

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

CHECK XX ELECTRONICALLY FILED COST REPORT DATE: 05/21/2010
 APPLICABLE BOX MANUALLY SUBMITTED COST REPORT TIME: 10:36

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY BELOIT MEMORIAL HOSPITAL, INC. (52-0100) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2009 AND ENDING 12/31/2009, 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.

ECR Encryption: 05/21/2010 10:36
 W3vmNu59nljvgtURrLlhIo09Yjm700
 yrWSt0vH70eloIYEJqcrT.ZZGQxiyr
 elhF1j8Ipz0szxvFN

(SIGNED) W. Allen E. Jones
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

CEO
 TITLE

PI Encryption: 05/21/2010 10:36
 Pdg9XJyslwCb9L85kXC8Tl:XMgWLG0
 o.zdG0iyONWIFWFLgCOBiiGZiMnFbf
 KNdOa4lTtM0niwBE

5/21/10
 DATE

PART II - SETTLEMENT SUMMARY

TITLE V	TITLE XVIII		TITLE XIX	
	PART A	PART B		
1 HOSPITAL	2 384790	3 407740	4 1793254	1
2 SUBPROVIDER I				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	384263	407740	1793254	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 HOSPITAL HEALTH CARE COMPLEX COST REPORT
 CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
 PARTS I & II

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PART I - CERTIFICATION

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

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CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY BELOIT MEMORIAL HOSPITAL, INC. (52-0100) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2009 AND ENDING 12/31/2009, 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	HOSPITAL	1	2	3	4
2	SUBPROVIDER I	384790	407740	1793254	1
3	SWING BED - SNF	-527			2
4	SWING BED - NF				3
5	SKILLED NURSING FACILITY				4
6	NURSING FACILITY				5
7	HOME HEALTH AGENCY				6
8	OUTPATIENT REHABILITATION PROVIDER				7
9	HEALTH CLINIC				8
100	TOTAL	384263	407740	1793254	9
					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 OMD 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
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	YES		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	YES		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06
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	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35
		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

TITLE XIX INPATIENT HOSPITAL SERVICES

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

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N	N	N	49
50	HOME HEALTH AGENCY	N	N	N	N	50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.					52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54
	PREMIUMS:	PAID LOSSES:		AND/OR SELF INSURANCE:		
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					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.		YES				58			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		NO	NO			58.01			
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				59			
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:	1	STATE:	2	ZIP CODE	3	CBSA	4	FTE/ CAMPUS	5
SETTLEMENT DATA										
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	04/29/2010			63			

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS	
	TITLE	TITLE	TITLE			
	V 12	XVIII 13	XIX 14	15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS	2340	285	4491		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	2340	285	4491		12
13	RPCH VISITS					13
14	SUBPROVIDER I	5		9		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	2	3	4	5	6	
SALARIES								
1	TOTAL SALARIES	43088287		43088287	1796258.00	23.99		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B	73058		73058	2096.00	34.86		3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R	62593		62593	1680.00	37.26		6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	4831302	502963	5334265	222210.00	24.01		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	79043		79043	1928.00	41.00		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A							10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	19933494		19933494			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	2521951		2521951			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B	38139		38139			CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS							21
22	ADMINISTRATIVE & GENERAL	5762168	-585271	5176897	204582.00	25.30		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	865724		865724	3555.00	243.52		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	1035967	-150940	885027	47484.00	18.64		24
25	LAUNDRY & LINEN SERVICE	53871		53871	4970.00	10.84		25
26	HOUSEKEEPING	960108	-245180	714928	87124.00	8.21		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	965685		965685	68086.00	14.18		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA	89057		89057	8716.00	10.22		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	800365		800365	25854.00	30.96		30
31	CENTRAL SERVICES AND SUPPLY	398409		398409	31137.00	12.80		31
32	PHARMACY	1247919		1247919	35030.00	35.62		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1278145		1278145	71455.00	17.89		33
34	SOCIAL SERVICE	306749		306749	13044.00	23.52		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART III

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)	
		1	2	3	4	5	
1	NET SALARIES	43818360		43818360	1796037.00	24.40	1
2	EXCLUDED AREA SALARIES	4831302	502963	5334265	222210.00	24.01	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	38987058	-502963	38484095	1573827.00	24.45	3
4	SUBTOTAL OTHER WAGES & REL COSTS	79043		79043	1928.00	41.00	4
5	SUBTOTAL WAGE-RELATED COSTS	19933494		19933494		51.80%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	58999595	-502963	58496632	1575755.00	37.12	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	13764167	-981391	12782776	601037.00	21.27	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 52-7075

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		5107		10	5117	1
2 UNDUPLICATED CENSUS COUNT		325.00	62.00	126.00	513.00	2

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.00		1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL	3.00		3.00	5
6 DIRECT NURSING SERVICE	11.00		11.00	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE	2.00		2.00	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE				10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE				12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE				14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	2.00		2.00	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

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

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 52-7075

WORKSHEET S-4
 (CONTINUED)

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

	FULL EPISODES				SCIC		TOTAL	
	WITHOUT	WITH	LUPA	PEP ONLY	WITHIN	SCIC ONLY		
	OUTLIERS	OUTLIERS	EPISODES	EPISODES	A PEP	EPISODES		
	1	2	3	4	5	6	7	
21	SKILLED NURSING VISITS	4024	543	170	83		4820	21
22	SKILLED NURSING VISIT CHARGES	950073	136176	40520	19671		1146440	22
23	PHYSICAL THERAPY VISITS	1060	16	44	17		1137	23
24	PHYSICAL THERAPY VISIT CHARGES	272764	4144	11396	4403		292707	24
25	OCCUPATIONAL THERAPY VISITS	215	2	5	6		228	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	55373	518	1295	1554		58740	26
27	SPEECH PATHOLOGY VISITS	19					19	27
28	SPEECH PATHOLOGY VISIT CHARGES	4921					4921	28
29	MEDICAL SOCIAL SERVICE VISITS	22		1	2		25	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	7374		338	676		8388	30
31	HOME HEALTH AIDE VISITS	1280	44	7	25		1356	31
32	HOME HEALTH AIDE VISIT CHARGES	143850	4892	791	2825		152358	32
33	TOTAL VISITS	6620	605	227	133		7585	33
34	OTHER CHARGES	135920	25167	3665	338		165090	34
35	TOTAL CHARGES	1570275	170897	58005	29467		1828644	35
36	TOTAL NUMBER OF EPISODES	382		91	7		480	36
37	TOTAL NUMBER OF OUTLIER EPISODES		11				11	37
38	TOTAL MEDICAL SUPPLY CHARGES							38

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 52-2324

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

	----- OUTPATIENT ----		----- TRAINING -----		----- HOME -----			
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6		
1	NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD						61	1
2	NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS						3.00	2
3	AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP						5.00	3
4	CAPD EXCHANGES PER DAY							4
5	NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED						312	5
6	NUMBER OF STATIONS						18	6
7	TREATMENT CAPACITY PER DAY PER STATION						6	7
8	UTILIZATION						24.40	8
9	AVERAGE TIMES DIALYZERS RE-USED						55.88	9
10	PERCENTAGE OF PATIENTS RE-USING DIALYZERS						88.50	10
TRANSPLANT INFORMATION								
11	NUMBER OF PATIENTS ON TRANSPLANT LIST							6 11
12	NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD							4 12
EPOIETIN								
13	NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							13
13.01	EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							13.01
14	NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							14
14.01	NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							14.01
PHYSICIAN PAYMENT METHOD (ENTER 'X' IF METHOD(S) IS APPLICABLE)								
15	MCP X INITIAL METHOD							15
ARANESP								
16	NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							16
17	ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							17
18	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							18
19	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							19

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.363605 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	28
29	TOTAL GROSS MEDICAID COST	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	30
31	UNCOMPENSATED CARE COST	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		4061710	4061710	1821037	5882747	-1821037	4061710	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		4548052	4548052	1080453	5628505	-91986	5536519	4
5	0500 EMPLOYEE BENEFITS		22484057	22484057		22484057	-393648	22090409	5
6	0600 ADMINISTRATIVE & GENERAL	5762168	13090164	18852332	-2175409	16676923	-762484	15914439	6
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	1035967	3116700	4152667	-556668	3595999	-11507	3584492	8
9	0900 LAUNDRY & LINEN SERVICE	53871	397406	451277		451277	-3863	447414	9
10	1000 HOUSEKEEPING	960108	-14740	945368	-10970	934398	-244	934154	10
11	1100 DIETARY	965685	274744	1240429		1240429	-3570	1236859	11
12	1200 CAFETERIA	89057	446528	535585		535585	-444653	90932	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	800365	12553	812918		812918		812918	14
15	1500 CENTRAL SERVICES & SUPPLY	398409	127522	525931	-266013	259918		259918	15
16	1600 PHARMACY	1247919	-16838	1231081		1231081	-43055	1188026	16
17	1700 MEDICAL RECORDS & LIBRARY	1278145	306777	1584922	-60644	1524278	-4262	1520016	17
18	1800 SOCIAL SERVICE	306749	14599	321348		321348		321348	18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A		48130	48130		48130	14463	62593	23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	6179380	237293	6416673		6416673	-11116	6405557	25
26	2600 INTENSIVE CARE UNIT	1570644	553895	2124539		2124539	-1201	2123338	26
31	3100 SUBPROVIDER I	207505	15932	223437	-1769	221668	-1115	220553	31
33	3300 NURSERY	160870		160870		160870	-186	160684	33
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	2009138	989338	2998476	-38908	2959568	-770	2958798	37
38	3800 RECOVERY ROOM	400384	15241	415625		415625		415625	38
39	3900 DELIVERY ROOM & LABOR ROOM	397444		397444		397444	-981	396463	39
40	4000 ANESTHESIOLOGY	73058	184247	257305		257305	-73058	184247	40
41	4100 RADIOLOGY-DIAGNOSTIC	3310277	4245470	7555747	169557	7725304	-1757	7723547	41
44	4400 LABORATORY	1847253	2617479	4464732	72398	4537130		4537130	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	877107	261330	1138437	9030	1147467		1147467	49
50	5000 PHYSICAL THERAPY	2117730	536137	2653867	103288	2757155	-191353	2565802	50
53	5300 ELECTROCARDIOLOGY	145198	33778	178976		188660		188660	53
55	5500 MEDICAL SUPPLIES CHARGED TO PAT		4953413	4953413	432766	5386179	-472	5385707	55
56	5600 DRUGS CHARGED TO PATIENTS	78622	2915488	2994110	2830	2996940	-24633	2972307	56
57	5700 RENAL DIALYSIS	832143	1399430	2231573		2231573	-7100	2224473	57
58	5800 ASC (NON-DISTINCT PART)	378491	10175	388666	42460	431126		431126	58
59	3650 VASCULAR LAB	80212	57341	137553	11345	148898	-525	148373	59
59.30	3550 PSYCH	1726531	106934	1833465	-13946	1819519	-932	1818587	59.30
59.97	3997 CARDIAC REHABILITATION	211624	6137	217761	8697	226458		226458	59.97
59.98	3998 HYPERBARIC OXYGEN THERAPY								59.98
59.99	3999 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS									
60	6000 CLINIC	264260	17270	281530		281530		281530	60
61	6100 EMERGENCY	2698176	2272167	4970343	-12113	4958230	-95003	4863227	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY	1134181	159855	1294036	-10800	1283236	-7036	1276200	71
SPECIAL PURPOSE COST CENTERS									
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
88	8800 INTEREST EXPENSE		1913023	1913023	-1913023				88
95	SUBTOTALS	39598671	72398737	111997408	-1296718	110700690	-3983084	106717606	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	52416	43526	95942		95942		95942	96
100	7950 PATHOLOGY	24895	4145	29040		29040		29040	100
100.01	7951 PHYSIATRY CLINIC	56250	1653	57903		57903		57903	100.01
100.02	7952 CHOLESTEROL CLINIC	92456	10440	102896	-51680	51216		51216	100.02
100.03	7953 JANESVILLE MED CTR	171153	108564	279717	-66216	213501		213501	100.03
100.04	7954 OHW	923214	193160	1116374	9525	1125899		1125899	100.04
100.05	7955 WEST SIDE MED CTR	517463	151189	668652	-44255	624397		624397	100.05

