NEW CAP REL COSTS-BLDG & FIXT		3
4 NEW CAP REL COSTS-MVBLE EQUIP		4
5 EMPLOYEE BENEFITS		5
6.01 NON-PATIENT TELECOMMUNICATIONS		6.01
6.02 DATA PROCESSING		6.02
6.03 PURCHASING		6.03
6.04 ADMITTING		6.04
6.05 PATIENT ACCOUNTING		6.05
6.06 OTHER ADMINISTRATIVE COSTS		6.06
7 MAINTENANCE & REPAIRS		7
8 OPERATION OF PLANT		8
9 LAUNDRY & LINEN SERVICE		9
10 HOUSEKEEPING		10
11 DIETARY		11
12 CAFETERIA		12
13 MAINTENANCE OF PERSONNEL		13
14 NURSING ADMINISTRATION		14
15 CENTRAL SERVICES & SUPPLY		15
16 PHARMACY		16
17 MEDICAL RECORDS & LIBRARY		17
18 SOCIAL SERVICE		18
20 NONPHYSICIAN ANESTHETISTS		20
21 NURSING SCHOOL		21
22 I&R SERVICES-SALARY & FRINGES A		22
23 I&R SERVICES-OTHER PRGM COSTS A		23
24 PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS		
25 ADULTS & PEDIATRICS	3188632	25
26 INTENSIVE CARE UNIT	360608	26
27 CORONARY CARE UNIT	351739	27
33 NURSERY	196212	33
34 SKILLED NURSING FACILITY		34
ANCILLARY SERVICE COST CENTERS		
37 OPERATING ROOM	2691510	37
38 RECOVERY ROOM	718033	38
39 DELIVERY ROOM & LABOR ROOM	524556	39
41 RADIOLOGY-DIAGNOSTIC	4166180	41
44 LABORATORY	831874	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO		46.30
48 INTRAVENOUS THERAPY	384892	48
49 RESPIRATORY THERAPY	253764	49
49.01 PULMONARY FUNCTION		49.01
50 PHYSICAL THERAPY	616047	50
51 OCCUPATIONAL THERAPY	73104	51
52 SPEECH PATHOLOGY	23407	52
53 ELECTROCARDIOLOGY	1526458	53
53.01 CARDIAC REHABILITATION	237878	53.01
54 ELECTROENCEPHALOGRAPHY	224382	54
55 MEDICAL SUPPLIES CHARGED TO PAT	53897	55
56 DRUGS CHARGED TO PATIENTS	974090	56
57 RENAL DIALYSIS	361399	57
59 WOUND CARE CENTER	107487	59
59.01 DIABETES CENTER	95666	59.01
59.02 CLINICAL NUTRITION	7262	59.02
OUTPATIENT SERVICE COST CENTERS		
61 EMERGENCY	1644831	61
61.02 S.C.O.R.E.	81384	61.02
61.03 ACLS		61.03
62 OBSERVATION BEDS (NON-DISTINCT)		62
63.50 RHC		63.50
63.60 FQHC		63.60
OTHER REIMBURSABLE COST CENTERS		
69.10 CMHC		69.10
69.20 OUTPATIENT PHYSICAL THERAPY		69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40 OUTPATIENT SPEECH PATHOLOGY		69.40
71 HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS		
85.01 PANCREAS ACQUISITION		85.01
85.02 INTESTINAL ACQUISITION		85.02
85.03 ISLET CELL ACQUISITION		85.03

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WORKSHEET B
PART III

COST CENTER DESCRIPTION	TOTAL	
	27	
95 SUBTOTALS	19695292	95
NONREIMBURSABLE COST CENTERS		
96 GIFT, FLOWER, COFFEE SHOP & CAN	80389	96
96.02 MEALS ON WHEELS	8008	96.02
100 CHILDBIRTH EDUCATION	777	100
100.01ACLS		100.01
100.02COMMUNITY WELLNESS	1107	100.02
100.04PHYSICIAN REFERRAL	150657	100.04
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 TOTAL	19936230	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD	NEW CAP	NEW CAP	EMPLOYEE	NONPATIENT	DATA	
	BLDGS & FIXTURES SQUARE FEET	CAPITAL OTHER SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	TELEPHONES # OF INSTRUMENT	PROCESSING # OF TERMINALS	
	1	2.01	3	4	5	6.01	6.02	
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	415042	415042	120364	10828354	77234002	1398	1772	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C			1568					96
96.02 MEALS ON WHEELS								96.02
100 CHILDBIRTH EDUCATION					34883			100
100.01 ACLS								100.01
100.02 COMMUNITY WELLNESS					37503			100.02
100.04 PHYSICIAN REFERRAL				91153	230678		24	100.04
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	575882	1620025	6166388	10555591	17268072	858482	11230720	103
104 UNIT COST MULT-WS B PT I		3.903280		.966673		614.078684		104
104 UNIT COST MULT-WS B PT I	1.387527		50.572352		.222707		6253.184855	104
105 COST TO BE ALLOC PER B PT II					13296	6065	45833	105
106 UNIT COST MULT-WS B PT II						4.338340		106
106 UNIT COST MULT-WS B PT II					.000171		25.519488	106
107 COST TO BE ALLOC PER B PT III					20898	182843	3979922	107
108 UNIT COST MULT-WS B PT III						130.788984		108
108 UNIT COST MULT-WS B PT III					.000270		2215.992205	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING	ADMITTING	PATIENT	RECON-	OTHER	MAIN-	OPERATION	LAUNDRY	
	COSTED REQ'S 6.03	GROSS REVENUE 6.04	GROSS REVENUE 6.05	CILATION 6A.06	ADMIN COSTS ACCUM COST 6.06	TENANCE + REPAIRS HOURS OF SERVICE 7	OF PLANT SQUARE FEET 8	& LINEN SERVICE POUNDS OF LAUNDRY 9	
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	37890955	660923458	660923458	-30866798	161680223	40907	231206	1211752	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C					79297				96
96.02 MEALS ON WHEELS						53			96.02
100 CHILDBIRTH EDUCATION	2944				46179				100
100.01 ACLS									100.01
100.02 COMMUNITY WELLNESS					79652				100.02
100.04 PHYSICIAN REFERRAL	6505				671173				100.04
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	1442700	2747331	3020980		30866798	5447444	14288920	1372564	103
104 UNIT COST MULT-WS B PT I	.038066		.004571		.189883		61.801683		104
104 UNIT COST MULT-WS B PT I		.004157				132.994238		1.132710	104
105 COST TO BE ALLOC PER B PT II	38377	4977	20651		104912	56915	749828	27673	105
106 UNIT COST MULT-WS B PT II	.001013		.000031		.000645		3.243117		106
106 UNIT COST MULT-WS B PT II		.000008				1.389526		.022837	106
107 COST TO BE ALLOC PER B PT III	311514	256910	434830		2238727	226260	2973750	68087	107
108 UNIT COST MULT-WS B PT III	.008219		.000658		.013772		12.861907		108
108 UNIT COST MULT-WS B PT III		.000389				5.523926		.056189	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	
	HOURS OF SERVICE 10	MEALS SERVED 11	HOURS WORKED 12	14	15	16	17	18	
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	88005	153428	1501017	896120	3944312	9053283	660923458	27413	95
96 NONREIMBURSABLE COST CENTERS									96
96 GIFT, FLOWER, COFFEE SHOP & C									96
96.02 MEALS ON WHEELS		6286							96.02
100 CHILDBIRTH EDUCATION			1050						100
100.01 ACLS									100.01
100.02 COMMUNITY WELLNESS									100.02
100.04 PHYSICIAN REFERRAL									100.04
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	3075267	1763955	1854664	2370829	1484416	5157726	3313003	2253102	103
104 UNIT COST MULT-WS B PT I	34.944230		1.234741		.376343		.005013		104
104 UNIT COST MULT-WS B PT I		11.044461		2.645660		.569708		82.191004	104
105 COST TO BE ALLOC PER B PT II	44080	82574	60084	17663	11024	49139	49068	29351	105
106 UNIT COST MULT-WS B PT II	.500881		.040001		.002795		.000074		106
106 UNIT COST MULT-WS B PT II		.517012		.019711		.005428		1.070696	106
107 COST TO BE ALLOC PER B PT III	214329	196033	154828	172392	448054	863526	285199	130435	107
108 UNIT COST MULT-WS B PT III	2.435418		.103077		.113595		.000432		108
108 UNIT COST MULT-WS B PT III		1.227400		.192376		.095383		4.758144	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