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
 05/21/2010 10:14

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
100.06 7956 DARIEN MED CTR	261639	72251	333890		333890		333890	100.06
100.07 7957 RCAC	774592	482315	1256907		1256907		1256907	100.07
100.08 7958 NORTHPOINTE	615538	2830656	3446194	1199214	4645408		4645408	100.08
100.09 7959 EMS PHYSICIAN FEES				154167	154167		154167	100.09
100.10 7960 PHYSICIAN BILLING				95963	95963		95963	100.10
100.11 7961 SENIOR ADVANTAGE								100.11
100.12 7962 HOMECARE PHARMACY								100.12
100.13 7963 ROSCOE MED CENTER								100.13
101 TOTAL	43088287	76296636	119384923		119384923	-3983084	115401839	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
1	2	3	4	5	
1 INTEREST EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		1821037 1
2	A	NEW CAP REL COSTS-MVBLE EQUIP	4		91986 2
3 REHAB SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO P	55		1769 3
4 EMS PHYSICIAN FEES	C	EMS PHYSICIAN FEES	100.09		154167 4
5 ER DRUGS AND MED SUPPLIES	D	MEDICAL SUPPLIES CHARGED TO P	55		430997 5
6	D	DRUGS CHARGED TO PATIENTS	56		2830 6
7 REGISTRATION CLERKS	E	EMERGENCY	61	195482	7
8	E	ASC (NON-DISTINCT PART)	58	42460	8
9 PHYSICIAN BILLING SALARIES	F	PHYSICIAN BILLING	100.10	95963	9
10 VASCULAR SERVICES DIRECTOR	G	RADIOLOGY-DIAGNOSTIC	41	23760	10
11	G	ELECTROCARDIOLOGY	53	7878	11
12	G	VASCULAR LAB	59	11345	12
13	G	CARDIAC REHABILITATION	59.97	8697	13
14 NORTHPOINTE ADMINISTRATION	H	RADIOLOGY-DIAGNOSTIC	41	22120	98279 14
15	H	LABORATORY	44	8798	39088 15
16	H	RESPIRATORY THERAPY	49	1558	6924 16
17	H	PHYSICAL THERAPY	50	15786	70136 17
18	H	ELECTROCARDIOLOGY	53	176	782 18
19	H	EMERGENCY	61	62967	279761 19
20	H	OHW	100.04	1785	7929 20
21	H	NORTHPOINTE	100.08	138176	613912 21
22 NORTHPOINTE OVERHEAD	I	RADIOLOGY-DIAGNOSTIC	41	17786	7612 22
23	I	LABORATORY	44	17271	7391 23
24	I	RESPIRATORY THERAPY	49	594	254 24
25	I	PHYSICAL THERAPY	50	14775	6323 25
26	I	ELECTROCARDIOLOGY	53	594	254 26
27	I	EMERGENCY	61	26381	11290 27
28	I	OHW	100.04	754	322 28
29	I	NORTHPOINTE	100.08	317965	136079 29
30	I	HOUSEKEEPING	10		234210 30
31 RENTS AND LEASES	J	NEW CAP REL COSTS-MVBLE EQUIP	4		988467 31
32	J				32
33	J				33
34	J				34
35	J				35
36 SUBTOTAL				1033071	5011799 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 INTEREST EXPENSE	A	INTEREST EXPENSE	88		1913023	11 1
2	A					11 2
3 REHAB SUPPLIES	B	SUBPROVIDER I	31		1769	3
4 EMS PHYSICIAN FEES	C	EMERGENCY	61		154167	4
5 ER DRUGS AND MED SUPPLIES	D	EMERGENCY	61		433827	5
6	D					6
7 REGISTRATION CLERKS	E	ADMINISTRATIVE & GENERAL	6	237942		7
8	E					8
9 PHYSICIAN BILLING SALARIES	F	ADMINISTRATIVE & GENERAL	6	95963		9
10 VASCULAR SERVICES DIRECTOR	G	CHOLESTEROL CLINIC	100.02	51680		10
11	G					11
12	G					12
13	G					13
14 NORTHPOINTE ADMINISTRATION	H	ADMINISTRATIVE & GENERAL	6	251366	1116811	14
15	H					15
16	H					16
17	H					17
18	H					18
19	H					19
20	H					20
21	H					21
22 NORTHPOINTE OVERHEAD	I	OPERATION OF PLANT	8	150940	403735	22
23	I	HOUSEKEEPING	10	245180		23
24	I					24
25	I					25
26	I					26
27	I					27
28	I					28
29	I					29
30	I					30
31 RENTS AND LEASES	J	ADMINISTRATIVE & GENERAL	6		473327	10 31
32	J	OPERATION OF PLANT	8		1993	32
33	J	CENTRAL SERVICES & SUPPLY	15		266013	33
34	J	MEDICAL RECORDS & LIBRARY	17		60644	34
35	J	OPERATING ROOM	37		38908	35
36 SUBTOTAL				1033071	4864217	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	J				1
2	J				2
3	J				3
4	J				4
5	J				5
6	J				6
7	J				7
8	J				8
9	J				9
10					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
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				1033071	5011799

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE			WKST A-7 REF.	
			COST CENTER	LINE #	SALARY		OTHER
1		1	6	7	8	9	10
1		J	LABORATORY	44		150	1
2		J	RESPIRATORY THERAPY	49		300	2
3		J	PHYSICAL THERAPY	50		3732	3
4		J	PSYCH	59.30		13946	4
5		J	HOME HEALTH AGENCY	71		10800	5
6		J	JANESVILLE MED CTR	100.03		66216	6
7		J	OHW	100.04		1265	7
8		J	WEST SIDE MED CTR	100.05		44255	8
9		J	NORTHPOINTE	100.08		6918	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
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				1033071	5011799	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								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL								7
8 RECONCILING ITEMS								8
9 TOTAL								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	4333455					4333455		1
2 LAND IMPROVEMENTS	5491103	197495		197495		5688598	440500	2
3 BUILDINGS AND FIXTURES	76311383	8501925		8501925		84813308	3312764	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	15209639					15209639	3809982	5
6 MOVABLE EQUIPMENT	43974811	2966922		2966922		46941733	20644875	6
7 SUBTOTAL	145320391	11666342		11666342		156986733	28208121	7
8 RECONCILING ITEMS								8
9 TOTAL	145320391	11666342		11666342		156986733	28208121	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	
	1	2	3	4	5	6	7	8
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	110044999		110044999	.700983				3
4 NEW CAP REL COSTS-MVBLE EQUIP	46941733		46941733	.299017				4
5 TOTAL	156986732		156986732	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14	15	
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	3978440					83270	4061710	3
4 NEW CAP REL COSTS-MVBLE EQUIP	4548052	988467					5536519	4
5 TOTAL	8526492	988467				83270	9598229	5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14	15	
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	3978440					83270	4061710	3
4 NEW CAP REL COSTS-MVBLE EQUIP	4548052						4548052	4
5 TOTAL	8526492					83270	8609762	5

ADJUSTMENTS TO EXPENSES

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-1821037	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	B	-91986	NEW CAP REL COSTS-MVBLE EQUIP	4	11 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	-251149			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1				14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS					16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37					37
37.01 TV COSTS TO PATIENTS	A	-8441	ADULTS & PEDIATRICS	25	37.01
37.02 TV COSTS TO PATIENTS	A	-1201	INTENSIVE CARE UNIT	26	37.02
37.03 TV COSTS TO PATIENTS	A	-1115	SUBPROVIDER I	31	37.03
37.04 TV COSTS TO PATIENTS	A	-770	OPERATING ROOM	37	37.04
37.05 TV COSTS TO PATIENTS	A	-514	RADIOLOGY-DIAGNOSTIC	41	37.05
37.06 TV COSTS TO PATIENTS	A	-1717	RENAL DIALYSIS	57	37.06
37.07 TV COSTS TO PATIENTS	A	-84	PSYCH	59.30	37.07
37.08 TV COSTS TO PATIENTS	A	-686	EMERGENCY	61	37.08
37.09 CRNA OFFSET	A	-37932	EMPLOYEE BENEFITS	5	37.09
37.10 CRNA OFFSET	A	-73058	ANESTHESIOLOGY	40	37.10
37.11 PATIENT PORTION OF OPERATORS TIME	A	-2607	EMPLOYEE BENEFITS	5	37.11
37.12 PATIENT PORTION OF OPERATORS TIME	A	-5021	ADMINISTRATIVE & GENERAL	6	37.12
37.13 ADVERTISING OFFSET	A	-590592	ADMINISTRATIVE & GENERAL	6	37.13
37.14 ADVERTISING OFFSET	A	-1345	PHYSICAL THERAPY	50	37.14
37.15 ADVERTISING OFFSET	A	-171	EMERGENCY	61	37.15
37.16 MISC REV	B	-353109	EMPLOYEE BENEFITS	5	37.16
37.17 MISC REV	B	-166871	ADMINISTRATIVE & GENERAL	6	37.17
37.18 MISC REV	B	-11507	OPERATION OF PLANT	8	37.18
37.19 MISC REV	B	-3863	LAUNDRY & LINEN SERVICE	9	37.19
37.20 MISC REV	B	-244	HOUSEKEEPING	10	37.20
37.21 MISC REV	B	-3570	DIETARY	11	37.21
37.22 MISC REV	B	-444653	CAFETERIA	12	37.22
37.23 MISC REV	B	-43055	PHARMACY	16	37.23
37.24 MISC REV	B	-4262	MEDICAL RECORDS & LIBRARY	17	37.24
37.25 MISC REV	B	-2675	ADULTS & PEDIATRICS	25	37.25
37.26 MISC REV	B	-186	NURSERY	33	37.26
37.27 MISC REV	B	-981	DELIVERY ROOM & LABOR ROOM	39	37.27
37.28 MISC REV	B	-1243	RADIOLOGY-DIAGNOSTIC	41	37.28
37.29 MISC REV	B	-31296	PHYSICAL THERAPY	50	37.29

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2009 TO 12/31/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2010.02
 05/21/2010 10:14

ADJUSTMENTS TO EXPENSES

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WORKSHEET A-8	
			COST CENTER 3	LINE NO. 4	WKST A-7 REF 5	
37.30 MISC REV	B	-472	MEDICAL SUPPLIES CHARGED TO PAT	55		37.30
37.31 MISC REV	B	-24633	DRUGS CHARGED TO PATIENTS	56		37.31
37.32 MISC REV	B	-5383	RENAL DIALYSIS	57		37.32
37.33 MISC REV	B	-525	VASCULAR LAB	59		37.33
37.34 MISC REV	B	-848	PSYCH	59.30		37.34
37.35 MISC REV	B	-1709	EMERGENCY	61		37.35
37.36 MISC REV	B	-7036	HOME HEALTH AGENCY	71		37.36
37.37 RECORD 4 QTRS OF INTERN/RESIDENT	A	14463	I&R SERVICES-OTHER PRGM COSTS A	23		37.37
38						38
39						39
40						40
41						41
42						42
43						43
44						44
45						45
46						46
47						47
48						48
49						49
50 TOTAL		-3983084				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						
2						
3						
4						
5	TOTALS					

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.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----					
SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
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 NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	1	2	3	4	5	6	7	8	9
1	49	RESPIRATORY THERAPY	RESPIRATORY PHYS.	10372	10372	148400	182	12985	649
2	50	PHYSICAL THERAPY	PT PHYSICIAN	179188	179188	148400	287	20476	1024
3	61	EMERGENCY	ER PHYSICIANS	100000	100000	148400	106	7563	378
101		TOTAL		289560	289560		575	41024	2051

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
PERIOD FROM 01/01/2009 TO 12/31/2009

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.		11	12	13	14	15	16	17	18
1	49	RESPIRATORY THERAPY			RESPIRATORY PHYS.		12985		
2	50	PHYSICAL THERAPY			PT PHYSICIAN		20476	158712	158712
3	61	EMERGENCY			ER PHYSICIANS		7563	92437	92437
101		TOTAL					41024	251149	251149

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	OPERATION	LAUNDRY	
	FOR COST	BLDGS &	MOVABLE	BENEFITS		TRATIVE &	OF PLANT	& LINEN	
	ALLOCATION	FIXTURES	EQUIPMENT	5	5A	GENERAL	8	SERVICE	9
	0	3	4	5	5A	6	8	9	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	4061710	4061710							3
4 NEW CAP REL COSTS-MVBLE EQUIP	5536519		5536519						4
5 EMPLOYEE BENEFITS	22090409			22090409					5
6 ADMINISTRATIVE & GENERAL	15914439	1000851	2216421	2654081	21785792	21785792			6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	3584492	298836	60434	453734	4397496	1023359	5420855		8
9 LAUNDRY & LINEN SERVICE	447414	151782		27618	626814	145868	297893	1070575	9
10 HOUSEKEEPING	934154	70681	5613	366528	1376976	320442	138721		10
11 DIETARY	1236859	124345	26662	495085	1882951	438189	244045		11
12 CAFETERIA	90932	65248	25497	45658	227335	52904	128059		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	812918	70604	57712	410330	1351564	314528	138570		14
15 CENTRAL SERVICES & SUPPLY	259918	222677	173810	204256	860661	200288	437034		15
16 PHARMACY	1188026	30099	63868	639781	1921774	447224	59074		16
17 MEDICAL RECORDS & LIBRARY	1520016	33389	93778	655277	2302460	535815	65531		17
18 SOCIAL SERVICE	321348	9273	255	157263	488139	113597	18200		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	62593	1836			64429	14994	3604		23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	6405557	370618	87894	3168024	10032093	2334608	727389	452782	25
26 INTENSIVE CARE UNIT	2123338	102341	15897	805235	3046811	709036	200858	59538	26
31 SUBPROVIDER I	220553	42142	3295	106383	372373	86656	82710	18763	31
33 NURSEY	160684	18944		82475	262103	60995	37180		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	2958798	178209	246236	1030041	4413284	1027033	349760	156135	37
38 RECOVERY ROOM	415625	22617	7013	205268	650523	151386	44388		38
39 DELIVERY ROOM & LABOR ROOM	396463	72655	17	203761	672896	156592	142595		39
40 ANESTHESIOLOGY	184247	3183	27680	37455	252565	58775	6247		40
41 RADIOLOGY-DIAGNOSTIC	7723547	262753	1225990	1729746	10942036	2546390	515690	89122	41
44 LABORATORY	4537130	116648	78953	960411	5693142	1324874	228939		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	1147467	36358	36834	450777	1671436	388967	71357	780	49
50 PHYSICAL THERAPY	2565802	83779	62305	1101382	3813268	887401	164429	25047	50
53 ELECTROCARDIOLOGY	188660	24177	8861	78873	300571	69947	47452		53
55 MEDICAL SUPPLIES CHARGED TO PAT	5385707	4774			5390481	1254440	9370		55
56 DRUGS CHARGED TO PATIENTS	2972307			40308	3012615	701078			56
57 RENAL DIALYSIS	2224473	102846	61708	426621	2815648	655241	201849	39643	57
58 ASC (NON-DISTINCT PART)	431126	53558	3747	215812	704243	163887	105114	33032	58
59 VASCULAR LAB	148373	27544	2800	46939	225656	52513	54059	13126	59
59.30 PSYCH	1818587	87743	17261	885154	2808745	653634	172207		59.30
59.97 CARDIAC REHABILITATION	226458	9365	463	112954	349240	81273	18380	135	59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	281530		4067	135480	421077	97991			60
61 EMERGENCY	4863227	288094	280702	1529322	6961345	1620002	565424	179995	61
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	1276200	24285	7485	581470	1889440	439699	47662		71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	106717606	4012254	4903258	20043502	103987982	19129626	5323790	1068098	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	95942	30222	4477	26873	157514	36656	59314		96
100 PATHOLOGY	29040	7406		12763	49209	11452	14536		100
100.01PHYSIATRY CLINIC	57903		188	28838	86929	20230			100.01
100.02CHOLESTEROL CLINIC	51216	1530		20905	73651	17140	3003		100.02
100.03JANESVILLE MED CTR	213501		42608	87746	343855	80020		1524	100.03
100.04OHV	1125899		8373	474613	1608885	374410			100.04
100.05WEST SIDE MED CTR	624397		57451	265292	947110	220413		694	100.05
100.06DARIEN MED CTR	333890		13203	134137	481230	111989		259	100.06

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
100.07RCAC	1256907		128465	397116	1782488	414810			100.07
100.08NORTHPOINTE	4645408		376923	549426	5571757	1296626			100.08
100.09EMS PHYSICIAN FEES	154167				154167	35877			100.09
100.10PHYSICIAN BILLING	95963	2907		49198	148068	34457	5706		100.10
100.11SENIOR ADVANTAGE		2295			2295	534	4505		100.11
100.12HOMECARE PHARMACY		5096			5096	1186	10001		100.12
100.13ROSCOE MED CENTER			1573		1573	366			100.13
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	115401839	4061710	5536519	22090409	115401839	21785792	5420855	1070575	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	1836139								10
11 DIETARY	89903	2655088							11
12 CAFETERIA	47176		455474						12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	51048		8594	1864304					14
15 CENTRAL SERVICES & SUPPLY	160999		1432		1660414				15
16 PHARMACY	21762		2865			2452699			16
17 MEDICAL RECORDS & LIBRARY	24141		24349		3		2952299		17
18 SOCIAL SERVICE	6705		4297					630938	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	1328								23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	267961	2366271	91670	727535	10306	1646	160181	595616	25
26 INTENSIVE CARE UNIT	73994	279105	18620	147780	796	184	72459	20746	26
31 SUBPROVIDER I	30469	9712	2865	22735	493		568	7968	31
33 NURSERY	13697		2148	17052			10747		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	128848		27214	215986	3916	1669	307141		37
38 RECOVERY ROOM	16352		3581	28419	197		35928		38
39 DELIVERY ROOM & LABOR ROOM	52530		5013	39787			36468		39
40 ANESTHESIOLOGY	2301		716	5684	8	61522	23527		40
41 RADIOLOGY-DIAGNOSTIC	189974		38672		1196	95917	641771		41
44 LABORATORY	84338		28646		19	1956	338295		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	26287		11458		33	13051	102464		49
50 PHYSICAL THERAPY	60574		25065		101	632	92987		50
53 ELECTROCARDIOLOGY	17481		3581	28419	18	100	21196		53
55 MEDICAL SUPPLIES CHARGED TO PAT	3452		9310	73890	1438094		430818		55
56 DRUGS CHARGED TO PATIENTS			10026			1818962	202073		56
57 RENAL DIALYSIS	74359		13607	107993	1698	428504	124697		57
58 ASC (NON-DISTINCT PART)	38723		4297	34103	514	8	18344		58
59 VASCULAR LAB	19915		716	5684	55	195	34815		59
59.30 PSYCH	63439		15755		4	290	38596		59.30
59.97 CARDIAC REHABILITATION	6771		2148	17052	4		7714		59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC			2865	22735	237		10415		60
61 EMERGENCY	208296		32227	255773	190238	1802	241095	6608	61
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	17558			113677	12256	31			71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	1800381	2655088	391737	1864304	1660186	2426469	2952299	630938	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	21851		1432						96
100 PATHOLOGY	5355								100
100.01PHYSIATRY CLINIC					4				100.01
100.02CHOLESTEROL CLINIC	1106								100.02
100.03JANESVILLE MED CTR					63	1791			100.03
100.04OHV					12	10379			100.04
100.05WEST SIDE MED CTR					113	9772			100.05
100.06DARIEN MED CTR					32	4232			100.06

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COST ALLOCATION - GENERAL SERVICE COSTS

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 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	
100.07RCAC									100.07
100.08NORTHPOINTE					4	56			100.08
100.09EMS PHYSICIAN FEES									100.09
100.10PHYSICIAN BILLING	2102								100.10
100.11SENIOR ADVANTAGE	1660		62305						100.11
100.12HOMECARE PHARMACY	3684								100.12
100.13ROSCOE MED CENTER									100.13
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1836139	2655088	455474	1864304	1660414	2452699	2952299	630938	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R	SUBTOTAL	I&R COST &	TOTAL	
	PROGRAM COSTS		POST STEP-DOWN ADJS		
	23	25	26	27	
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
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	84355				23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS		17768058		17768058	25
26 INTENSIVE CARE UNIT		4629927		4629927	26
31 SUBPROVIDER I		635312		635312	31
33 NURSERY		403922		403922	33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM		6630986		6630986	37
38 RECOVERY ROOM		930774		930774	38
39 DELIVERY ROOM & LABOR ROOM		1105881		1105881	39
40 ANESTHESIOLOGY		411345		411345	40
41 RADIOLOGY-DIAGNOSTIC		15060768		15060768	41
44 LABORATORY		7700209		7700209	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY		2285833		2285833	49
50 PHYSICAL THERAPY		5069504		5069504	50
53 ELECTROCARDIOLOGY		488765		488765	53
55 MEDICAL SUPPLIES CHARGED TO PAT		8609855		8609855	55
56 DRUGS CHARGED TO PATIENTS		5744754		5744754	56
57 RENAL DIALYSIS		4463239		4463239	57
58 ASC (NON-DISTINCT PART)		1102265		1102265	58
59 VASCULAR LAB		406734		406734	59
59.30 PSYCH		3752670		3752670	59.30
59.97 CARDIAC REHABILITATION		482717		482717	59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC		555320		555320	60
61 EMERGENCY	84355	10347160	-84355	10262805	61
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		2520323		2520323	71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS	84355	101106321	-84355	101021966	95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN		276767		276767	96
100 PATHOLOGY		80552		80552	100
100.01PHYSIATRY CLINIC		107163		107163	100.01
100.02CHOLESTEROL CLINIC		94900		94900	100.02
100.03JANESVILLE MED CTR		427253		427253	100.03
100.04OHV		1993686		1993686	100.04
100.05WEST SIDE MED CTR		1178132		1178132	100.05
100.06DARIEN MED CTR		597742		597742	100.06

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COST ALLOCATION - GENERAL SERVICE COSTS

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PART I

COST CENTER DESCRIPTION	I&R PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
100.07RCAC		2197298		2197298	100.07
100.08NORTHPOINTE		6868443		6868443	100.08
100.09EMS PHYSICIAN FEES		190044		190044	100.09
100.10PHYSICIAN BILLING		190333		190333	100.10
100.11SENIOR ADVANTAGE		71299		71299	100.11
100.12HOMECARE PHARMACY		19967		19967	100.12
100.13ROSCOE MED CENTER		1939		1939	100.13
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	84355	115401839	-84355	115317484	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL		1000851	2216421	3217272	3217272				6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		298836	60434	359270	151129	510399			8
9 LAUNDRY & LINEN SERVICE		151782		151782	21542	28048	201372		9
10 HOUSEKEEPING		70681	5613	76294	47323	13061		136678	10
11 DIETARY		124345	26662	151007	64711	22978		6692	11
12 CAFETERIA		65248	25497	90745	7813	12057		3512	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		70604	57712	128316	46449	13047		3800	14
15 CENTRAL SERVICES & SUPPLY		222677	173810	396487	29578	41149		11984	15
16 PHARMACY		30099	63868	93967	66046	5562		1620	16
17 MEDICAL RECORDS & LIBRARY		33389	93778	127167	79129	6170		1797	17
18 SOCIAL SERVICE		9273	255	9528	16776	1714		499	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		1836		1836	2214	339		99	23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		370618	87894	458512	344773	68484	85167	19948	25
26 INTENSIVE CARE UNIT		102341	15897	118238	104710	18912	11199	5508	26
31 SUBPROVIDER I		42142	3295	45437	12797	7788	3529	2268	31
33 NURSERY		18944		18944	9008	3501		1020	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		178209	246236	424445	151671	32932	29368	9591	37
38 RECOVERY ROOM		22617	7013	29630	22357	4179		1217	38
39 DELIVERY ROOM & LABOR ROOM		72655	17	72672	23125	13426		3910	39
40 ANESTHESIOLOGY		3183	27680	30863	8680	588		171	40
41 RADIOLOGY-DIAGNOSTIC		262753	122590	1488743	376014	48555	16764	14141	41
44 LABORATORY		116648	78953	195601	195656			6278	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		36358	36834	73192	57442	6719	147	1957	49
50 PHYSICAL THERAPY		83779	62305	146084	131051	15482	4711	4509	50
53 ELECTROCARDIOLOGY		24177	8861	33038	10330	4468		1301	53
55 MEDICAL SUPPLIES CHARGED TO PAT		4774		4774	185255	882		257	55
56 DRUGS CHARGED TO PATIENTS					103535				56
57 RENAL DIALYSIS		102846	61708	164554	96765	19005	7457	5535	57
58 ASC (NON-DISTINCT PART)		53558	3747	57305	24203	9897	6213	2882	58
59 VASCULAR LAB		27544	2800	30344	7755	5090	2469	1482	59
59.30 PSYCH		87743	17261	105004	96528	16214		4722	59.30
59.97 CARDIAC REHABILITATION		9365	463	9828	12002	1731	25	504	59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC			4067	4067	14471				60
61 EMERGENCY		288094	280702	568796	239241	53237	33857	15505	61
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		24285	7485	31770	64934	4488		1307	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS		4012254	4903258	8915512	2825013	501259	200906	134016	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		30222	4477	34699	5413	5585		1627	96
100 PATHOLOGY		7406		7406	1691	1369		399	100
100.01PHYSIATRY CLINIC			188	188	2987				100.01
100.02CHOLESTEROL CLINIC		1530		1530	2531	283		82	100.02
100.03JANESVILLE MED CTR			42608	42608	11817		287		100.03
100.04OHV			8373	8373	55293				100.04
100.05WEST SIDE MED CTR			57451	57451	32550		130		100.05
100.06DARIEN MED CTR			13203	13203	16538		49		100.06

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WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	
100.07RCAC			128465	128465	61259				100.07
100.08NORTHPOINTE			376923	376923	191485				100.08
100.09EMS PHYSICIAN FEES					5298				100.09
100.10PHYSICIAN BILLING		2907		2907	5089	537		156	100.10
100.11SENIOR ADVANTAGE		2295		2295	79	424		124	100.11
100.12HOMECARE PHARMACY		5096		5096	175	942		274	100.12
100.13ROSCOE MED CENTER			1573	1573	54				100.13
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		4061710	5536519	9598229	3217272	510399	201372	136678	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R PROGRAM COSTS 23
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY	245388							11
12 CAFETERIA		114127						12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		2153	193765					14
15 CENTRAL SERVICES & SUPPLY		359		479557				15
16 PHARMACY		718			167913			16
17 MEDICAL RECORDS & LIBRARY		6101		1		220365		17
18 SOCIAL SERVICE		1077					29594	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								4488
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	218695	22969	75616	2976	113	11950	27937	25
26 INTENSIVE CARE UNIT	25795	4666	15359	230	13	5405	973	26
31 SUBPROVIDER I	898	718	2363	142		42	374	31
33 NURSERY		538	1772			802		33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		6819	22448	1131	114	22913		37
38 RECOVERY ROOM		897	2954	57		2680		38
39 DELIVERY ROOM & LABOR ROOM		1256	4135			2721		39
40 ANESTHESIOLOGY		179	591	2	4212	1755		40
41 RADIOLOGY-DIAGNOSTIC		9690		345	6567	48000		41
44 LABORATORY		1718		6	134	25237		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY		2871		10	893	7644		49
50 PHYSICAL THERAPY		6281		29	43	6937		50
53 ELECTROCARDIOLOGY		897	2954	5	7	1581		53
55 MEDICAL SUPPLIES CHARGED TO PAT		2333	7680	415349		32139		55
56 DRUGS CHARGED TO PATIENTS		2512			124525	15075		56
57 RENAL DIALYSIS		3409	11224	490	29336	9302		57
58 ASC (NON-DISTINCT PART)		1077	3544	148	1	1368		58
59 VASCULAR LAB		179	591	16	13	2597		59
59.30 PSYCH		3948		1	20	2879		59.30
59.97 CARDIAC REHABILITATION		538	1772	1		575		59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		718	2363	69		777		60
61 EMERGENCY		8075	26584	54944	123	17986	310	61
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			11815	3540	2			71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	245388	98156	193765	479492	166116	220365	29594	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		359						96
100 PATHOLOGY								100
100.01PHYSIATRY CLINIC				1				100.01
100.02CHOLESTEROL CLINIC								100.02
100.03JANESVILLE MED CTR				18	123			100.03
100.04OHV				3	711			100.04
100.05WEST SIDE MED CTR				33	669			100.05
100.06DARIEN MED CTR				9	290			100.06

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2009 TO 12/31/2009

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R PROGRAM COSTS 23
100.07RCAC								100.07
100.08NORTHPOINTE				1	4			100.08
100.09EMS PHYSICIAN FEES								100.09
100.10PHYSICIAN BILLING								100.10
100.11SENIOR ADVANTAGE		15612						100.11
100.12HOMECARE PHARMACY								100.12
100.13ROSCOE MED CENTER								100.13
101 CROSS FOOT ADJUSTMENTS								4488 101
102 NEGATIVE COST CENTER								102
103 TOTAL	245388	114127	193765	479557	167913	220365	29594	4488 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
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	1337140		1337140	25
26 INTENSIVE CARE UNIT	311008		311008	26
31 SUBPROVIDER I	76356		76356	31
33 NURSERY	35585		35585	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	701432		701432	37
38 RECOVERY ROOM	63971		63971	38
39 DELIVERY ROOM & LABOR ROOM	121245		121245	39
40 ANESTHESIOLOGY	47041		47041	40
41 RADIOLOGY-DIAGNOSTIC	2008819		2008819	41
44 LABORATORY	451646		451646	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	150875		150875	49
50 PHYSICAL THERAPY	315127		315127	50
53 ELECTROCARDIOLOGY	54581		54581	53
55 MEDICAL SUPPLIES CHARGED TO PAT	648669		648669	55
56 DRUGS CHARGED TO PATIENTS	245647		245647	56
57 RENAL DIALYSIS	347077		347077	57
58 ASC (NON-DISTINCT PART)	106638		106638	58
59 VASCULAR LAB	50536		50536	59
59.30 PSYCH	229316		229316	59.30
59.97 CARDIAC REHABILITATION	26976		26976	59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	22465		22465	60
61 EMERGENCY	1018658		1018658	61
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	117856		117856	71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	8488664		8488664	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	47683		47683	96
100 PATHOLOGY	10865		10865	100
100.01PHYSIATRY CLINIC	3176		3176	100.01
100.02CHOLESTEROL CLINIC	4426		4426	100.02
100.03JANESVILLE MED CTR	54853		54853	100.03
100.04OHV	64380		64380	100.04
100.05WEST SIDE MED CTR	90833		90833	100.05
100.06DARIEN MED CTR	30089		30089	100.06