GENERAL SERVICE COST CENTERS		
1	OLD CAP REL COSTS-BLDG & FIXT	1
2	OLD CAP REL COSTS-MVBLE EQUIP	2
2.01	OLD CAPITAL COSTS-OTHER CAPIT	2.01
3	NEW CAP REL COSTS-BLDG & FIXT	3
4	NEW CAP REL COSTS-MVBLE EQUIP	4
5	EMPLOYEE BENEFITS	5
6.01	NON-PATIENT TELECOMMUNICATION	6.01
6.02	DATA PROCESSING	6.02
6.03	PURCHASING	6.03
6.04	ADMITTING	6.04
6.05	PATIENT ACCOUNTING	6.05
6.06	OTHER ADMINISTRATIVE COSTS	6.06
7	MAINTENANCE & REPAIRS	7
8	OPERATION OF PLANT	8
9	LAUNDRY & LINEN SERVICE	9
10	HOUSEKEEPING	10
11	DIETARY	11
12	CAFETERIA	12
13	MAINTENANCE OF PERSONNEL	13
14	NURSING ADMINISTRATION	14
15	CENTRAL SERVICES & SUPPLY	15
16	PHARMACY	16
17	MEDICAL RECORDS & LIBRARY	17
18	SOCIAL SERVICE	18
20	NONPHYSICIAN ANESTHETISTS	20
21	NURSING SCHOOL	21
22	I&R SERVICES-SALARY & FRINGES	22
23	I&R SERVICES-OTHER PRGM COSTS	23
24	PARAMED ED PRGM-(SPECIFY)	24
INPATIENT ROUTINE SERV COST CENTERS		
25	ADULTS & PEDIATRICS	25
26	INTENSIVE CARE UNIT	26
27	CORONARY CARE UNIT	27
33	NURSERY	33
34	SKILLED NURSING FACILITY	34
ANCILLARY SERVICE COST CENTERS		
37	OPERATING ROOM	37
38	RECOVERY ROOM	38
39	DELIVERY ROOM & LABOR ROOM	39
41	RADIOLOGY-DIAGNOSTIC	41
44	LABORATORY	44
46.30	BLOOD CLOTTING FACTORS ADMIN	46.30
48	INTRAVENOUS THERAPY	48
49	RESPIRATORY THERAPY	49
49.01	PULMONARY FUNCTION	49.01
50	PHYSICAL THERAPY	50
51	OCCUPATIONAL THERAPY	51
52	SPEECH PATHOLOGY	52
53	ELECTROCARDIOLOGY	53
53.01	CARDIAC REHABILITATION	53.01
54	ELECTROENCEPHALOGRAPHY	54
55	MEDICAL SUPPLIES CHARGED TO P	55
56	DRUGS CHARGED TO PATIENTS	56
57	RENAL DIALYSIS	57
59	WOUND CARE CENTER	59
59.01	DIABETES CENTER	59.01
59.02	CLINICAL NUTRITION	59.02
OUTPATIENT SERVICE COST CENTERS		
61	EMERGENCY	61
61.02	S.C.O.R.E.	61.02
61.03	ACLS	61.03
62	OBSERVATION BEDS (NON-DISTINC	62
63.50	RHC	63.50
63.60	FQHC	63.60
OTHER REIMBURSABLE COST CENTERS		
69.10	CMHC	69.10
69.20	OUTPATIENT PHYSICAL THERAPY	69.20
69.30	OUTPATIENT OCCUPATIONAL THERA	69.30
69.40	OUTPATIENT SPEECH PATHOLOGY	69.40
71	HOME HEALTH AGENCY	71
SPECIAL PURPOSE COST CENTERS		
85.01	PANCREAS ACQUISITION	85.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

85.02	INTESTINAL ACQUISITION	85.02
85.03	ISLET CELL ACQUISITION	85.03
95	SUBTOTALS	95
	NONREIMBURSABLE COST CENTERS	
96	GIFT, FLOWER, COFFEE SHOP & C	96
96.02	MEALS ON WHEELS	96.02
100	CHILDBIRTH EDUCATION	100
100.01	ACLS	100.01
100.02	COMMUNITY WELLNESS	100.02
100.04	PHYSICIAN REFERRAL	100.04
101	CROSS FOOT ADJUSTMENTS	101
102	NEGATIVE COST CENTER	102
103	COST TO BE ALLOC PER B PT I	103
104	UNIT COST MULT-WS B PT I	104
104	UNIT COST MULT-WS B PT I	104
105	COST TO BE ALLOC PER B PT II	105
106	UNIT COST MULT-WS B PT II	106
106	UNIT COST MULT-WS B PT II	106
107	COST TO BE ALLOC PER B PT III	107
108	UNIT COST MULT-WS B PT III	108
108	UNIT COST MULT-WS B PT III	108

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PERIOD FROM 05/01/2008 TO 04/30/2009

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POST STEP DOWN ADJUSTMENTS

SUPPLEMENTAL
WORKSHEET B-2
(CONTINUED)