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WORKSHEET B
PART III

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
100.07RCAC	189724		189724	100.07
100.08NORTHPOINTE	568413		568413	100.08
100.09EMS PHYSICIAN FEES	5298		5298	100.09
100.10PHYSICIAN BILLING	8689		8689	100.10
100.11SENIOR ADVANTAGE	18534		18534	100.11
100.12HOMECARE PHARMACY	6487		6487	100.12
100.13ROSCOE MED CENTER	1627		1627	100.13
101 CROSS FOOT ADJUSTMENTS	4488		4488	101
102 NEGATIVE COST CENTER				102
103 TOTAL	9598229		9598229	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON-CILIATION 6A	ADMINIS-TRATIVE & GENERAL ACCUM COST 6	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	265434							3
4 NEW CAP REL COSTS-MVBLE EQUIP		9514962						4
5 EMPLOYEE BENEFITS			43088287					5
6 ADMINISTRATIVE & GENERAL	65406	3809096	5176897	-21785792	93616047			6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	19529	103861	885027		4397496	180499		8
9 LAUNDRY & LINEN SERVICE	9919		53871		626814	9919	904535	9
10 HOUSEKEEPING	4619	9646	714928		1376976	4619		10
11 DIETARY	8126	45821	965685		1882951	8126		11
12 CAFETERIA	4264	43819	89057		227335	4264		12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	4614	99183	800365		1351564	4614		14
15 CENTRAL SERVICES & SUPPLY	14552	298707	398409		860661	14552		15
16 PHARMACY	1967	109763	1247919		1921774	1967		16
17 MEDICAL RECORDS & LIBRARY	2182	161166	1278145		2302460	2182		17
18 SOCIAL SERVICE	606	439	306749		488139	606		18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS	120				64429	120		23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	24220	151053	6179380		10032093	24220	382558	25
26 INTENSIVE CARE UNIT	6688	27320	1570644		3046811	6688	50304	26
31 SUBPROVIDER I	2754	5663	207505		372373	2754	15853	31
33 NURSERY	1238		160870		262103	1238		33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	11646	423176	2009138		4413284	11646	131919	37
38 RECOVERY ROOM	1478	12052	400384		650523	1478		38
39 DELIVERY ROOM & LABOR ROOM	4748	30	397444		672896	4748		39
40 ANESTHESIOLOGY	208	47571	73058		252565	208		40
41 RADIOLOGY-DIAGNOSTIC	17171	2106965	3373943		10942036	17171	75300	41
44 LABORATORY	7623	135688	1873322		5693142	7623		44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	2376	63302	879259		1671436	2376	659	49
50 PHYSICAL THERAPY	5475	107076	2148291		3813268	5475	21162	50
53 ELECTROCARDIOLOGY	1580	15229	153846		300571	1580		53
55 MEDICAL SUPPLIES CHARGED TO P	312				5390481	312		55
56 DRUGS CHARGED TO PATIENTS			78622		3012615			56
57 RENAL DIALYSIS	6721	106050	832143		2815648	6721	33495	57
58 ASC (NON-DISTINCT PART)	3500	6439	420951		704243	3500	27909	58
59 VASCULAR LAB	1800	4812	91557		225656	1800	11090	59
59.30 PSYCH	5734	29665	1726531		2808745	5734		59.30
59.97 CARDIAC REHABILITATION	612	796	220321		349240	612	114	59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		6989	264260		421077			60
61 EMERGENCY	18827	482409	2983006		6961345	18827	152079	61
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	1587	12864	1134181		1889440	1587		71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	262202	8426650	39095708	-21785792	82202190	177267	902442	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	1975	7694	52416		157514	1975		96
100 PATHOLOGY	484		24895		49209	484		100
100.01 PHYSIATRY CLINIC		323	56250		86929			100.01
100.02 CHOLESTEROL CLINIC	100		40776		73651	100		100.02
100.03 JANESVILLE MED CTR		73226	171153		343855		1288	100.03
100.04 OHW		14390	925753		1608885			100.04

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	
	3	4	5	6A	6	8	9	
100.05 WEST SIDE MED CTR		98735	517463		947140		586	100.05
100.06 DARIEN MED CTR		22690	261639		481230		219	100.06
100.07 RCAC		220778	774592		1782488			100.07
100.08 NORTHPOINTE		647773	1071679		5571757			100.08
100.09 EMS PHYSICIAN FEES					154167			100.09
100.10 PHYSICIAN BILLING	190		95963		148068	190		100.10
100.11 SENIOR ADVANTAGE	150				2295	150		100.11
100.12 HOMECARE PHARMACY	333				5096	333		100.12
100.13 ROSCOE MED CENTER		2703			1573			100.13
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	4061710	5536519	22090409		21785792	5420855	1070575	103
104 UNIT COST MULT-WS B PT I		.581875				30.032604		104
104 UNIT COST MULT-WS B PT I	15.302147		.512678		.232714		1.183564	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					3217272	510399	201372	107
108 UNIT COST MULT-WS B PT III						2.827711		108
108 UNIT COST MULT-WS B PT III					.034367		.222625	108

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	SQUARE FEET 10	MEALS SERVED 11	MEALS SERVED 12	DIRECT NRSNG HRS 14	COSTED REQUIS. 15	COSTED REQUIS. 16	GROSS REVENUE 17	TIME SPENT 18	
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT								3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	EMPLOYEE BENEFITS								5
6	ADMINISTRATIVE & GENERAL								6
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT								8
9	LAUNDRY & LINEN SERVICE								9
10	HOUSEKEEPING	165961							10
11	DIETARY	8126	18864						11
12	CAFETERIA	4264		636					12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION	4614		12	328				14
15	CENTRAL SERVICES & SUPPLY	14552		2		2751041			15
16	PHARMACY	1967		4			3769277		16
17	MEDICAL RECORDS & LIBRARY	2182		34				270903139	17
18	SOCIAL SERVICE	606		6					18
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES								22
23	I&R SERVICES-OTHER PRGM COSTS	120							23
24	PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	24220	16812	128	128	17075	2530	14698169	12259
26	INTENSIVE CARE UNIT	6688	1983	26	26	1319	283	6648820	427
31	SUBPROVIDER I	2754	69	4	4	817		52164	164
33	NURSERY	1238		3	3			986137	33
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	11646		38	38	6489	2565	28183245	37
38	RECOVERY ROOM	1478		5	5	326		3296743	38
39	DELIVERY ROOM & LABOR ROOM	4748		7	7			3346291	39
40	ANESTHESIOLOGY	208		1	1	13	94547	2158819	40
41	RADIOLOGY-DIAGNOSTIC	17171		54		1982	147404	58889262	41
44	LABORATORY	7623		40		32	3006	31041943	44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY	2376		16		55	20056	9402119	49
50	PHYSICAL THERAPY	5475		35		168	971	8532479	50
53	ELECTROCARDIOLOGY	1580		5	5	29	154	1944926	53
55	MEDICAL SUPPLIES CHARGED TO P	312		13	13	2382692		39531862	55
56	DRUGS CHARGED TO PATIENTS			14			2795360	18542205	56
57	RENAL DIALYSIS	6721		19	19	2813	658519	11442165	57
58	ASC (NON-DISTINCT PART)	3500		6	6	851	12	1683254	58
59	VASCULAR LAB	1800		1	1	91	299	3194607	59
59.30	PSYCH	5734		22		6	445	3541527	59.30
59.97	CARDIAC REHABILITATION	612		3	3	6		707816	59.97
59.98	HYPERBARIC OXYGEN THERAPY								59.98
59.99	LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS									
60	CLINIC			4	4	393		955716	60
61	EMERGENCY	18827		45	45	315195	2770	22122870	136
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	1587			20	20306	47		71
SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
85.03	ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	162729	18864	547	328	2750663	3728968	270903139	12986
NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & C	1975		2					96
100	PATHOLOGY	484							100
100.01	PHYSIATRY CLINIC					6			100.01
100.02	CHOLESTEROL CLINIC	100							100.02
100.03	JANESVILLE MED CTR					105	2752		100.03
100.04	OHW					20	15950		100.04

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL
	KEEPING			ADMINIS-	SERVICES &		RECORDS &	SERVICE
	SQUARE	MEALS	MEALS	TRATION	SUPPLY	COSTED	LIBRARY	TIME
	FEEET	SERVED	SERVED	DIRECT	COSTED	REQUIS.	GROSS	SPENT
	10	11	12	NRSING HRS	REQUIS.	REQUIS.	REVENUE	18
				14	15	16	17	
100.05 WEST SIDE MED CTR						187	15017	100.05
100.06 DARIEN MED CTR						53	6504	100.06
100.07 RCAC								100.07
100.08 NORTHPOINTE						7	86	100.08
100.09 EMS PHYSICIAN FEES								100.09
100.10 PHYSICIAN BILLING	190							100.10
100.11 SENIOR ADVANTAGE	150		87					100.11
100.12 HOMECARE PHARMACY	333							100.12
100.13 ROSCOE MED CENTER								100.13
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	1836139	2655088	455474	1864304	1660414	2452699	2952299	630938
104 UNIT COST MULT-WS B PT I	11.063678		716.154088		.603558		.010898	
104 UNIT COST MULT-WS B PT I		140.748940		5683.853659		.650708		48.586016
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	136678	245388	114127	193765	479557	167913	220365	29594
108 UNIT COST MULT-WS B PT III	.823555		179.444969		.174318		.000813	
108 UNIT COST MULT-WS B PT III		13.008270		590.746951		.044548		2.278916

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R PROGRAM COSTS ASSIGNED TIME	
	23	
GENERAL SERVICE COST CENTERS		
1 OLD CAP REL COSTS-BLDG & FIXT		1
2 OLD CAP REL COSTS-MVBLE EQUIP		2
3 NEW CAP REL COSTS-BLDG & FIXT		3
4 NEW CAP REL COSTS-MVBLE EQUIP		4
5 EMPLOYEE BENEFITS		5
6 ADMINISTRATIVE & GENERAL		6
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	100	23
24 PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS		
25 ADULTS & PEDIATRICS		25
26 INTENSIVE CARE UNIT		26
31 SUBPROVIDER I		31
33 NURSERY		33
ANCILLARY SERVICE COST CENTERS		
37 OPERATING ROOM		37
38 RECOVERY ROOM		38
39 DELIVERY ROOM & LABOR ROOM		39
40 ANESTHESIOLOGY		40
41 RADIOLOGY-DIAGNOSTIC		41
44 LABORATORY		44
46.30 BLOOD CLOTTING FACTORS ADMIN		46.30
49 RESPIRATORY THERAPY		49
50 PHYSICAL THERAPY		50
53 ELECTROCARDIOLOGY		53
55 MEDICAL SUPPLIES CHARGED TO P		55
56 DRUGS CHARGED TO PATIENTS		56
57 RENAL DIALYSIS		57
58 ASC (NON-DISTINCT PART)		58
59 VASCULAR LAB		59
59.30 PSYCH		59.30
59.97 CARDIAC REHABILITATION		59.97
59.98 HYPERBARIC OXYGEN THERAPY		59.98
59.99 LITHOTRIPSY		59.99
OUTPATIENT SERVICE COST CENTERS		
60 CLINIC		60
61 EMERGENCY	100	61
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
85.02 INTESTINAL ACQUISITION		85.02
85.03 ISLET CELL ACQUISITION		85.03
95 SUBTOTALS	100	95
NONREIMBURSABLE COST CENTERS		
96 GIFT, FLOWER, COFFEE SHOP & C		96
100 PATHOLOGY		100
100.01 PHYSIATRY CLINIC		100.01
100.02 CHOLESTEROL CLINIC		100.02
100.03 JANESVILLE MED CTR		100.03
100.04 OHW		100.04

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
PERIOD FROM 01/01/2009 TO 12/31/2009

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VERSION: 2010.02
05/21/2010 10:14

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R PROGRAM COSTS ASSIGNED TIME	
	23	
100.05 WEST SIDE MED CTR		100.05
100.06 DARIEN MED CTR		100.06
100.07 RCAC		100.07
100.08 NORTHPOINTE		100.08
100.09 EMS PHYSICIAN FEES		100.09
100.10 PHYSICIAN BILLING		100.10
100.11 SENIOR ADVANTAGE		100.11
100.12 HOMECARE PHARMACY		100.12
100.13 ROSCOE MED CENTER		100.13
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 COST TO BE ALLOC PER B PT I	84355	103
104 UNIT COST MULT-WS B PT I	843.550000	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	4488	107
108 UNIT COST MULT-WS B PT III	44.880000	108
108 UNIT COST MULT-WS B PT III		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	17768058		17768058		17768058	25
26 INTENSIVE CARE UNIT	4629927		4629927		4629927	26
31 SUBPROVIDER I	635312		635312		635312	31
33 NURSERY	403922		403922		403922	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	6630986		6630986		6630986	37
38 RECOVERY ROOM	930774		930774		930774	38
39 DELIVERY ROOM & LABOR ROOM	1105881		1105881		1105881	39
40 ANESTHESIOLOGY	411345		411345		411345	40
41 RADIOLOGY-DIAGNOSTIC	15060768		15060768		15060768	41
44 LABORATORY	7700209		7700209		7700209	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	2285833		2285833		2285833	49
50 PHYSICAL THERAPY	5069504		5069504	158712	5228216	50
53 ELECTROCARDIOLOGY	488765		488765		488765	53
55 MEDICAL SUPPLIES CHARGED TO	8609855		8609855		8609855	55
56 DRUGS CHARGED TO PATIENTS	5744754		5744754		5744754	56
57 RENAL DIALYSIS	4463239		4463239		4463239	57
58 ASC (NON-DISTINCT PART)	1102265		1102265		1102265	58
59 VASCULAR LAB	406734		406734		406734	59
59.30 PSYCH	3752670		3752670		3752670	59.30
59.97 CARDIAC REHABILITATION	482717		482717		482717	59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	555320		555320		555320	60
61 EMERGENCY	10262805		10262805	92437	10355242	61
62 OBSERVATION BEDS (NON-DISTI	572768		572768		572768	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	99074411		99074411	251149	99325560	101
102 LESS OBSERVATION BEDS	572768		572768		572768	102
103 TOTAL	98501643		98501643	251149	98752792	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	14290423		14290423			25
26 INTENSIVE CARE UNIT	6648820		6648820			26
31 SUBPROVIDER I	52164		52164			31
33 NURSERY	986137		986137			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	8407222	19776023	28183245	.235281	.235281	.235281 37
38 RECOVERY ROOM	1113461	2183282	3296743	.282331	.282331	.282331 38
39 DELIVERY ROOM & LABOR ROOM	2601077	745214	3346291	.330480	.330480	.330480 39
40 ANESTHESIOLOGY	914650	1244169	2158819	.190542	.190542	.190542 40
41 RADIOLOGY-DIAGNOSTIC	16586711	42302551	58889262	.255747	.255747	.255747 41
44 LABORATORY	14846191	16195752	31041943	.248058	.248058	.248058 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	6011723	3390396	9402119	.243119	.243119	.243119 49
50 PHYSICAL THERAPY	1419777	7112702	8532479	.594142	.594142	.612743 50
53 ELECTROCARDIOLOGY	578987	1365939	1944926	.251303	.251303	.251303 53
55 MEDICAL SUPPLIES CHARGED TO	22884185	16647677	39531862	.217795	.217795	.217795 55
56 DRUGS CHARGED TO PATIENTS	12941610	5600595	18542205	.309820	.309820	.309820 56
57 RENAL DIALYSIS	370515	11071650	11442165	.390069	.390069	.390069 57
58 ASC (NON-DISTINCT PART)		1683254	1683254	.654842	.654842	.654842 58
59 VASCULAR LAB	1835499	1359108	3194607	.127319	.127319	.127319 59
59.30 PSYCH	82020	3459507	3541527	1.059619	1.059619	1.059619 59.30
59.97 CARDIAC REHABILITATION	7098	700718	707816	.681981	.681981	.681981 59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	74753	880963	955716	.581051	.581051	.581051 60
61 EMERGENCY	3734471	18388399	22122870	.463900	.463900	.468079 61
62 OBSERVATION BEDS (NON-DISTI		407746	407746	1.404718	1.404718	1.404718 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	116387494	154515645	270903139			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	116387494	154515645	270903139			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	
25 INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS				1337140		1337140	25
26 INTENSIVE CARE UNIT				311008		311008	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)				76356		76356	30
31 SUBPROVIDER I				35585		35585	31
33 NURSERY				1760089		1760089	33
101 TOTAL							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 ADULTS & PEDIATRICS	17372	9589			76.97	738065	25
26 INTENSIVE CARE UNIT	1983	1145			156.84	179582	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	69	40			1106.61	44264	31
33 NURSERY	1326				26.84		33
101 TOTAL	20750	10774				961911	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		701432	28183245	3703401			.024888	92170 37
38 RECOVERY ROOM		63971	3296743	378909			.019404	7352 38
39 DELIVERY ROOM & LABOR ROOM		121245	3346291	15794			.036233	572 39
40 ANESTHESIOLOGY		47041	2158819	405511			.021790	8836 40
41 RADIOLOGY-DIAGNOSTIC		2008819	58889262	7193193			.034112	245374 41
44 LABORATORY		451646	31041943	9080551			.014550	132122 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		150875	9402119	2272863			.016047	36473 49
50 PHYSICAL THERAPY		315127	8532479	935754			.036933	34560 50
53 ELECTROCARDIOLOGY		54581	1944926	395295			.028063	11093 53
55 MEDICAL SUPPLIES CHARGED TO P		648669	39531862	16140979			.016409	264857 55
56 DRUGS CHARGED TO PATIENTS		245647	18542205	7819975			.013248	103599 56
57 RENAL DIALYSIS		347077	11442165	262852			.030333	7973 57
58 ASC (NON-DISTINCT PART)		106638	1683254				.063352	58
59 VASCULAR LAB		50536	3194607	1743922			.015819	27587 59
59.30 PSYCH		229316	3541527	26432			.064751	1711 59.30
59.97 CARDIAC REHABILITATION		26976	707816	3200			.038112	122 59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		22465	955716				.023506	60
61 EMERGENCY		1018658	22122870	1964712			.046045	90465 61
62 OBSERVATION BEDS (NON-DISTINC		43104	407746				.105713	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		6653823	248925595	52343343				1064866 101

PROVIDER NO. 52-0100 BELoit MEMORIAL HOSPITAL, INC.
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 VASCULAR LAB							59
59.30 PSYCH							59.30
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
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 (52-0100) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		28183245			3703401		6194327	37
38 RECOVERY ROOM		3296743			378909		365325	38
39 DELIVERY ROOM & LABOR ROOM		3346291			15794		1020	39
40 ANESTHESIOLOGY		2158819			405511		297934	40
41 RADIOLOGY-DIAGNOSTIC		58889262			7193193		11585289	41
44 LABORATORY		31041943			9080551		807059	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		9402119			2272863		637859	49
50 PHYSICAL THERAPY		8532479			935754		1986	50
53 ELECTROCARDIOLOGY		1944926			395295		571467	53
55 MEDICAL SUPPLIES CHARGED TO P		39531862			16140979		5866653	55
56 DRUGS CHARGED TO PATIENTS		18542205			7819975		2311480	56
57 RENAL DIALYSIS		11442165			262852		1039	57
58 ASC (NON-DISTINCT PART)		1683254						58
59 VASCULAR LAB		3194607			1743922		535123	59
59.30 PSYCH		3541527			26432		603611	59.30
59.97 CARDIAC REHABILITATION		707816			3200		412226	59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		955716					210909	60
61 EMERGENCY		22122870			1964712		2841413	61
62 OBSERVATION BEDS (NON-DISTINC		407746					112914	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		248925595			52343343		33357634	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 VASCULAR LAB					59
59.30 PSYCH					59.30
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
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 (52-0100)
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I
 BOXES [] TITLE XIX - O/P [] SUB II
 [] SUB III
 [] SUB IV

[] SNF
 [] NF
 [] S/B-SNF
 [] S/B-NF
 [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES			
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER	
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT	
	1	1.01	1.02	SURGICAL		DIAGNOSTIC	
				CENTER			
				2	3	4	
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	.235281	.235281	.235281				37
38 RECOVERY ROOM	.282331	.282331	.282331				38
39 DELIVERY ROOM & LABOR ROOM	.330480	.330480	.330480				39
40 ANESTHESIOLOGY	.190542	.190542	.190542				40
41 RADIOLOGY-DIAGNOSTIC	.255747	.255747	.255747				41
44 LABORATORY	.248058	.248058	.248058				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	.243119	.243119	.243119				49
50 PHYSICAL THERAPY	.594142	.594142	.594142				50
53 ELECTROCARDIOLOGY	.251303	.251303	.251303				53
55 MEDICAL SUPPLIES CHARGED TO PAT	.217795	.217795	.217795				55
56 DRUGS CHARGED TO PATIENTS	.309820	.309820	.309820				56
57 RENAL DIALYSIS	.390069	.390069	.390069				57
58 ASC (NON-DISTINCT PART)	.654842	.654842	.654842				58
59 VASCULAR LAB	.127319	.127319	.127319				59
59.30 PSYCH	1.059619	1.059619	1.059619				59.30
59.97 CARDIAC REHABILITATION	.681981	.681981	.681981				59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	.581051	.581051	.581051				60
61 EMERGENCY	.463900	.463900	.463900				61
62 OBSERVATION BEDS (NON-DISTINCT	1.404718	1.404718	1.404718				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	.309820
2 PROGRAM VACCINE CHARGES	2	10599
2.01 PROGRAM VACCINE CHARGES	3	2.01
3 PROGRAM COSTS	3	3284
3.01 PROGRAM COSTS	3	3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[XX]	HOSPITAL (52-0100)	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[]	TITLE XIX - O/P	[]	SUB II	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		6194327						37
38 RECOVERY ROOM		365325						38
39 DELIVERY ROOM & LABOR ROOM		1020						39
40 ANESTHESIOLOGY		297934						40
41 RADIOLOGY-DIAGNOSTIC		11585289						41
44 LABORATORY		807059						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		637859						49
50 PHYSICAL THERAPY		1986						50
53 ELECTROCARDIOLOGY		571467						53
55 MEDICAL SUPPLIES CHARGED TO PA		5866653						55
56 DRUGS CHARGED TO PATIENTS		2311480						56
57 RENAL DIALYSIS		1039						57
58 ASC (NON-DISTINCT PART)								58
59 VASCULAR LAB		535123						59
59.30 PSYCH		603611						59.30
59.97 CARDIAC REHABILITATION		412226						59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		210909						60
61 EMERGENCY		2841413						61
62 OBSERVATION BEDS (NON-DISTINCT)		112914						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		33357634						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		33357634						104

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2009 TO 12/31/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (8/2002)

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WORKSHEET D
 PARTS V & VI

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

CHECK [] TITLE V - O/P [XX] HOSPITAL (52-0100) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1457407					37
38 RECOVERY ROOM		103143					38
39 DELIVERY ROOM & LABOR ROOM		337					39
40 ANESTHESIOLOGY		56769					40
41 RADIOLOGY-DIAGNOSTIC		2962903					41
44 LABORATORY		200197					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		155076					49
50 PHYSICAL THERAPY		1180					50
53 ELECTROCARDIOLOGY		143611					53
55 MEDICAL SUPPLIES CHARGED TO PAT		1277728					55
56 DRUGS CHARGED TO PATIENTS		716143					56
57 RENAL DIALYSIS		405					57
58 ASC (NON-DISTINCT PART)							58
59 VASCULAR LAB		68131					59
59.30 PSYCH		639598					59.30
59.97 CARDIAC REHABILITATION		281130					59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		122549					60
61 EMERGENCY		1318131					61
62 OBSERVATION BEDS (NON-DISTINCT)		158612					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		9663050					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		9663050					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] SUB I (52-T100) [] SUB II	[] SUB III [] SUB IV	[XX] PPS [] TEFRA					
COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL RATIO OF COST TO CHARGES 5	---- NEW CAPITAL RATIO OF COST TO CHARGES 7	CAPITAL COSTS 6	CAPITAL COSTS 8	
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	701432	28183245			.024888		37	
38	RECOVERY ROOM	63971	3296743			.019404		38	
39	DELIVERY ROOM & LABOR ROOM	121245	3346291			.036233		39	
40	ANESTHESIOLOGY	47041	2158819			.021790		40	
41	RADIOLOGY-DIAGNOSTIC	2008819	58889262	1428		.034112		49	41
44	LABORATORY	451646	31041943	4867		.014550		71	44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY	150875	9402119			.016047		49	
50	PHYSICAL THERAPY	315127	8532479	24861		.036933		918	50
53	ELECTROCARDIOLOGY	54581	1944926			.028063			53
55	MEDICAL SUPPLIES CHARGED TO P	648669	39531862	875		.016409		14	55
56	DRUGS CHARGED TO PATIENTS	245647	18542205	5456		.013248		72	56
57	RENAL DIALYSIS	347077	11442165	1039		.030333		32	57
58	ASC (NON-DISTINCT PART)	106638	1683254			.063352			58
59	VASCULAR LAB	50536	3194607			.015819			59
59.30	PSYCH	229316	3541527			.064751			59.30
59.97	CARDIAC REHABILITATION	26976	707816			.038112			59.97
59.98	HYPERBARIC OXYGEN THERAPY								59.98
59.99	LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		22465	955716		.023506			60
61	EMERGENCY	1018658	22122870			.046045			61
62	OBSERVATION BEDS (NON-DISTINC	43104	407746			.105713			62
63.50	RHC								63.50
63.60	FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
101	TOTAL	6653823	248925595	38526				1156	101

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2009 TO 12/31/2009

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 VASCULAR LAB							59
59.30 PSYCH							59.30
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
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 [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (52-T100) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		28183245					37
38 RECOVERY ROOM		3296743					38
39 DELIVERY ROOM & LABOR ROOM		3346291					39
40 ANESTHESIOLOGY		2158819					40
41 RADIOLOGY-DIAGNOSTIC		58889262			1428		41
44 LABORATORY		31041943			4867		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		9402119					49
50 PHYSICAL THERAPY		8532479			24861		50
53 ELECTROCARDIOLOGY		1944926					53
55 MEDICAL SUPPLIES CHARGED TO P		39531862			875		55
56 DRUGS CHARGED TO PATIENTS		18542205			5456		56
57 RENAL DIALYSIS		11442165			1039		57
58 ASC (NON-DISTINCT PART)		1683254					58
59 VASCULAR LAB		3194607					59
59.30 PSYCH		3541527					59.30
59.97 CARDIAC REHABILITATION		707816					59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		955716					60
61 EMERGENCY		22122870					61
62 OBSERVATION BEDS (NON-DISTINC		407746					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		248925595			38526		101

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2009 TO 12/31/2009

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

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 VASCULAR LAB					59
59.30 PSYCH					59.30
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
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 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		REDUCED CAPITAL RELATED COST	
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	CAPITAL RELATED COST	SWING-BED ADJUSTMENT		
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				1337140		1337140
26 INTENSIVE CARE UNIT				311008		311008
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				76356		76356
33 NURSERY				35585		35585
101 TOTAL				1760089		1760089

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	17372	844			76.97	64963
26 INTENSIVE CARE UNIT	1983	151			156.84	23683
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	69				1106.61	
33 NURSERY	1326	355			26.84	9528
101 TOTAL	20750	1350				98174

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2009 TO 12/31/2009

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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	TOTAL	PER	INPATIENT	INPATIENT
	ANESTHETIST	EDUCATION	ADJUSTMENT					
	COST	COST	AMOUNT	4	DAYS	DIEM	DAYS	PASS THRU
	1	2	3		5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					17372		844	25
26 INTENSIVE CARE UNIT					1983		151	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					69			31
33 NURSERY					1326		355	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					20750		1350	101

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2009 TO 12/31/2009

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

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 VASCULAR LAB							59
59.30 PSYCH							59.30
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
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 (52-0100)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		28183245					37
38 RECOVERY ROOM		3296743					38
39 DELIVERY ROOM & LABOR ROOM		3346291					39
40 ANESTHESIOLOGY		2158819					40
41 RADIOLOGY-DIAGNOSTIC		58889262					41
44 LABORATORY		31041943					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		9402119					49
50 PHYSICAL THERAPY		8532479					50
53 ELECTROCARDIOLOGY		1944926					53
55 MEDICAL SUPPLIES CHARGED TO P		39531862					55
56 DRUGS CHARGED TO PATIENTS		18542205					56
57 RENAL DIALYSIS		11442165					57
58 ASC (NON-DISTINCT PART)		1683254					58
59 VASCULAR LAB		3194607					59
59.30 PSYCH		3541527					59.30
59.97 CARDIAC REHABILITATION		707816					59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		955716					60
61 EMERGENCY		22122870					61
62 OBSERVATION BEDS (NON-DISTINC		407746					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		248925595					101