DESCRIPTION		----- WORKSHEET B -----			
1		PART	LINE NO.	AMOUNT	
		2	3	4	
1	EXCLUDE EPO FROM RENAL FACILITY	1	57	-523536	1
2					2
3	EXCLUDE ARANESP FROM RENAL FACILITY	1	57	-482693	3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL	RCE	TOTAL	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT	COSTS	DISALLOWANCE	COSTS	
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	37699802		37699802	482894	38182696	25
26 INTENSIVE CARE UNIT	4483164		4483164		4483164	26
27 CORONARY CARE UNIT	4856860		4856860		4856860	27
33 NURSERY	3070205		3070205	87132	3157337	33
34 SKILLED NURSING FACILITY						34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	28313921		28313921	742800	29056721	37
38 RECOVERY ROOM	4303357		4303357		4303357	38
39 DELIVERY ROOM & LABOR ROOM	7324666		7324666	704376	8029042	39
41 RADIOLOGY-DIAGNOSTIC	21316744		21316744	107254	21423998	41
44 LABORATORY	11899706		11899706	49896	11949602	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
48 INTRAVENOUS THERAPY	2617435		2617435		2617435	48
49 RESPIRATORY THERAPY	3078039		3078039	7415	3085454	49
49.01 PULMONARY FUNCTION						49.01
50 PHYSICAL THERAPY	4520050		4520050		4520050	50
51 OCCUPATIONAL THERAPY	703583		703583		703583	51
52 SPEECH PATHOLOGY	272993		272993		272993	52
53 ELECTROCARDIOLOGY	16366968		16366968	20024	16386992	53
53.01 CARDIAC REHABILITATION	896803		896803		896803	53.01
54 ELECTROENCEPHALOGRAPHY	721506		721506		721506	54
55 MEDICAL SUPPLIES CHARGED TO	1293078		1293078		1293078	55
56 DRUGS CHARGED TO PATIENTS	14825197		14825197		14825197	56
57 RENAL DIALYSIS	4294217		4294217	47915	4342132	57
59 WOUND CARE CENTER	419569		419569		419569	59
59.01 DIABETES CENTER	523483		523483	27915	551398	59.01
59.02 CLINICAL NUTRITION	536160		536160		536160	59.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	16705033		16705033	971908	17676941	61
61.02 S.C.O.R.E.	254088		254088		254088	61.02
61.03 ACLS						61.03
62 OBSERVATION BEDS (NON-DISTI	1807470		1807470		1807470	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	193104097		193104097	3249529	196353626	101
102 LESS OBSERVATION BEDS	1807470		1807470		1807470	102
103 TOTAL	191296627		191296627	3249529	194546156	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	88608181		88608181			25
26 INTENSIVE CARE UNIT	14367570		14367570			26
27 CORONARY CARE UNIT	15436410		15436410			27
33 NURSERY	8318885		8318885			33
34 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS						34
37 OPERATING ROOM	33707830	38712273	72420103	.390968	.390968	.401225 37
38 RECOVERY ROOM	4103328	6872882	10976210	.392062	.392062	.392062 38
39 DELIVERY ROOM & LABOR ROOM	11042569	6850565	17893134	.409356	.409356	.448722 39
41 RADIOLOGY-DIAGNOSTIC	28860751	72270564	101131315	.210783	.210783	.211843 41
44 LABORATORY	30679895	39002961	69682856	.170769	.170769	.171486 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
48 INTRAVENOUS THERAPY	1181708	2987556	4169264	.627793	.627793	.627793 48
49 RESPIRATORY THERAPY	13972306	1494276	15466582	.199012	.199012	.199492 49
49.01 PULMONARY FUNCTION						49.01
50 PHYSICAL THERAPY	2419307	8102277	10521584	.429598	.429598	.429598 50
51 OCCUPATIONAL THERAPY	844263	1150554	1994817	.352706	.352706	.352706 51
52 SPEECH PATHOLOGY	357065	383676	740741	.368540	.368540	.368540 52
53 ELECTROCARDIOLOGY	48056907	23523852	71580759	.228650	.228650	.228930 53
53.01 CARDIAC REHABILITATION	4023	685334	689357	1.300927	1.300927	1.300927 53.01
54 ELECTROENCEPHALOGRAPHY	299499	1727318	2026817	.355980	.355980	.355980 54
55 MEDICAL SUPPLIES CHARGED TO	8536478	4907754	13444232	.096181	.096181	.096181 55
56 DRUGS CHARGED TO PATIENTS	51613864	29938029	81551893	.181789	.181789	.181789 56
57 RENAL DIALYSIS	1223580	7525643	8749223	.490811	.490811	.496288 57
59 WOUND CARE CENTER	101477	289765	391242	1.072403	1.072403	1.072403 59
59.01 DIABETES CENTER	29190	392204	421394	1.242265	1.242265	1.308509 59.01
59.02 CLINICAL NUTRITION	655886	18447	674333	.795097	.795097	.795097 59.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	11235437	34130748	45366185	.368227	.368227	.389650 61
61.02 S.C.O.R.E.		453336	453336	.560485	.560485	.560485 61.02
61.03 ACLS						61.03
62 OBSERVATION BEDS (NON-DISTI		3847035	3847035	.469835	.469835	.469835 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	375656409	285267049	660923458			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	375656409	285267049	660923458			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	761159		761159	3188632		3188632	25
26 INTENSIVE CARE UNIT	68489		68489	360608		360608	26
27 CORONARY CARE UNIT	62766		62766	351739		351739	27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY	25978		25978	196212		196212	33
101 TOTAL	918392		918392	4097191		4097191	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	41278	17146	18.44	316172	77.25	1324529	25
26 INTENSIVE CARE UNIT	2645	1374	25.89	35573	136.34	187331	26
27 CORONARY CARE UNIT	2728	1480	23.01	34055	128.94	190831	27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY	6383		4.07		30.74		33
101 TOTAL	53034	20000		385800		1702691	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	347242	2691510	72420103	14988057	.004795	71868	.037165	557031 37
38 RECOVERY ROOM	32603	718033	10976210	1511778	.002970	4490	.065417	98896 38
39 DELIVERY ROOM & LABOR ROOM	129588	524556	17893134	19868	.007242	144	.029316	582 39
41 RADIOLOGY-DIAGNOSTIC	248286	4166180	101131315	13284186	.002455	32613	.041196	547255 41
44 LABORATORY	126612	831874	69682856	14064535	.001817	25555	.011938	167902 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
48 INTRAVENOUS THERAPY	23168	384892	4169264	607259	.005557	3375	.092317	56060 48
49 RESPIRATORY THERAPY	29339	253764	15466582	7084105	.001897	13439	.016407	116229 49
49.01 PULMONARY FUNCTION								49.01
50 PHYSICAL THERAPY	29592	616047	10521584	1486108	.002813	4180	.058551	87013 50
51 OCCUPATIONAL THERAPY	3406	73104	1994817	557156	.001707	951	.036647	20418 51
52 SPEECH PATHOLOGY	356	23407	740741	236934	.000481	114	.031599	7487 52
53 ELECTROCARDIOLOGY	29341	1526458	71580759	25487239	.000410	10450	.021325	543515 53
53.01 CARDIAC REHABILITATION	2963	237878	689357	736	.004298	3	.345072	254 53.01
54 ELECTROENCEPHALOGRAPHY	1294	224382	2026817	150122	.000638	96	.110707	16620 54
55 MEDICAL SUPPLIES CHARGED TO P	2654	53897	13444232	3215282	.000197	633	.004009	12890 55
56 DRUGS CHARGED TO PATIENTS	56617	974090	81551893	23838201	.000694	16544	.011944	284723 56
57 RENAL DIALYSIS	65176	361399	8749223	770747	.007449	5741	.041306	31836 57
59 WOUND CARE CENTER	4982	107487	391242	62229	.012734	792	.274733	17096 59
59.01 DIABETES CENTER	1892	95666	421394	9922	.004490	45	.227023	2253 59.01
59.02 CLINICAL NUTRITION	427	7262	674333		.000633		.010769	59.02
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	137040	1644831	45366185	4845237	.003021	14637	.036257	175674 61
61.02 S.C.O.R.E.	333	81384	453336		.000735		.179522	61.02
61.03 ACLS								61.03
62 OBSERVATION BEDS (NON-DISTINC	36032	150942	3847035		.009366		.039236	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	1308943	15749043	534192412	112219701		205670		2743734 101

PROVIDER NO. 14-0030 SHERMAN HOSPITAL
 PERIOD FROM 05/01/2008 TO 04/30/2009

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					41278		17146	25
26 INTENSIVE CARE UNIT					2645		1374	26
27 CORONARY CARE UNIT					2728		1480	27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I								31
33 NURSERY					6383			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					53034		20000	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	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		72420103			14988057		12377000 37
38 RECOVERY ROOM		10976210			1511778		1534624 38
39 DELIVERY ROOM & LABOR ROOM		17893134			19868		12806 39
41 RADIOLOGY-DIAGNOSTIC		101131315			13284186		15371256 41
44 LABORATORY		69682856			14064535		58951 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY		4169264			607259		1192871 48
49 RESPIRATORY THERAPY		15466582			7084105		360145 49
49.01 PULMONARY FUNCTION							49.01
50 PHYSICAL THERAPY		10521584			1486108		93444 50
51 OCCUPATIONAL THERAPY		1994817			557156		51
52 SPEECH PATHOLOGY		740741			236934		52
53 ELECTROCARDIOLOGY		71580759			25487239		9012576 53
53.01 CARDIAC REHABILITATION		689357			736		301065 53.01
54 ELECTROENCEPHALOGRAPHY		2026817			150122		292228 54
55 MEDICAL SUPPLIES CHARGED TO P		13444232			3215282		1349891 55
56 DRUGS CHARGED TO PATIENTS		81551893			23838201		11559852 56
57 RENAL DIALYSIS		8749223			770747		57
59 WOUND CARE CENTER		391242			62229		157856 59
59.01 DIABETES CENTER		421394			9922		4473 59.01
59.02 CLINICAL NUTRITION		674333					59.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		45366185			4845237		3015612 61
61.02 S.C.O.R.E.		453336					273 61.02
61.03 ACLS							61.03
62 OBSERVATION BEDS (NON-DISTINC		3847035					879588 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		534192412			112219701		57574511 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
38 OPERATING ROOM	.390968	.390968	.390968			37
39 RECOVERY ROOM	.392062	.392062	.392062			38
40 DELIVERY ROOM & LABOR ROOM	.409356	.409356	.409356			39
41 RADIOLOGY-DIAGNOSTIC	.210783	.210783	.210783			41
44 LABORATORY	.170769	.170769	.170769			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
48 INTRAVENOUS THERAPY	.627793	.627793	.627793			48
49 RESPIRATORY THERAPY	.199012	.199012	.199012			49
49.01 PULMONARY FUNCTION						49.01
50 PHYSICAL THERAPY	.429598	.429598	.429598			50
51 OCCUPATIONAL THERAPY	.352706	.352706	.352706			51
52 SPEECH PATHOLOGY	.368540	.368540	.368540			52
53 ELECTROCARDIOLOGY	.228650	.228650	.228650			53
53.01 CARDIAC REHABILITATION	1.300927	1.300927	1.300927			53.01
54 ELECTROENCEPHALOGRAPHY	.355980	.355980	.355980			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.096181	.096181	.096181			55
56 DRUGS CHARGED TO PATIENTS	.181789	.181789	.181789			56
57 RENAL DIALYSIS	.490811	.490811	.490811			57
59 WOUND CARE CENTER	1.072403	1.072403	1.072403			59
59.01 DIABETES CENTER	1.242265	1.242265	1.242265			59.01
59.02 CLINICAL NUTRITION	.795097	.795097	.795097			59.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.368227	.368227	.368227			61
61.02 S.C.O.R.E.	.560485	.560485	.560485			61.02
61.03 ACLS						61.03
62 OBSERVATION BEDS (NON-DISTINCT	.469835	.469835	.469835			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES						1
2 PROGRAM VACCINE CHARGES						.181789 1
2.01 PROGRAM VACCINE CHARGES						31966 2
3 PROGRAM COSTS						2.01
3.01 PROGRAM COSTS						5811 3
						3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		12377000						37
38 RECOVERY ROOM		1534624						38
39 DELIVERY ROOM & LABOR ROOM		12806						39
41 RADIOLOGY-DIAGNOSTIC		15371256						41
44 LABORATORY		58951						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
48 INTRAVENOUS THERAPY		1192871						48
49 RESPIRATORY THERAPY		360145						49
49.01 PULMONARY FUNCTION								49.01
50 PHYSICAL THERAPY		93444						50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		9012576						53
53.01 CARDIAC REHABILITATION		301065						53.01
54 ELECTROENCEPHALOGRAPHY		292228						54
55 MEDICAL SUPPLIES CHARGED TO PA		1349891	795					55
56 DRUGS CHARGED TO PATIENTS		11559852	20353					56
57 RENAL DIALYSIS								57
59 WOUND CARE CENTER		157856						59
59.01 DIABETES CENTER		4473						59.01
59.02 CLINICAL NUTRITION								59.02
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		3015612						61
61.02 S.C.O.R.E.		273						61.02
61.03 ACLS								61.03
62 OBSERVATION BEDS (NON-DISTINCT)		879588						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56)								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56)								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)								65.03
101 SUBTOTAL		57574511	21148					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		57574511	21148					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		4839011					37
38 RECOVERY ROOM		601668					38
39 DELIVERY ROOM & LABOR ROOM		5242					39
41 RADIOLOGY-DIAGNOSTIC		3239999					41
44 LABORATORY		10067					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
48 INTRAVENOUS THERAPY		748876					48
49 RESPIRATORY THERAPY		71673					49
49.01 PULMONARY FUNCTION							49.01
50 PHYSICAL THERAPY		40143					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		2060726					53
53.01 CARDIAC REHABILITATION		391664					53.01
54 ELECTROENCEPHALOGRAPHY		104027					54
55 MEDICAL SUPPLIES CHARGED TO PAT		129834	76				55
56 DRUGS CHARGED TO PATIENTS		2101454	3700				56
57 RENAL DIALYSIS							57
59 WOUND CARE CENTER		169285					59
59.01 DIABETES CENTER		5557					59.01
59.02 CLINICAL NUTRITION							59.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		1110430					61
61.02 S.C.O.R.E.		153					61.02
61.03 ACLS							61.03
62 OBSERVATION BEDS (NON-DISTINCT)		413261					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		16043070	3776				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		16043070	3776				104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
25 INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	761159		761159	3188632		3188632	25
26 INTENSIVE CARE UNIT	68489		68489	360608		360608	26
27 CORONARY CARE UNIT	62766		62766	351739		351739	27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY	25978		25978	196212		196212	33
101 TOTAL	918392		918392	4097191		4097191	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	41278	6538	18.44	120561	77.25	505061	25
26 INTENSIVE CARE UNIT	2645	482	25.89	12479	136.34	65716	26
27 CORONARY CARE UNIT	2728	64	23.01	1473	128.94	8252	27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY	6383	3455	4.07	14062	30.74	106207	33
101 TOTAL	53034	10539		148575		685236	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD CAPITAL		NEW CAPITAL		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST	TOTAL CHARGES	RATIO OF COST TO CHARGES		CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	347242	2691510	72420103		.004795		.037165	37	
38 RECOVERY ROOM	32603	718033	10976210		.002970		.065417	38	
39 DELIVERY ROOM & LABOR ROOM	129588	524556	17893134		.007242		.029316	39	
41 RADIOLOGY-DIAGNOSTIC	248286	4166180	101131315		.002455		.041196	41	
44 LABORATORY	126612	831874	69682856		.001817		.011938	44	
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30	
48 INTRAVENOUS THERAPY	23168	384892	4169264		.005557		.092317	48	
49 RESPIRATORY THERAPY	29339	253764	15466582		.001897		.016407	49	
49.01 PULMONARY FUNCTION								49.01	
50 PHYSICAL THERAPY	29592	616047	10521584		.002813		.058551	50	
51 OCCUPATIONAL THERAPY	3406	73104	1994817		.001707		.036647	51	
52 SPEECH PATHOLOGY	356	23407	740741		.000481		.031599	52	
53 ELECTROCARDIOLOGY	29341	1526458	71580759		.000410		.021325	53	
53.01 CARDIAC REHABILITATION	2963	237878	689357		.004298		.345072	53.01	
54 ELECTROENCEPHALOGRAPHY	1294	224382	2026817		.000638		.110707	54	
55 MEDICAL SUPPLIES CHARGED TO P	2654	53897	13444232		.000197		.004009	55	
56 DRUGS CHARGED TO PATIENTS	56617	974090	81551893		.000694		.011944	56	
57 RENAL DIALYSIS	65176	361399	8749223		.007449		.041306	57	
59 WOUND CARE CENTER	4982	107487	391242		.012734		.274733	59	
59.01 DIABETES CENTER	1892	95666	421394		.004490		.227023	59.01	
59.02 CLINICAL NUTRITION	427	7262	674333		.000633		.010769	59.02	
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	137040	1644831	45366185		.003021		.036257	61	
61.02 S.C.O.R.E.	333	81384	453336		.000735		.179522	61.02	
61.03 ACLS								61.03	
62 OBSERVATION BEDS (NON-DISTINC	36032	150942	3847035		.009366		.039236	62	
63.50 RHC								63.50	
63.60 FQHC								63.60	
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	1308943	15749043	534192412					101	