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
 05/21/2010 10:14

WORKSHEET D
 PART IV

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 VASCULAR LAB					59
59.30 PSYCH					59.30
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
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 (52-0100) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [XX] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.235281	.235281	.235281			37
38 RECOVERY ROOM	.282331	.282331	.282331			38
39 DELIVERY ROOM & LABOR ROOM	.330480	.330480	.330480			39
40 ANESTHESIOLOGY	.190542	.190542	.190542			40
41 RADIOLOGY-DIAGNOSTIC	.255747	.255747	.255747			41
44 LABORATORY	.248058	.248058	.248058			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.243119	.243119	.243119			49
50 PHYSICAL THERAPY	.594142	.594142	.594142			50
53 ELECTROCARDIOLOGY	.251303	.251303	.251303			53
55 MEDICAL SUPPLIES CHARGED TO PAT	.217795	.217795	.217795			55
56 DRUGS CHARGED TO PATIENTS	.309820	.309820	.309820			56
57 RENAL DIALYSIS	.390069	.390069	.390069			57
58 ASC (NON-DISTINCT PART)	.654842	.654842	.654842			58
59 VASCULAR LAB	.127319	.127319	.127319			59
59.30 PSYCH	1.059619	1.059619	1.059619			59.30
59.97 CARDIAC REHABILITATION	.681981	.681981	.681981			59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.581051	.581051	.581051			60
61 EMERGENCY	.463900	.463900	.463900			61
62 OBSERVATION BEDS (NON-DISTINCT	1.404718	1.404718	1.404718			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	.309820	1
2 PROGRAM VACCINE CHARGES	2		
2.01 PROGRAM VACCINE CHARGES	2.01		
3 PROGRAM COSTS	3		
3.01 PROGRAM COSTS	3.01		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (52-0100) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [XX] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	510779							37
38 RECOVERY ROOM	84515							38
39 DELIVERY ROOM & LABOR ROOM	127994							39
40 ANESTHESIOLOGY	53706							40
41 RADIOLOGY-DIAGNOSTIC	1548739							41
44 LABORATORY	1356425							44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY	63911							49
50 PHYSICAL THERAPY	131689							50
53 ELECTROCARDIOLOGY	80793							53
55 MEDICAL SUPPLIES CHARGED TO PA	693029							55
56 DRUGS CHARGED TO PATIENTS	891534							56
57 RENAL DIALYSIS	510662							57
58 ASC (NON-DISTINCT PART)	52192							58
59 VASCULAR LAB	297045							59
59.30 PSYCH	346440							59.30
59.97 CARDIAC REHABILITATION	51773							59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	17460							60
61 EMERGENCY	1351074							61
62 OBSERVATION BEDS (NON-DISTINCT)								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	8169760							101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	8169760							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[XX]	HOSPITAL (52-0100)	[]	SNF
APPLICABLE	[]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[XX]	TITLE XIX - O/P	[]	SUB II	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST					HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		120177					37
38 RECOVERY ROOM		23861					38
39 DELIVERY ROOM & LABOR ROOM		42299					39
40 ANESTHESIOLOGY		10233					40
41 RADIOLOGY-DIAGNOSTIC		396085					41
44 LABORATORY		336472					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		15538					49
50 PHYSICAL THERAPY		78242					50
53 ELECTROCARDIOLOGY		20304					53
55 MEDICAL SUPPLIES CHARGED TO PAT		150938					55
56 DRUGS CHARGED TO PATIENTS		276215					56
57 RENAL DIALYSIS		199193					57
58 ASC (NON-DISTINCT PART)		34178					58
59 VASCULAR LAB		37819					59
59.30 PSYCH		367094					59.30
59.97 CARDIAC REHABILITATION		35308					59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		10145					60
61 EMERGENCY		626763					61
62 OBSERVATION BEDS (NON-DISTINCT							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		2780864					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		2780864					104

WORKSHEET D
 PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [XX] SUB I (52-T100) [] SUB II	[] SUB III [] SUB IV [XX] OTHER	[] PPS [] TEFRA					
COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	701432	28183245				.024888		37
38	RECOVERY ROOM	63971	3296743				.019404		38
39	DELIVERY ROOM & LABOR ROOM	121245	3346291				.036233		39
40	ANESTHESIOLOGY	47041	2158819				.021790		40
41	RADIOLOGY-DIAGNOSTIC	2008819	58889262				.034112		41
44	LABORATORY	451646	31041943				.014550		44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY	150875	9402119				.016047		49
50	PHYSICAL THERAPY	315127	8532479				.036933		50
53	ELECTROCARDIOLOGY	54581	1944926				.028063		53
55	MEDICAL SUPPLIES CHARGED TO P	648669	39531862				.016409		55
56	DRUGS CHARGED TO PATIENTS	245647	18542205				.013248		56
57	RENAL DIALYSIS	347077	11442165				.030333		57
58	ASC (NON-DISTINCT PART)	106638	1683254				.063352		58
59	VASCULAR LAB	50536	3194607				.015819		59
59.30	PSYCH	229316	3541527				.064751		59.30
59.97	CARDIAC REHABILITATION	26976	707816				.038112		59.97
59.98	HYPERBARIC OXYGEN THERAPY								59.98
59.99	LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	22465	955716				.023506		60
61	EMERGENCY	1018658	22122870				.046045		61
62	OBSERVATION BEDS (NON-DISTINC	43104	407746				.105713		62
63.50	RHC								63.50
63.60	FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
101	TOTAL	6653823	248925595						101

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 VASCULAR LAB							59
59.30 PSYCH							59.30
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
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	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	SUB I (52-T100)	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH			COST TO	RATIO OF COST	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	CHARGES	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		28183245					37
38 RECOVERY ROOM		3296743					38
39 DELIVERY ROOM & LABOR ROOM		3346291					39
40 ANESTHESIOLOGY		2158819					40
41 RADIOLOGY-DIAGNOSTIC		58889262					41
44 LABORATORY		31041943					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		9402119					49
50 PHYSICAL THERAPY		8532479					50
53 ELECTROCARDIOLOGY		1944926					53
55 MEDICAL SUPPLIES CHARGED TO P		39531862					55
56 DRUGS CHARGED TO PATIENTS		18542205					56
57 RENAL DIALYSIS		11442165					57
58 ASC (NON-DISTINCT PART)		1683254					58
59 VASCULAR LAB		3194607					59
59.30 PSYCH		3541527					59.30
59.97 CARDIAC REHABILITATION		707816					59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		955716					60
61 EMERGENCY		22122870					61
62 OBSERVATION BEDS (NON-DISTINC		407746					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		248925595					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 VASCULAR LAB					59
59.30 PSYCH					59.30
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
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) (52-0100)	SUB I (PPS) (52-T100)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	17372	69					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	17372	69					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	17372	69					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)	9589	40					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (52-0100)	SUB I (PPS) (52-T100)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	17768058	635312					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	17768058	635312					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9448399	18900					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	9448399	18900					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.88053633	614392					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	543.89	273.91					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	17768058	635312					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (52-0100)	SUB I (PPS) (52-T100)	SUB II	SUB III	SUB IV		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1022.80	9207.42					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9807629	368297					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9807629	368297					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
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	4629927		1983	2334.81	1145	2673357	43
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (PPS) (52-0100)	SUB I (PPS) (52-T100)	SUB II	SUB III	SUB IV		
		1	1	1	1	1		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	13590842	19091					48
49	TOTAL PROGRAM INPATIENT COSTS	26071828	387388					49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	917647	44264					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1064866	1156					51
52	TOTAL PROGRAM EXCLUDABLE COST	1982513	45420					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	24089315	341968					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (52-0100)	SUB I (PPS) (52-T100)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
PERIOD FROM 01/01/2009 TO 12/31/2009

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2009 TO 12/31/2009

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	560	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1022.80	84
85 OBSERVATION BED COST	572768	85

	COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL		COLUMN 1 DIVIDED BY COLUMN 2	TOTAL	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
	COST	ROUTINE COST (FROM LINE 27)		OBSERVATION BED COST (FROM LINE 85)		
	1	2	3	4	5	
86 OLD CAPITAL-RELATED COST		17768058		572768		86
87 NEW CAPITAL-RELATED COST	1337140	17768058	.075255	572768	43104	87
88 NON PHYSICIAN ANESTHETIST		17768058		572768		88
89 MEDICAL EDUCATION		17768058		572768		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 (52-0100)	SUB I (OTHER) (52-T100)	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	17372	69					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	17372	69					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	17372	69					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)	844						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	1326						15
16 TITLE V OR XIX NURSERY DAYS	355						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (52-0100)	SUB I (OTHER) (52-T100)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	17768058	635312					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	17768058	635312					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9448399	18900					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	9448399	18900					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.88053633	614392					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	543.89	273.91					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	17768058	635312					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (52-0100)	SUB I (OTHER) (52-T100)	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1022.80	9207.42				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	863243					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	863243					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)	403922	1326	304.62	355	108140	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	4629927	1983	2334.81	151	352556	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (52-0100)	SUB I (OTHER) (52-T100)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS	1323939					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	98174					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	98174					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (52-0100)	SUB I (OTHER) (52-T100)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

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

PART IV - COMPUTATION OF OBSERVATION BED COST

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

560
1022.80
572768

83
84
85

INPATIENT ANCILLARY COST APPORTIONMENT

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		7811434		25
26 INTENSIVE CARE UNIT		1636965		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.235281	3703401	871340	37
38 RECOVERY ROOM	.282331	378909	106978	38
39 DELIVERY ROOM & LABOR ROOM	.330480	15794	5220	39
40 ANESTHESIOLOGY	.190542	405511	77267	40
41 RADIOLOGY-DIAGNOSTIC	.255747	7193193	1839638	41
44 LABORATORY	.248058	9080551	2252503	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.243119	2272863	552576	49
50 PHYSICAL THERAPY	.612743	935754	573377	50
53 ELECTROCARDIOLOGY	.251303	395295	99339	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.217795	16140979	3515425	55
56 DRUGS CHARGED TO PATIENTS	.309820	7819975	2422785	56
57 RENAL DIALYSIS	.390069	262852	102530	57
58 ASC (NON-DISTINCT PART)	.654842			58
59 VASCULAR LAB	.127319	1743922	222034	59
59.30 PSYCH	1.059619	26432	28008	59.30
59.97 CARDIAC REHABILITATION	.681981	3200	2182	59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.581051			60
61 EMERGENCY	.468079	1964712	919640	61
62 OBSERVATION BEDS (NON-DISTINCT	1.404718			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		52343343	13590842	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		52343343		103

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (52-T100)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		18900		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.235281			37
38 RECOVERY ROOM	.282331			38
39 DELIVERY ROOM & LABOR ROOM	.330480			39
40 ANESTHESIOLOGY	.190542			40
41 RADIOLOGY-DIAGNOSTIC	.255747	1428	365	41
44 LABORATORY	.248058	4867	1207	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.243119			49
50 PHYSICAL THERAPY	.612743	24861	15233	50
53 ELECTROCARDIOLOGY	.251303			53
55 MEDICAL SUPPLIES CHARGED TO PAT	.217795	875	191	55
56 DRUGS CHARGED TO PATIENTS	.309820	5456	1690	56
57 RENAL DIALYSIS	.390069	1039	405	57
58 ASC (NON-DISTINCT PART)	.654842			58
59 VASCULAR LAB	.127319			59
59.30 PSYCH	1.059619			59.30
59.97 CARDIAC REHABILITATION	.681981			59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.581051			60
61 EMERGENCY	.468079			61
62 OBSERVATION BEDS (NON-DISTINCT	1.404718			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		38526	19091	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		38526		103

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
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WORKSHEET D-4

INPATIENT ANCILLARY COST APPORTIONMENT

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.235281		37
38 RECOVERY ROOM	.282331		38
39 DELIVERY ROOM & LABOR ROOM	.330480		39
40 ANESTHESIOLOGY	.190542		40
41 RADIOLOGY-DIAGNOSTIC	.255747		41
44 LABORATORY	.248058		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.243119		49
50 PHYSICAL THERAPY	.594142		50
53 ELECTROCARDIOLOGY	.251303		53
55 MEDICAL SUPPLIES CHARGED TO PAT	.217795		55
56 DRUGS CHARGED TO PATIENTS	.309820		56
57 RENAL DIALYSIS	.390069		57
58 ASC (NON-DISTINCT PART)	.654842		58
59 VASCULAR LAB	.127319		59
59.30 PSYCH	1.059619		59.30
59.97 CARDIAC REHABILITATION	.681981		59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.581051		60
61 EMERGENCY	.463900		61
62 OBSERVATION BEDS (NON-DISTINCT)	1.404718		62
OTHER REIMBURSABLE COST CENTERS			
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

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
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KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (52-T100)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.235281		37
38 RECOVERY ROOM	.282331		38
39 DELIVERY ROOM & LABOR ROOM	.330480		39
40 ANESTHESIOLOGY	.190542		40
41 RADIOLOGY-DIAGNOSTIC	.255747		41
44 LABORATORY	.248058		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.243119		49
50 PHYSICAL THERAPY	.594142		50
53 ELECTROCARDIOLOGY	.251303		53
55 MEDICAL SUPPLIES CHARGED TO PAT	.217795		55
56 DRUGS CHARGED TO PATIENTS	.309820		56
57 RENAL DIALYSIS	.390069		57
58 ASC (NON-DISTINCT PART)	.654842		58
59 VASCULAR LAB	.127319		59
59.30 PSYCH	1.059619		59.30
59.97 CARDIAC REHABILITATION	.681981		59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.581051		60
61 EMERGENCY	.463900		61
62 OBSERVATION BEDS (NON-DISTINCT	1.404718		62
OTHER REIMBURSABLE COST CENTERS			
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 (52-0100)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						1
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	10253142					1.01
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3559715					1.02
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.03
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.04
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.05
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.06
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.07
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						2
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2.01
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	1124669					3
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	103.47					3.01
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.02
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.03
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.04
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.05
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	0.81					3.06
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]
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	0.81					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	0.81					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	0.45					3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.16
		RES. IN INIT YRS				
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	0.42				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (52-0100)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.004059				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.007828				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.004059				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	22731				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	7892				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES] [PLUS E-3, PT. VI] [3.21-3.23] [LINE 23]					3.23
3.24	SUM OF LINES 3.21-3.23	30623	0	30623		3.24
	DISPROPORTIONATE SHARE ADJUSTMENT					
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0585				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.1803				4.01
4.02	SUM OF 4 AND 4.01	0.2388				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0892				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT	1232107				4.04
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES					
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	16200256				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	16200256				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1301907				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT					11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	17502163				16
17	PRIMARY PAYER PAYMENTS	14640				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	17487523				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1662756				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	21093				20
21	REIMBURSABLE BAD DEBTS	227355				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	159149				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	66762				21.02
22	SUBTOTAL	15962823				22

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (52-0100)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	15962823				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	15578033				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	384790				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (52-0100) 1	HOSPITAL (52-0100) 1.01	HOSPITAL (52-0100) 1.02	
1 MEDICAL AND OTHER SERVICES	3284			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	9663050			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	7355684			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.872			1.03
1.04 LINE 1.01 TIMES LINE 1.03	8426180			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	87.30			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	3284			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	10599			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	10599			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	10599			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	7315			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	3284			17
17.01 TOTAL PPS PAYMENTS	7355684			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (52-0100) 1	HOSPITAL (52-0100) 1.01	HOSPITAL (52-0100) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	6876		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1887034		18.01
19 SUBTOTAL	5465058		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	5465058		23
24 PRIMARY PAYER PAYMENTS	2558		24
25 SUBTOTAL	5462500		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	591970		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	414379		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	419980		27.02
28 SUBTOTAL	5876879		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	5876879		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	5469139		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	407740		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (52-T100) 1	SUB I (52-T100) 1.01	SUB I (52-T100) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18				18
				18.01
18.01				
				19
19				20
20				21
21				22
22				23
23				24
24				25
25				
				26
26				27
27				27.01
27.01				27.02
27.02				
				28
28				29
29				
				30
30				30.99
30.99				
				31
31				
				32
32				33
33				34
34				34.01
34.01				35
35				36
36				
				50
50				51
51				52
52				53
53				54
54				