PROVIDER NO. 14-0030 SHERMAN HOSPITAL
 PERIOD FROM 05/01/2008 TO 04/30/2009

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

VERSION: 2009.01
 09/30/2009 10:24

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					41278		6538	25
26 INTENSIVE CARE UNIT					2645		482	26
27 CORONARY CARE UNIT					2728		64	27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I								31
33 NURSERY					6383		3455	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					53034		10539	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH			COST TO	RATIO OF COST	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		72420103					37
38 RECOVERY ROOM		10976210					38
39 DELIVERY ROOM & LABOR ROOM		17893134					39
41 RADIOLOGY-DIAGNOSTIC		101131315					41
44 LABORATORY		69682856					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY		4169264					48
49 RESPIRATORY THERAPY		15466582					49
49.01 PULMONARY FUNCTION							49.01
50 PHYSICAL THERAPY		10521584					50
51 OCCUPATIONAL THERAPY		1994817					51
52 SPEECH PATHOLOGY		740741					52
53 ELECTROCARDIOLOGY		71580759					53
53.01 CARDIAC REHABILITATION		689357					53.01
54 ELECTROENCEPHALOGRAPHY		2026817					54
55 MEDICAL SUPPLIES CHARGED TO P		13444232					55
56 DRUGS CHARGED TO PATIENTS		81551893					56
57 RENAL DIALYSIS		8749223					57
59 WOUND CARE CENTER		391242					59
59.01 DIABETES CENTER		421394					59.01
59.02 CLINICAL NUTRITION		674333					59.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		45366185					61
61.02 S.C.O.R.E.		453336					61.02
61.03 ACLS							61.03
62 OBSERVATION BEDS (NON-DISTINC		3847035					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		534192412					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0030)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	41278						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	41278						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	41278						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)	17146						9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0030)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	38182696						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	38182696						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	88608181						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	88608181						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.430916						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2146.62						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	38182696						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0030)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	925.01					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	15860221					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	15860221					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	4483164	2645	1694.96	1374	2328875	43
45 CORONARY CARE UNIT	4856860	2728	1780.37	1480	2634948	44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0030)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	27440098					48
49 TOTAL PROGRAM INPATIENT COSTS	48264142					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2088491					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2949404					51
52 TOTAL PROGRAM EXCLUDABLE COST	5037895					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	43226247					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1954	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	925.01	84
85 OBSERVATION BED COST	1807470	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST	761159	38182696	.019935	1807470	36032	86
87 NEW CAPITAL-RELATED COST	3188632	38182696	.083510	1807470	150942	87
88 NON PHYSICIAN ANESTHETIST		38182696		1807470		88
89 MEDICAL EDUCATION		38182696		1807470		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0030)	SUB I	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	41278						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	41278						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	41278						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)	6538						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	6383						15
16 TITLE V OR XIX NURSERY DAYS	3455						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0030)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	37699802						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	37699802						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	88608181						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	88608181						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.425466						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2146.62						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	37699802						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0030)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	913.31					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5971221					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5971221					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)	3070205	6383	481.00	3455	1661855	42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	4483164	2645	1694.96	482	816971	43
44 CORONARY CARE UNIT	4856860	2728	1780.37	64	113944	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-0030)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS	8563991					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	833811					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	833811					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

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

PROVIDER NO. 14-0030 SHERMAN HOSPITAL
PERIOD FROM 05/01/2008 TO 04/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2009.01
09/30/2009 10:24

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

PROVIDER NO. 14-0030 SHERMAN HOSPITAL
PERIOD FROM 05/01/2008 TO 04/30/2009

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

VERSION: 2009.01
09/30/2009 10:24

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1954	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	925.01	84
85 OBSERVATION BED COST	1807470	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		38873508		25
26 INTENSIVE CARE UNIT		7344949		26
27 CORONARY CARE UNIT		8645104		27
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.401225	14988057	6013583	37
38 RECOVERY ROOM	.392062	1511778	592711	38
39 DELIVERY ROOM & LABOR ROOM	.448722	19868	8915	39
41 RADIOLOGY-DIAGNOSTIC	.211843	13284186	2814162	41
44 LABORATORY	.171486	14064535	2411871	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
48 INTRAVENOUS THERAPY	.627793	607259	381233	48
49 RESPIRATORY THERAPY	.199492	7084105	1413222	49
49.01 PULMONARY FUNCTION				49.01
50 PHYSICAL THERAPY	.429598	1486108	638429	50
51 OCCUPATIONAL THERAPY	.352706	557156	196512	51
52 SPEECH PATHOLOGY	.368540	236934	87320	52
53 ELECTROCARDIOLOGY	.228930	25487239	5834794	53
53.01 CARDIAC REHABILITATION	1.300927	736	957	53.01
54 ELECTROENCEPHALOGRAPHY	.355980	150122	53440	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.096181	3215282	309249	55
56 DRUGS CHARGED TO PATIENTS	.181789	23838201	4333523	56
57 RENAL DIALYSIS	.496288	770747	382512	57
59 WOUND CARE CENTER	1.072403	62229	66735	59
59.01 DIABETES CENTER	1.308509	9922	12983	59.01
59.02 CLINICAL NUTRITION	.795097			59.02
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.389650	4845237	1887947	61
61.02 S.C.O.R.E.	.560485			61.02
61.03 ACLS				61.03
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.469835			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		112219701	27440098	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		112219701		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.390968		37
38 RECOVERY ROOM	.392062		38
39 DELIVERY ROOM & LABOR ROOM	.409356		39
41 RADIOLOGY-DIAGNOSTIC	.210783		41
44 LABORATORY	.170769		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
48 INTRAVENOUS THERAPY	.627793		48
49 RESPIRATORY THERAPY	.199012		49
49.01 PULMONARY FUNCTION			49.01
50 PHYSICAL THERAPY	.429598		50
51 OCCUPATIONAL THERAPY	.352706		51
52 SPEECH PATHOLOGY	.368540		52
53 ELECTROCARDIOLOGY	.228650		53
53.01 CARDIAC REHABILITATION	1.300927		53.01
54 ELECTROENCEPHALOGRAPHY	.355980		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.096181		55
56 DRUGS CHARGED TO PATIENTS	.181789		56
57 RENAL DIALYSIS	.490811		57
59 WOUND CARE CENTER	1.072403		59
59.01 DIABETES CENTER	1.242265		59.01
59.02 CLINICAL NUTRITION	.795097		59.02
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	.368227		61
61.02 S.C.O.R.E.	.560485		61.02
61.03 ACLS			61.03
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.469835		62
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0030)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	13796646					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	8296023					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	10820899					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	2077375					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	223.47					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00		0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0030)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4	0.0418					4
4.01	0.2093					4.01
4.02	0.2511					4.02
4.03	0.0993					4.03
4.04	3268317					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	38259260					6
7						7
7.01						7.01
8	38259260					8
9	3207872					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	41467132					16
17	16594					17
18	41450538					18
19	2891056					19
20	190969					20
21	336732					21
21.01	235712					21.01
21.02	230547					21.02
22	38604225					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0030)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	38604225					26
27						27
28	38036153					28
28.01						28.01
29	568072					29
30	74920					30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0030) 1	HOSPITAL (14-0030) 1.01	HOSPITAL (14-0030) 1.02	
1 MEDICAL AND OTHER SERVICES	9587			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	16043070			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	12113038			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	9587			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	53114			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	53114			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	53114			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	43527			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	9587			17
17.01 TOTAL PPS PAYMENTS	12113038			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0030) 1	HOSPITAL (14-0030) 1.01	HOSPITAL (14-0030) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	4371		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	3032553		18.01
19 SUBTOTAL	9085701		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	9085701		23
24 PRIMARY PAYER PAYMENTS	1096		24
25 SUBTOTAL	9084605		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	319594		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	223716		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	284028		27.02
28 SUBTOTAL	9308321		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	9308321		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	9284653		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	23668		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

	HOSPITAL (14-0030) OCTOBER 1, 1997 PRIOR TO ON OR AFTER	
	1 1.01	
1 STANDARD OVERHEAD AMOUNTS (ASC FEES)		1
2 DEDUCTIBLES		2
3 SUBTOTAL		3
4 80 PERCENT OF LINE 3		4
5 ASC PORTION OF BLEND		5
6 OUTPATIENT ASC COST		6
COMPUTATION OF LESSER OF COST OR CHARGES		
7 TOTAL CHARGES		7
CUSTOMARY CHARGES		
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		8
9 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		9
10 RATIO OF LINE 8 TO LINE 9		10
11 TOTAL CUSTOMARY CHARGES		11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		13
14 LESSER OF COST OR CHARGES		14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15 DEDUCTIBLES AND COINSURANCE		15
16 TOTAL		16
17 HOSPITAL SPECIFIC PORTION OF BLEND		17
18 ASC BLENDED AMOUNT		18
19 LESSER OF LINES 16 OR 18		19
20 PART B DEDUCTIBLES AND COINSURANCE		20
21 ASC PAYMENT AMOUNT		21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

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

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

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

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		37526495		9193643	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	04/03/2009 509658	04/03/2009	91010	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	509658		91010	3.99
4 TOTAL INTERIM PAYMENTS		38036153		9284653	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52		NONE	NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM	568072		23668	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		38604225		9308321	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX		
	HOSPITAL (14-0030) (OTHER)	SUB I	SUB II	SUB III	
		SUB IV	NF I		
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES	8563991			1
3	MEDICAL AND OTHER SERVICES				2
4	INTERNS AND RESIDENTS				3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O				4
6	COST OF TEACHING PHYSICIANS				5
7	SUBTOTAL	8563991			6
8	INPATIENT PRIMARY PAYER PAYMENTS				7
9	OUTPATIENT PRIMARY PAYER PAYMENTS				8
10	SUBTOTAL	8563991			9
11	COMPUTATION OF LESSER OF COST OR CHARGES				
12	ROUTINE SERVICE CHARGES				10
13	ANCILLARY SERVICE CHARGES				11
14	INTERNS AND RESIDENTS SERVICE CHARGES				12
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE				13
16	TEACHING PHYSICIANS				14
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION				15
18	TOTAL REASONABLE CHARGES				16
19	CUSTOMARY CHARGES				
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE				17
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM				18
22	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN				
23	ACCORDANCE WITH 42 CFR 413.13(E)				19
24	RATIO OF LINE 17 TO LINE 18				20
25	TOTAL CUSTOMARY CHARGES				21
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST				22
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	8563991			23
28	COST OF COVERED SERVICES	8563991			
29	PROSPECTIVE PAYMENT AMOUNT				24
30	OTHER THAN OUTLIER PAYMENTS				25
31	OUTLIER PAYMENTS				26
32	PROGRAM CAPITAL PAYMENTS				27
33	CAPITAL EXCEPTION PAYMENTS				28
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS				29
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS				30
36	SUBTOTAL	8563991			31
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)				32
38	LESSER OF LINES 30 OR 31	8563991			33
39	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)				

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			
	HOSPITAL (14-0030) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST	8563991				34
36	SUBTOTAL					35
37	COINSURANCE					36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					37
38	REIMBURSABLE BAD DEBTS					38
38.01	REDUCED REIMBURSABLE BAD DEBTS					38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE					38.02
	BENEFICIARIES (SEE INSTRUCTIONS)					
39	UTILIZATION REVIEW					39
40	SUBTOTAL					40
41	INPATIENT ROUTINE SERVICE COST					41
42	MEDICARE INPATIENT ROUTINE CHARGES					42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM					44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN					
	ACCORDANCE WITH 42 CFR 413.13(E)					
45	RATIO OF LINE 43 TO LINE 44					45
46	TOTAL CUSTOMARY CHARGES					46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM					49
	UTILIZATION					
50	OTHER ADJUSTMENTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING					51
	DEPRECIABLE ASSETS					
52	SUBTOTAL					52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER					55
56	SEQUESTRATION ADJUSTMENT					56
57	INTERIM PAYMENTS					57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	BALANCE DUE PROVIDER/PROGRAM					58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT					59
	SECTION 115.2					

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	6292677			1
2 TEMPORARY INVESTMENTS	21783122			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	69095429			4
5 OTHER RECEIVABLES				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-24259938			6
7 INVENTORY	3336867			7
8 PREPAID EXPENSES	3398798			8
9 OTHER CURRENT ASSETS	3761895			9
10 DUE FROM OTHER FUNDS	3380009			10
11 TOTAL CURRENT ASSETS	86788859			11
FIXED ASSETS				
12 LAND	15177056			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS				13
13.01 ACCUMULATED DEPRECIATION				13.01
14 BUILDINGS	119053797			14
14.01 ACCUMULATED DEPRECIATION				14.01
15 LEASEHOLD IMPROVEMENTS	407222			15
15.01 ACCUMULATED AMORTIZATION				15.01
16 FIXED EQUIPMENT	139727863			16
16.01 ACCUMULATED DEPRECIATION				16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT				18
18.01 ACCUMULATED DEPRECIATION				18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION	-189081343			19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	85284595			21
OTHER ASSETS				
22 INVESTMENTS	5952131			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	258592245			25
26 TOTAL OTHER ASSETS	264544376			26
27 TOTAL ASSETS	436617830			27
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	23468222			28
29 SALARIES, WAGES & FEES PAYABLE	7746146			29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)	3439063			31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	40532497			35
36 TOTAL CURRENT LIABILITIES	75185928			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE	267441422			37
38 NOTES PAYABLE				38
39 UNSECURED LOANS				39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41 OTHER LONG TERM LIABILITIES	11731365			41
42 TOTAL LONG TERM LIABILITIES	279172787			42
43 TOTAL LIABILITIES	354358715			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	82259115			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	82259115			51
52 TOTAL LIABILITIES AND FUND BALANCES	436617830			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	39612073			1
2 NET INCOME (LOSS)	-870758			2
3 TOTAL	38741315			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6 UNREALIZED GAIN/LOSS IN INVESTMENT				6
7 NET ASSESTS RELEASED				7
8 INC TEMP REST NET ASSETS, CONTRIBS	2897334			8
9 OTHER	40620466			9
10 TOTAL ADDITIONS	43517800			10
11 SUBTOTAL	82259115			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 EQUITY TRANSFER				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD	82259115			19
PER BALANCE SHEET				

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	96927065		96927065	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	96927065		96927065	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	14367570		14367570	12
13 CORONARY CARE UNIT	15436410		15436410	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	29803980		29803980	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	126731045		126731045	18
18.50 ANCILLARY SERVICES	250602789	259745807	510348596	18.50
18.60 OUTPATIENT SERVICES		34130748	34130748	18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
SIGNATURE MEDICAL ASSOCIATES				
TOTAL PATIENT REVENUES	377333834	293876555	671210389	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES			26
27 ADD (SPECIFY)		233309636	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		233309636	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	671210389	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	457684119	2
3	NET PATIENT REVENUES	213526270	3
4	LESS - TOTAL OPERATING EXPENSES	233309636	4
5	NET INCOME FROM SERVICE TO PATIENTS	-19783366	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	12429900	23
24	OTHER NON-OPERATING	2102117	24
24.01	OTHER OPERATING	4380591	24.01
25	TOTAL OTHER INCOME	18912608	25
26	TOTAL	-870758	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-870758	31

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-3509

WORKSHEET I-1

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

	TOTAL COSTS	BASIS	STATISTICS	FTES PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES	866733	HRS OF SERVICE	22316.00	10.73	1
2 LICENSED PRACTICAL NURSES		HRS OF SERVICE			2
3 NURSES AIDES		HRS OF SERVICE			3
4 TECHNICIANS	288101	HRS OF SERVICE	14599.00	7.02	4
5 SOCIAL WORKERS	47620	HRS OF SERVICE	2052.00	.99	5
6 DIETICIANS	38971	HRS OF SERVICE	1464.00	.70	6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	35570	ACCUMULATED COST			8
9 SUBTOTAL	1276995				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	7349	PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS	86583	PERCENTAGE OF TIME			13
14 SUPPLIES	512609	REQUISITIONS			14
15 DRUGS	1019900	REQUISITIONS			15
16 OTHER	6773	ACCUMULATED COST			16
17 SUBTOTAL	2910209				17
18 OLD CAP REL COSTS-BLDGS & FIXTURES	8540	SQUARE FEET			18
19 OLD CAP REL COSTS-MOV EQUIPMENT	24025	PERCENTAGE OF TIME			19
20 NEW CAP REL COSTS-BLDGS & FIXTURES		SQUARE FEET			20
21 NEW CAP REL COSTS-MOV EQUIPMENT	48887	PERCENTAGE OF TIME			21
22 EMPLOYEE BENEFITS	284396	SALARY			22
23 ADMINISTRATIVE AND GENERAL	837972	ACCUMULATED COST			23
24 MAINT/REPAIRS-OPERATION-HOUSEKEEPING	394619	SQUARE FEET			24
25 MEDICAL EDUCATION PROGRAM COSTS					25
26 CENTRAL SERVICES & SUPPLIES	94016	REQUISITIONS			26
27 PHARMACY	-425184	REQUISITIONS			27
28 OTHER ALLOCATED COSTS	116737	ACCUMULATED COST			28
29 SUBTOTAL	4294217				29
30 LABORATORY		CHARGES			30
31 RESPIRATORY THERAPY		CHARGES			31
31.01 PULMONARY FUNCTION		CHARGES			31.01
32 WOUND CARE CENTER		CHARGES			32
32.01 DIABETES CENTER		CHARGES			32.01
32.02 CLINICAL NUTRITION		CHARGES			32.02
33 TOTAL COSTS	4294217				33