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (52-0100)

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		15563696		5469139	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .51 TO .52 PROGRAM .53 .54	07/13/2009 14337		NONE NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	14337			3.99
4 TOTAL INTERIM PAYMENTS		15578033		5469139	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY:

INTERMEDIARY NUMBER:

SIGNATURE OF AUTHORIZED PERSON:

DATE (MO/DAY/YR):

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
 05/21/2010 10:14

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (52-T100)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		29745		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		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
PROGRAM .01				3.01
TO .02				3.02
PROVIDER .03		NONE		NONE
TO .04				3.03
PROVIDER .05				3.04
TO .50				3.05
PROVIDER .51				3.50
TO .52		NONE		NONE
PROVIDER .53				3.51
PROGRAM .54				3.52
				3.53
				3.54
SUBTOTAL		.99		3.99
4 TOTAL INTERIM PAYMENTS		29745		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
PROGRAM .01				5.01
TO .02				5.02
PROVIDER .03				5.03
PROVIDER .50				5.50
TO .51				5.51
PROGRAM .52				5.52
SUBTOTAL		.99		5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.				
PROGRAM TO .01				6.01
PROVIDER TO .02				6.02
PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY:

INTERMEDIARY NUMBER:

SIGNATURE OF AUTHORIZED PERSON:

DATE (MO/DAY/YR):

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA		HOSPITAL	SUB I (52-T100)	SUB II	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES						1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)						1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)		29822				1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		0.0251				1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)		464				1.04
1.05	OUTLIER PAYMENTS						1.05
1.06	TOTAL PPS PAYMENTS		30286				1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT						1.07
INPATIENT PSYCHIATRIC FACILITY (IPF)							
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)						1.08
1.09	NET IPF PPS OUTLIER PAYMENTS						1.09
1.10	NET IPF PPS ECT PAYMENTS						1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)						1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)						1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)						1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)						1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)						1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)						1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR						1.17
1.18	MEDICAL EDUCATION ADJUSTMENT						1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS						1.19
1.20	STOP LESS PAYMENT FLOOR						1.20
1.21	ADJUSTED NET PAYMENT FLOOR						1.21
1.22	STOP LOSS ADJUSTMENT						1.22
1.23	TOTAL IPF PPS PAYMENTS						1.23
INPATIENT REHABILITATION FACILITY (IRF)							
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)						1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)						1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)						1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)						1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)						1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)		0.189041				1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR						1.41
1.42	MEDICAL EDUCATION ADJUSTMENT						1.42
2	ORGAN ACQUISITION						2
3	COST OF TEACHING PHYSICIANS						3
4	SUBTOTAL		30286				4
5	PRIMARY PAYER PAYMENTS						5
6	SUBTOTAL		30286				6
7	DEDUCTIBLES		1068				7
8	SUBTOTAL		29218				8
9	COINSURANCE						9
10	SUBTOTAL		29218				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)						11
11.01	REDUCED REIMBURSABLE BAD DEBTS						11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)						11.02
12	SUBTOTAL		29218				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						13

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA		HOSPITAL	SUB I (52-T100)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)						13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15	OTHER ADJUSTMENTS						15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER		29218				17
18	SEQUESTRATION ADJUSTMENT						18
19	INTERIM PAYMENTS		29745				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20	BALANCE DUE PROVIDER/PROGRAM		-527				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY							
50	ORIGINAL OUTLIER AMOUNT						50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			NF I	
		HOSPITAL (52-0100) (OTHER)	SUB I (52-T100) (OTHER)	SUB II	SUB III	SUB IV	
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	1323939					1
2	MEDICAL AND OTHER SERVICES	2780864					2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL	4104803					6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	4104803					9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES						10
11	ANCILLARY SERVICE CHARGES	8169760					11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES	8169760					16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES	8169760					20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	4064957					21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						22
23	COST OF COVERED SERVICES	4104803					23
	PROSPECTIVE PAYMENT AMOUNT						
24	OTHER THAN OUTLIER PAYMENTS						24
25	OUTLIER PAYMENTS						25
26	PROGRAM CAPITAL PAYMENTS						26
27	CAPITAL EXCEPTION PAYMENTS						27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
30	SUBTOTAL	4104803					30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)						31
32	LESSER OF LINES 30 OR 31	4104803					32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			NF I
	HOSPITAL (52-0100) (OTHER)	SUB I (52-T100) (OTHER)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					34
35	EXCESS OF REASONABLE COST					35
36	SUBTOTAL	4104803				36
37	COINSURANCE					37
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, REIMBURSABLE BAD DEBTS					38
38.01	REDUCED REIMBURSABLE BAD DEBTS					38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					38.02
39	UTILIZATION REVIEW					39
40	SUBTOTAL	4104803				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 A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					44
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 UTILIZATION					49
50	OTHER ADJUSTMENTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS					51
52	SUBTOTAL	4104803				52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	4104803				55
56	SEQUESTRATION ADJUSTMENT					56
57	INTERIM PAYMENTS	2311549				57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	BALANCE DUE PROVIDER/PROGRAM	1793254				58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2					59

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

WORKSHEET E-3
PART IV

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

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

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

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS			3.19
3.20	SEE INSTRUCTIONS			3.20
3.21	SEE INSTRUCTIONS			3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.00		3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	0.00		3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		10774	4
5	TOTAL INPATIENT DAYS		18864	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.571141	6
		[LINE 6 x] [E-3, PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	0		6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		18864	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD			6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3, PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		11442165	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

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

WORKSHEET E-3
PART IV
(CONT)

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY			
PART A REASONABLE COST			
12	REASONABLE COST	26459216	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	14640	15
16	TOTAL PART A REASONABLE COST	26444576	16
PART B REASONABLE COST			
17	REASONABLE COST	9666334	17
18	PRIMARY PAYER PAYMENTS	2558	18
19	TOTAL PART B REASONABLE COST	9663776	19
20	TOTAL REASONABLE COST	36108352	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.732367	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.267633	22
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998		23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY		24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY		25

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

WORKSHEET E-3
PART IV

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

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

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS			3.19
3.20	SEE INSTRUCTIONS			3.20
3.21	SEE INSTRUCTIONS			3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		0.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		995	4
5	TOTAL INPATIENT DAYS		18864	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.052746	6
		[LINE 6 x] [E-3, PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	0		6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		18864	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD			6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3, PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0	0	6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

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

WORKSHEET E-3
PART IV
(CONT)

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY

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

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

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

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2248653			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	21043333			4
5	OTHER RECEIVABLES	690821			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-8347376			6
7	INVENTORY	2054724			7
8	PREPAID EXPENSES	868369			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	18558524			11
FIXED ASSETS					
12	LAND	4333455			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	5688598			13
13.01	ACCUMULATED DEPRECIATION	-1970480			13.01
14	BUILDINGS	84813308			14
14.01	ACCUMULATED DEPRECIATION	-27649646			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	15209638			16
16.01	ACCUMULATED DEPRECIATION	-10321732			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	48278005			18
18.01	ACCUMULATED DEPRECIATION	-33988053			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	84393093			21
OTHER ASSETS					
22	INVESTMENTS	46238903			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	26363804			25
26	TOTAL OTHER ASSETS	72602707			26
27	TOTAL ASSETS	175554324			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	7490382			28
29	SALARIES, WAGES & FEES PAYABLE	4118776			29
30	PAYROLL TAXES PAYABLE	85257			30
31	NOTES & LOANS PAYABLE (SHORT TERM)	2010370			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	16594354			35
36	TOTAL CURRENT LIABILITIES	30299139			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	75501715			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	1356662			41
42	TOTAL LONG TERM LIABILITIES	76858377			42
43	TOTAL LIABILITIES	107157516			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	68396808			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	68396808			51
52	TOTAL LIABILITIES AND FUND BALANCES	175554324			52

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WORKSHEET G-1

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	44411647			1
2 NET INCOME (LOSS)	8582624			2
3 TOTAL	52994271			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 NET UNREALIZED GAINS ON INVESTMENTS	1472814			5
6 CHG IN FAIR VALUE OF SWAP CONTRACTS	4983946			6
7 NET ASSETS RELEASED FRM RESTRICTION	443792			7
8 CAP IMPROVEMENT GRANTS REC'D	73008			8
9 CHG IN PENSION OBLIGATION	8523665			9
10 TOTAL ADDITIONS	15497225			10
11 SUBTOTAL	68491496			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 FOUNDATION RECEIVABLE WRITE-DOWN	94688			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	94688			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	68396808			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	15684307		15684307	2
4 SUBPROVIDER I	52164		52164	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
TOTAL GENERAL INPATIENT CARE SERVICES	15736471		15736471	
10 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				10
11 INTENSIVE CARE UNIT	6648820		6648820	11
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 OTHER SPECIAL CARE (SPECIFY)				15
TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	6648820		6648820	16
16 TOTAL INPATIENT ROUTINE CARE SERVICES	22385291		22385291	17
17 ANCILLARY SERVICES	95328208		95328208	18
18 OUTPATIENT SERVICES		160408549	160408549	18.50
18.50 RHC				18.60
18.60 FQHC				19
19 HOME HEALTH AGENCY		2627929	2627929	20
20 AMBULANCE				21
21 CORF				22
22 ASC				23
23 HOSPICE				24
24 TOTAL PATIENT REVENUES	117713499	163036478	280749977	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		119384923	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		119384923	40

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WORKSHEET G-3

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION			
1	TOTAL PATIENT REVENUES	280749977	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	163769628	2
3	NET PATIENT REVENUES	116980349	3
4	LESS - TOTAL OPERATING EXPENSES	119384923	4
5	NET INCOME FROM SERVICE TO PATIENTS	-2404574	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER OPERATING INCOME	7138660	24
24.01	NON OPERATING INCOME - NET	3848538	24.01
25	TOTAL OTHER INCOME	10987198	25
26	TOTAL	8582624	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	8582624	31

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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 52-7075

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANS- PORTATION 3	CONTRACTED/ PURCH SVCS 4	OTHER COSTS 5	TOTAL HHA COST 6
1 GENERAL SERVICE COST CENTER						1
2 CAPITAL RELATED-BLDG & FIXTURES						2
3 CAPITAL RELATED-MOVABLE EQUIPMENT						3
4 PLANT OPERATION & MAINTENANCE						4
5 TRANSPORTATION						4
6 ADMINISTRATIVE AND GENERAL	213788		64		104659	318511 5
7 HHA REIMBURSABLE SERVICES						
8 SKILLED NURSING CARE	659957		34724			694681 6
9 PHYSICAL THERAPY	161091		8719			169810 7
10 OCCUPATIONAL THERAPY	27183		1495			28678 8
11 SPEECH PATHOLOGY	7799		1136			8935 9
12 MEDICAL SOCIAL SERVICES	1973		163			2136 10
13 HOME HEALTH AIDE	62391		8894			71285 11
14 SUPPLIES						12
15 DRUGS						13
16.20 COST OF ADMINISTERING VACCINES						13.20
17 DME						14
18 HHA NONREIMBURSABLE SERVICES						15
19 HOME DIALYSIS AIDE SERVICES						16
20 RESPIRATORY THERAPY						17
21 PRIVATE DUTY NURSING						18
22 CLINIC						19
23 HEALTH PROMOTION ACTIVITIES						20
24 DAY CARE PROGRAM						21
25 HOME DELIVERED MEALS PROGRAM						22
26 HOMEMAKER SERVICE						23
27 ALL OTHERS						23.50
28.50 TELEMEDICINE						23.50
29 TOTAL	1134182		55195		104659	1294036 24

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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 52-7075

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
13.20					13.20
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
23.50					23.50
24					24
GENERAL SERVICE COST CENTER					
CAPITAL RELATED-BLDG & FIXTURES					
CAPITAL RELATED-MOVABLE EQUIPMENT					
PLANT OPERATION & MAINTENANCE					
TRANSPORTATION					
ADMINISTRATIVE AND GENERAL	-10800	307711	-7036	300675	
HHA REIMBURSABLE SERVICES					
SKILLED NURSING CARE		694681		694681	
PHYSICAL THERAPY		169810		169810	
OCCUPATIONAL THERAPY		28678		28678	
SPEECH PATHOLOGY		8935		8935	
MEDICAL SOCIAL SERVICES		2136		2136	
HOME HEALTH AIDE		71285		71285	
SUPPLIES					
DRUGS					
COST OF ADMINISTERING VACCINES					
DME					
HHA NONREIMBURSABLE SERVICES					
HOME DIALYSIS AIDE SERVICES					
RESPIRATORY THERAPY					
PRIVATE DUTY NURSING					
CLINIC					
HEALTH PROMOTION ACTIVITIES					
DAY CARE PROGRAM					
HOME DELIVERED MEALS PROGRAM					
HOMEMAKER SERVICE					
ALL OTHERS					
TELEMEDICINE					
TOTAL	-10800	1283236	-7036	1276200	

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COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 52-7075

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6	
	0	1	2	3	4				
1									1
2									2
3									3
4									4
5	300675					300675	300675		5
6	694681					694681	214114	908795	6
7	169810					169810	52339	222149	7
8	28678					28678	8839	37517	8
9	8935					8935	2754	11689	9
10	2136					2136	658	2794	10
11	71285					71285	21971	93256	11
12									12
13									13
13.20									13.20
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
23.50									23.50
24	1276200					1276200		1276200	24

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COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 52-7075

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET)	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPORT- ATION (MILEAGE)	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
	1	2	3	4			
1							1
2							2
3							3
4							4
5					-300675	975525	5
6						694681	6
7						169810	7
8						28678	8
9						8935	9
10						2136	10
11						71285	11
12							12
13							13
13.20							13.20
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
23.50							23.50
24					-300675	975525	24
25						300675	25
26						.308219	26

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 52-7075

WORKSHEET H-5
 PART I

HHA COST CENTER	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
	24	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		365458		365458			1
2 SKILLED NURSING CARE		1537366		1537366	260731	1798097	2
3 PHYSICAL THERAPY		375654		375654	63710	439364	3
4 OCCUPATIONAL THERAPY		63427		63427	10757	74184	4
5 SPEECH PATHOLOGY		19338		19338	3280	22618	5
6 MEDICAL SOCIAL SERVICES		4692		4692	796	5488	6
7 HOME HEALTH AIDE		154388		154388	26184	180572	7
8 SUPPLIES							8
9 DRUGS							9
9.20 COST OF ADMINISTERING VACC							9.20
10 DME							10
11 HOME DIALYSIS AIDE SERVICE							11
12 RESPIRATORY THERAPY							12
13 PRIVATE DUTY NURSING							13
14 CLINIC							14
15 HEALTH PROMOTION ACTIVITIE							15
16 DAY CARE PROGRAM							16
17 HOME DELIVERED MEALS PROGR							17
18 HOMEMAKER SERVICE							18
19 ALL OTHERS							19
19.50 TELEMEDICINE							19.50
20 TOTALS		2520323		2520323	365458	2520323	20
21 UNIT COST MULTIPLIER					.169597		21