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-3509

WORKSHEET I-2

CHECK APPLICABLE BOX:

[] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	---CAPITAL AND---		DIRECT PATIENT			DRUGS	ROUTINE			SUB-	OVERHEAD	TOTAL
	RELATED COSTS	CARE	SALARY	EMPLOYEE	OTHER		MEDICAL SUPPLIES	ANCILLARY SERVICES	TOTAL			
	1	2	3	4	5	6	7	8	9	10	11	
1 TOTAL RENAL DEPT COSTS	403159	166844	866733	374692	284396	594716	606625		3297165	997052	4294217	1
2 MAINTENANCE												
3 HEMODIALYSIS	366442	151649	630436	367138	239945	593338	551379		2900327	877049	3777376	2
4 INTERMITTENT PERITONEAL TRAINING												3
5 HEMODIALYSIS												4
6 INTERMITTENT PERITONEAL												5
7 CAPD												6
8 CCPD												7
9 HOME												
10 HEMODIALYSIS												8
11 INTERMITTENT PERITONEAL												9
12 CAPD												10
13 CCPD												11
14 OTHER BILLABLE SERVICES												
15 INPATIENT DIALYSIS	36717	15195	236297	7554	44451	1378	55246		396838	120003	516841	12
16 METHOD II HOME PATIENT												13
17 EPO (INCL IN RENAL DEPT)						523536						14
18.01 ARANESP (INCL IN RENAL DEPT)						482693						14.01
19 OTHER												15
20 TOTAL	403159	166844	866733	374692	284396	594716	606625		3297165	997052	4294217	16
21 MEDICAL EDUC PGM COSTS												17
22 TOTAL RENAL COSTS											4294217	18

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-3509

WORKSHEET I-3

CHECK APPLICABLE BOX:

[] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	---CAPITAL AND---		-DIRECT RNS (HOURS)	PATIENT- SALARY OTHERS (HOURS)	EMPLOYEE BENEFITS (SALARY)	DRGS (REQUIS)	MEDICAL SUPPLIES (REQUIS)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUB- TOTAL	OVERHEAD (ACCUM. COST)	
	BUILDING (SQUARE FEET)	EQUIPMENT (% OF TIME)									
	1	2									
1	TOTAL RENAL DEPT COSTS	403159	166844	866733	374692	284396	594716	606625	3297165	997052	1
	MAINTENANCE										
2	HEMODIALYSIS	7076	7076.00	16232.00	18372.00	35600	12426	227064			2
3	INTERMITTENT PERITONEAL TRAINING										3
4	HEMODIALYSIS										4
5	INTERMITTENT PERITONEAL										5
6	CAPD										6
7	CCPD										7
	HOME										
8	HEMODIALYSIS										8
9	INTERMITTENT PERITONEAL										9
10	CAPD										10
11	CCPD										11
	OTHER BILLABLE SERVICES										
12	INPT DIAL TRMNTS 1282	709	709.00	6084.00	378.00	6595	1245	22751			
13	METHOD II HOME PATIENT										13
14	EPO						523536				14
14.01	ARANESP										14.01
15	OTHER										15
16	TOTAL STATISTICAL BASIS	7785	7785.00	22316.00	18750.00	42195	537207	249815	3297165		16
17	UNIT COST MULTIPLIER	51.786641		38.839084		6.740040		2.428297			
			21.431471		19.983573		1.107052			.302397	17

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 PERIOD FROM 05/01/2008 TO 04/30/2009

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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-3509
 PAYMENT RATE # 1

WORKSHEET I-4

CHECK APPLICABLE BOX: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST 2	AVG COST OF PROGRAM TREATMENTS 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES 5	PAYMENT RATE 6	TOTAL PROGRAM PAYMENT 7	
1 MAINTENANCE - HEMODIALYSIS	12795	3777376	295.22	8674	2560738	168.06	1457752	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD								5
6 TRAINING - CCPD								6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD								9
10 HOME PROGRAM - CCPD								10
11 TOTALS	12795	3777376		8674	2560738		1457752	11

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CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 14-3509

WORKSHEET I-5

DESCRIPTION		
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES	2560738 1
2	TOTAL PAYMENT (FROM I-4, COLUMN 7, LINE11)	1457752 2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	1016 3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	291349 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	292365 6
7	PROGRAM PAYMENT	1165389 7
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9)	8
9	REIMBURSABLE BAD DEBTS	9

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0030)	HOSPITAL (14-0030)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2	2758284				2
					CAPITAL DRG OTHER THAN OUTLIER
3					3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01	305606				3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4					4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD
					[E-3,PT VI,LN.18]
					[E,PT A,LN.3.17][x E-3,PT VI,LN.1]
4.01		0.00		0.00	4.01
					NO. OF INTERNS & RESIDENTS
4.02					4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					DISPROPORTIONATE SHARE ADJUSTMENT
5			0.0418		5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01			0.2093		5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02			0.2511		5.02
					SUM OF LINES 5 AND 5.01
5.03			0.0522		5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04			143982		5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	3207872				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
2.01 OLD CAPITAL COSTS-OTHER CAPITAL					2.01
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 NON-PATIENT TELECOMMUNICATIONS					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING					6.03
6.04 ADMITTING					6.04
6.05 PATIENT ACCOUNTING					6.05
6.06 OTHER ADMINISTRATIVE COSTS					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
27 CORONARY CARE UNIT					27
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
49.01 PULMONARY FUNCTION					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHABILITATION					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 WOUND CARE CENTER					59
59.01 DIABETES CENTER					59.01
59.02 CLINICAL NUTRITION					59.02
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
61.02 S.C.O.R.E.					61.02
61.03 ACLS					61.03
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03

PROVIDER NO. 14-0030 SHERMAN HOSPITAL
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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
96.02 MEALS ON WHEELS					96.02
00 CHILDBIRTH EDUCATION					00
00.01 ACLS					00.01
00.02 COMMUNITY WELLNESS					00.02
00.04 PHYSICIAN REFERRAL					00.04
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	41.54		15.84				57.38 25
26 INTENSIVE CARE UNIT	51.95		18.22				70.17 26
27 CORONARY CARE UNIT	54.25		2.35				56.60 27
33 NURSERY			54.13				54.13 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	20.70	17.09					37.79 37
38 RECOVERY ROOM	13.77	13.98					27.75 38
39 DELIVERY ROOM & LABOR ROOM	0.11	0.07					0.18 39
41 RADIOLOGY-DIAGNOSTIC	13.14	15.20					28.34 41
44 LABORATORY	20.18	0.08					20.26 44
48 INTRAVENOUS THERAPY	14.57	28.61					43.18 48
49 RESPIRATORY THERAPY	45.80	2.33					48.13 49
50 PHYSICAL THERAPY	14.12	0.89					15.01 50
51 OCCUPATIONAL THERAPY	27.93						27.93 51
52 SPEECH PATHOLOGY	31.99						31.99 52
53 ELECTROCARDIOLOGY	35.61	12.59					48.20 53
53.01 CARDIAC REHABILITATION	0.11	43.67					43.78 53.01
54 ELECTROENCEPHALOGRAPHY	7.41	14.42					21.83 54
55 MEDICAL SUPPLIES CHARGED TO PAT	23.92	10.04					33.96 55
56 DRUGS CHARGED TO PATIENTS	29.23	14.17					43.40 56
57 RENAL DIALYSIS	8.81						8.81 57
59 WOUND CARE CENTER	15.91	40.35					56.26 59
59.01 DIABETES CENTER	2.35	1.06					3.41 59.01
61 EMERGENCY	10.68	6.65					17.33 61
61.02 S.C.O.R.E.		0.06					0.06 61.02
62 OBSERVATION BEDS (NON-DISTINCT		22.86					22.86 62
101 TOTAL CHARGES	16.98	8.71					25.69 101

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT	575882	.30	-575882	-.59			1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
2.01	OLD CAPITAL COSTS-OTHER CAPITAL	1620025	.84	-1620025	-1.67			2.01
3	NEW CAP REL COSTS-BLDG & FIXT	6166388	3.19	-6166388	-6.37			3
4	NEW CAP REL COSTS-MVBLE EQUIP	10555591	5.46	-10555591	-10.90			4
5	EMPLOYEE BENEFITS	17238733	8.91	-17238733	-17.80			5
6.01	NON-PATIENT TELECOMMUNICATIONS	693478	.36	-693478	-.72			6.01
6.02	DATA PROCESSING	6702907	3.47	-6702907	-6.92			6.02
6.03	PURCHASING	709222	.37	-709222	-.73			6.03
6.04	ADMITTING	1707164	.88	-1707164	-1.76			6.04
6.05	PATIENT ACCOUNTING	1917192	.99	-1917192	-1.98			6.05
6.06	OTHER ADMINISTRATIVE COSTS	27633134	14.29	-27633134	-28.53			6.06
7	MAINTENANCE & REPAIRS	4067296	2.10	-4067296	-4.20			7
8	OPERATION OF PLANT	5060466	2.62	-5060466	-5.22			8
9	LAUNDRY & LINEN SERVICE	911662	.47	-911662	-.94			9
10	HOUSEKEEPING	1794134	.93	-1794134	-1.85			10
11	DIETARY	637067	.33	-637067	-.66			11
12	CAFETERIA	896667	.46	-896667	-.93			12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	1331660	.69	-1331660	-1.37			14
15	CENTRAL SERVICES & SUPPLY	776989	.40	-776989	-.80			15
16	PHARMACY	2910747	1.50	-2910747	-3.00			16
17	MEDICAL RECORDS & LIBRARY	1704507	.88	-1704507	-1.76			17
18	SOCIAL SERVICE	1252630	.65	-1252630	-1.29			18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES A							22
23	I&R SERVICES-OTHER PRGM COSTS A							23
24	PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	14560740	7.53	23139062	23.89	37699802	19.49	25
26	INTENSIVE CARE UNIT	2118444	1.10	2364720	2.44	4483164	2.32	26
27	CORONARY CARE UNIT	2334355	1.21	2522505	2.60	4856860	2.51	27
33	NURSERY	1627306	.84	1442899	1.49	3070205	1.59	33
34	SKILLED NURSING FACILITY							34
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	16190802	8.37	12123119	12.52	28313921	14.64	37
38	RECOVERY ROOM	1822476	.94	2480881	2.56	4303357	2.22	38
39	DELIVERY ROOM & LABOR ROOM	3540841	1.83	3783825	3.91	7324666	3.79	39
41	RADIOLOGY-DIAGNOSTIC	9396862	4.86	11919882	12.31	21316744	11.02	41
44	LABORATORY	6652953	3.44	5246753	5.42	11899706	6.15	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
48	INTRAVENOUS THERAPY	1145954	.59	1471481	1.52	2617435	1.35	48
49	RESPIRATORY THERAPY	1641279	.85	1436760	1.48	3078039	1.59	49
49.01	PULMONARY FUNCTION							49.01
50	PHYSICAL THERAPY	2488131	1.29	2031919	2.10	4520050	2.34	50

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
51 OCCUPATIONAL THERAPY	427285	.22	276298	.29	703583	.36	51
52 SPEECH PATHOLOGY	169602	.09	103391	.11	272993	.14	52
53 ELECTROCARDIOLOGY	10344565	5.35	6022403	6.22	16366968	8.46	53
53.01 CARDIAC REHABILITATION	457947	.24	438856	.45	896803	.46	53.01
54 ELECTROENCEPHALOGRAPHY	304475	.16	417031	.43	721506	.37	54
55 MEDICAL SUPPLIES CHARGED TO PAT	855341	.44	437737	.45	1293078	.67	55
56 DRUGS CHARGED TO PATIENTS	7701433	3.98	7123764	7.35	14825197	7.66	56
57 RENAL DIALYSIS	2910209	1.50	2390237	2.47	5300446	2.74	57
59 WOUND CARE CENTER	156137	.08	263432	.27	419569	.22	59
59.01 DIABETES CENTER	290400	.15	233083	.24	523483	.27	59.01
59.02 CLINICAL NUTRITION	361389	.19	174771	.18	536160	.28	59.02
61 EMERGENCY	8413974	4.35	8291059	8.56	16705033	8.64	61
61.02 S.C.O.R.E.	155923	.08	98165	.10	254088	.13	61.02
61.03 ACLS							61.03
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN			94354	.10	94354	.05	96
96.02 MEALS ON WHEELS			76474	.08	76474	.04	96.02
100 CHILDBIRTH EDUCATION	38298	.02	17946	.02	56244	.03	100
100.01 ACLS							100.01
100.02 COMMUNITY WELLNESS	71300	.04	23477	.02	94777	.05	100.02
100.04 PHYSICIAN REFERRAL	381360	.20	417257	.43	798617	.41	100.04
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	193423322	100.00	0	.00	193423322	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	3038752	72420103	.041960	14988057	628899	37
38 RECOVERY ROOM	750636	10976210	.068387	1511778	103386	38
39 DELIVERY ROOM & LABOR ROOM	654144	17893134	.036558	19868	726	39
41 RADIOLOGY-DIAGNOSTIC	4414466	101131315	.043651	13284186	579868	41
44 LABORATORY	958486	69682856	.013755	14064535	193457	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
48 INTRAVENOUS THERAPY	408060	4169264	.097874	607259	59435	48
49 RESPIRATORY THERAPY	283103	15466582	.018304	7084105	129668	49
49.01 PULMONARY FUNCTION						49.01
50 PHYSICAL THERAPY	645639	10521584	.061364	1486108	91193	50
51 OCCUPATIONAL THERAPY	76510	1994817	.038354	557156	21369	51
52 SPEECH PATHOLOGY	23763	740741	.032080	236934	7601	52
53 ELECTROCARDIOLOGY	1555799	71580759	.021735	25487239	553965	53
53.01 CARDIAC REHABILITATION	240841	689357	.349370	736	257	53.01
54 ELECTROENCEPHALOGRAPHY	225676	2026817	.111345	150122	16716	54
55 MEDICAL SUPPLIES CHARGED TO PAT	56551	13444232	.004206	3215282	13523	55
56 DRUGS CHARGED TO PATIENTS	1030707	81551893	.012638	23838201	301267	56
57 RENAL DIALYSIS	426575	8749223	.048755	770747	37577	57
59 WOUND CARE CENTER	112469	391242	.287467	62229	17888	59
59.01 DIABETES CENTER	97558	421394	.231513	9922	2298	59.01
59.02 CLINICAL NUTRITION	7689	674333	.011402			59.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	1781871	45366185	.039278	4845237	190311	61
61.02 S.C.O.R.E.	81717	453336	.180257			61.02
61.03 ACLS						61.03
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	186974	3847035	.048602			62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	17057986	534192412		112219701	2949404	101

APPORIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT		PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	3949791		3949791	41278	95.69	17146	1640701 25
26 INTENSIVE CARE UNIT	429097		429097	2645	162.23	1374	222904 26
27 CORONARY CARE UNIT	414505		414505	2728	151.95	1480	224886 27
101 TOTAL	4793393		4793393			20000	2088491 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 2088491

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 2949404

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 5037895

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)	43226247
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	167083262
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.259

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)	5037895
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.030

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	16002927
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	57481067
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.278