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 52-7075

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET 1	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON- CILIATION 6A	ADMINIS- TRATIVE & GENERAL ACCUM COST 6	MAIN- TENANCE & REPAIRS SQUARE FEET 7	
1 ADMINISTRATIVE AND GENERAL			1587	12864	213788		141374		1
2 SKILLED NURSING CARE					659957		1247141		2
3 PHYSICAL THERAPY					161091		304737		3
4 OCCUPATIONAL THERAPY					27183		51453		4
5 SPEECH PATHOLOGY					7799		15687		5
6 MEDICAL SOCIAL SERVICES					1973		3806		6
7 HOME HEALTH AIDE					62390		125242		7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS			1587	12864	1134181		1889440		20
21 TOTAL COST TO BE ALLOCATED			24285	7485	581470		439699		21
22 UNIT COST MULTIPLIER			15.302457		.512678		.232714		22
22 UNIT COST MULTIPLIER				.581856					22

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 52-7075

WORKSHEET H-5
 PART II

HHA COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINIS- TRATION DIRECT NRSNG HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
	8	9	10	11	12	13	14	15	
1 ADMINISTRATIVE AND GENERAL	1587		1587				20	20306	1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS	1587		1587				20	20306	20
21 TOTAL COST TO BE ALLOCATED	47662		17558				113677	12256	21
22 UNIT COST MULTIPLIER	30.032766		11.063642				5683.850000		22
22 UNIT COST MULTIPLIER								.603565	22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 52-7075

WORKSHEET H-6
 PARTS I & II

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

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

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5,	COSTS	ANCILLARY	COSTS	VISITS	COST	
		PART I,		COSTS			PER VISIT	
		COL 29,						
		LINE	1	2	3	4	5	
1	SKILLED NURSING CARE	2	1798097		1798097	11185	160.76	1
2	PHYSICAL THERAPY	3	439364		439364	1682	261.22	2
3	OCCUPATIONAL THERAPY	4	74184		74184	273	271.74	3
4	SPEECH PATHOLOGY	5	22618		22618	103	219.59	4
5	MEDICAL SOCIAL SERV	6	5488		5488	31	177.03	5
6	HOME HEALTH AIDE SERV	7	180572		180572	1581	114.21	6
7	TOTAL		2520323		2520323	14855		7

LIMITATION COST COMPUTATION		MSA				PROGRAM	
PATIENT SERVICES		NO.				COST	
			1	2	3	LIMITS	
8	SKILLED NURSING CARE						8
9	PHYSICAL THERAPY						9
10	OCCUPATIONAL THERAPY						10
11	SPEECH PATHOLOGY						11
12	MEDICAL SOCIAL SERV						12
13	HOME HEALTH AIDE SERV						13
14	TOTAL						14

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5,	COSTS	ANCILLARY	COSTS	CHARGES		
		PART I,		COSTS				
		COL 29,						
		LINE	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8						15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20

PER BENEFICIARY COST LIMITATION:		MSA	AMOUNT	
		NO.		
		1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4			17
18	PER BENEFICIARY COST LIMITATION			18
19	PER BENEFICIARY COST LIMITATION			19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 52-7075

WORKSHEET H-6
 PARTS I & II
 (CONTINUED)

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

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

COST PER VISIT COMPUTATION		PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST
		PART B		PART B		TOTAL PROGRAM COST		
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A		NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR
		6	7	8	9	10	11	12
1	SKILLED NURSING CARE	2704	2116		434695	340168		774863
2	PHYSICAL THERAPY	791	346		206625	90382		297007
3	OCCUPATIONAL THERAPY	171	57		46468	15489		61957
4	SPEECH PATHOLOGY	19			4172			4172
5	MEDICAL SOCIAL SERV	13	12		2301	2124		4425
6	HOME HEALTH AIDE SERV	467	889		53336	101533		154869
7	TOTAL	4165	3420		747597	549696		1297293

LIMITATION COST COMPUTATION		PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST
		PART B		PART B		TOTAL PROGRAM COST		
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A		NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR
		6	7	8	9	10	11	12
8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERV							12
13	HOME HEALTH AIDE SERV							13
14	TOTAL							14

SUPPLIES AND DRUGS COST COMPUTATIONS		PROGRAM COVERED CHARGES			COST OF SERVICES			TOTAL PROGRAM COST
		PART B DEDUCT. & COINSUR.		PART B DEDUCT. & COINSUR.		TOTAL PROGRAM COST		
OTHER PATIENT SERVICES		PART A	FEE NOT REIMBURSED	SUBJECT TO	PART A		FEE NOT REIMBURSED	SUBJECT TO
		6	7	8	9	10	10.01	11
15	COST OF MEDICAL SUPPLIES							15
16	COST OF DRUGS							16
16.20	COST OF ADMINISTERING VA			7.01				16.20

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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 52-7075

WORKSHEET H-6
 PARTS II & III

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

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

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4	5	6
1	PHYSICAL THERAPY	50	.594142		COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY	51			COL 2, LINE 3	2
3	SPEECH PATHOLOGY	52			COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA	55	.217795		COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS	56	.309820		COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I COL. 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE				
			PROGRAM VISITS PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PROGRAM COST PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99
	1	2	3	4	5	6	
1	PHYSICAL THERAPY	261.22	2.01	3	3.01	4	1
2	OCCUPATIONAL THERAPY	271.74					2
3	SPEECH PATHOLOGY	219.59					3
4	TOTAL						4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 52-7075

WORKSHEET H-7
 PARTS I & II

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

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

DESCRIPTION	PART A 1	PART B		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PROGRAM SERVICES				1
2 REASONABLE COST OF SERVICES				2
2 TOTAL CHARGES	1019367	809277		2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6 TOTAL CUSTOMARY CHARGES	1019367	809277		6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	1019367	809277		7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
9 PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10 TOTAL REASONABLE COST			10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	550530	385335	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	19216	18133	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	14294	13880	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	7792	1062	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	591832	418410	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	591832	418410	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	591832	418410	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	591832	418410	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	591832	418410	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	591832	418410	24
25 TOTAL INTERIM PAYMENTS	591832	418410	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

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

HHA NO.: 52-7075

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		591832		418410	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	NONE	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		591832		418410	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 52-2324

WORKSHEET I-1

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

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTES PER 2080 HOURS 4	
1 REGISTERED NURSES	446395	HRS OF SERVICE	14460.50	6.95	1
2 LICENSED PRACTICAL NURSES	92496	HRS OF SERVICE	5051.40	2.43	2
3 NURSES AIDES		HRS OF SERVICE			3
4 TECHNICIANS	260475	HRS OF SERVICE	16652.90	8.01	4
5 SOCIAL WORKERS		HRS OF SERVICE			5
6 DIETICIANS		HRS OF SERVICE			6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	32776	ACCUMULATED COST			8
9 SUBTOTAL	832142				9
10 EMPLOYEE BENEFITS		SALARY			10
11 OLD & NEW CAP REL COSTS-BLDGS & FIXTU		SQUARE FEET			11
12 OLD & NEW CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES	545988	REQUISITIONS			14
15 DRUGS	843387	REQUISITIONS			15
16 OTHER	2956	ACCUMULATED COST			16
17 SUBTOTAL	2224473				17
18 OLD CAP REL COSTS-BLDGS & FIXTURES		SQUARE FEET			18
19 OLD CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			19
20 NEW CAP REL COSTS-BLDGS & FIXTURES	102846	SQUARE FEET			20
21 NEW CAP REL COSTS-MOV EQUIPMENT	61708	PERCENTAGE OF TIME			21
22 EMPLOYEE BENEFITS	426621	SALARY			22
23 ADMINISTRATIVE AND GENERAL	655241	ACCUMULATED COST			23
24 MAINT/REPAIRS-OPERATION-HOUSEKEEPING	276208	SQUARE FEET			24
25 MEDICAL EDUCATION PROGRAM COSTS					25
26 CENTRAL SERVICES & SUPPLIES	1698	REQUISITIONS			26
27 PHARMACY	428504	REQUISITIONS			27
28 OTHER ALLOCATED COSTS	285940	ACCUMULATED COST			28
29 SUBTOTAL	4463239				29
30 LABORATORY		CHARGES			30
31 RESPIRATORY THERAPY		CHARGES			31
32 VASCULAR LAB		CHARGES			32
32.30 PSYCH		CHARGES			32.30
32.97 CARDIAC REHABILITATION		CHARGES			32.97
32.98 HYPERBARIC OXYGEN THERAPY		CHARGES			32.98
32.99 LITHOTRIPSY		CHARGES			32.99
33 TOTAL COSTS	4463239				33

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ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 52-2324

WORKSHEET I-2

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

	---CAPITAL AND---		DIRECT PATIENT			DRUGS	MEDICAL SUPPLIES	ROUTINE	SUB-	OVERHEAD	TOTAL	
	BUILDING	EQUIPMENT	CARE RNS	SALARY OTHER	EMPLOYEE BENEFITS			ANCILLARY SERVICES				
	1	2	3	4	5	6	7	8	9	10	11	
1 TOTAL RENAL DEPT COSTS	379054	61708	446395	352971	426621	1271891	547686		3486326	976913	4463239	1
2 MAINTENANCE												
3 HEMODIALYSIS	370030	59160	427967	338407	409011	1219389	525102		3349066	938450	4287516	2
4 INTERMITTENT PERITONEAL TRAINING												3
5 HEMODIALYSIS												4
6 INTERMITTENT PERITONEAL												5
7 CAPD	2707	51	370	294	348	1039	389		5198	1457	6655	6
8 CCPD												7
9 HOME												8
10 HEMODIALYSIS												9
11 INTERMITTENT PERITONEAL												10
12 CAPD												11
13 CCPD												12
14 OTHER BILLABLE SERVICES												13
15 INPATIENT DIALYSIS	6035	2439	17657	13946	16864	50277	21611		128829	36100	164929	14
16 METHOD II HOME PATIENT	282	58	401	324	398	1186	584		3233	906	4139	15
17 EPO (INCL IN RENAL DEPT)												16
18 14.01 ARANESP (INCL IN RENAL DEPT)												14.01
19 OTHER												17
20 TOTAL	379054	61708	446395	352971	426621	1271891	547686		3486326	976913	4463239	18
21 MEDICAL EDUC PGM COSTS												19
22 TOTAL RENAL COSTS											4463239	20

PROVIDER NO. 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2009 TO 12/31/2009

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DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 52-2324

WORKSHEET I-3

CHECK APPLICABLE BOX:

[XX] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	----CAPITAL AND----		-DIRECT PATIENT-		EMPLOYEE BENEFITS (SALARY) 5	DRGS (REQUIS) 6	MEDICAL SUPPLIES (REQUIS) 7	ROUTINE ANCILLARY SERVICES (CHARGES) 8	SUB- TOTAL 9	OVERHEAD (ACCUM. COST) 10	
	BUILDING (SQUARE FEET) 1	EQUIPMENT (% OF TIME) 2	CARE RNS (HOURS) 3	SALARY OTHERS (HOURS) 4							
1 TOTAL RENAL DEPT COSTS	379054	61708	446395	352971	426621	1271891	547686		3486326	976913	1
2 MAINTENANCE											2
3 HEMODIALYSIS	6561	101672.0	13864.00	23003.00	765035	631337	2697				3
4 INTERMITTENT PERITONEAL TRAINING											4
5 HEMODIALYSIS											5
6 INTERMITTENT PERITONEAL CAPD	48	87.00	12.00	20.00	651	538	2				6
7 CCPD											7
8 HOME											8
9 HEMODIALYSIS											9
10 INTERMITTENT PERITONEAL CAPD											10
11 CCPD											11
12 OTHER BILLABLE SERVICES											
13 INPT DIAL TRTMNTS 339	107	4192.00	572.00	948.00	31543	26031	111				13
14 METHOD II HOME PATIENT	5	99.00	13.00	22.00	745	614	3				14
15 EPO											14.01
16 OTHER											15
17 TOTAL STATISTICAL BASIS	6721	106050.0	14461.00	23993.00	797974	658520	2813		3486326		16
UNIT COST MULTIPLIER	56.398453		30.868889		.534630	194.698187					17
		.581876		14.711416		1.931439				.280213	

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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 52-2324
 PAYMENT RATE # 1

WORKSHEET I-4

CHECK APPLICABLE BOX: 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	7931	4287516	540.60	6381	3449569	162.16	1034743	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD	5	6655	1331.00	4	5324	206.92	828	5
6 TRAINING - CCPD								6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD		899			723	60.09	43445	9
10 HOME PROGRAM - CCPD		1300			1046	64.53	67498	10
11 TOTALS	7936	4294171		6385	3454893		1146514	11

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CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 52-2324

WORKSHEET I-5

DESCRIPTION

1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES	3454893	1
2	TOTAL PAYMENT (FROM I-4, COLUMN 7, LINE11)	1146514	2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	199	3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	229257	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	229456	6
7	PROGRAM PAYMENT	917052	7
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9)	6	8
9	REIMBURSABLE BAD DEBTS		9

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (52-0100)	HOSPITAL (52-0100)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3	1138300				3
3.01	104643				3.01
4	51.49				4
4.01	0.42	0.00	0.42		4.01
4.02			0.23		4.02
4.03			2618		4.03
5			0.0585		5
5.01			0.1803		5.01
5.02			0.2388		5.02
5.03			0.0495		5.03
5.04			56346		5.04
6			1301907		6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
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
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO PA					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 VASCULAR LAB					59
59.30 PSYCH					59.30
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
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
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
100 PATHOLOGY					100
100.01 PHYSIATRY CLINIC					100.01
100.02 CHOLESTEROL CLINIC					100.02
100.03 JANESVILLE MED CTR					100.03
100.04 OHW					100.04
100.05 WEST SIDE MED CTR					100.05
100.06 DARIEN MED CTR					100.06

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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	
100.07 RCAC						100.07
100.08 NORTHPOINTE						100.08
100.09 EMS PHYSICIAN FEES						100.09
100.10 PHYSICIAN BILLING						100.10
100.11 SENIOR ADVANTAGE						100.11
100.12 HOMECARE PHARMACY						100.12
100.13 ROSCOE MED CENTER						100.13
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	55.20		4.86				60.06 25
26 INTENSIVE CARE UNIT	57.74		7.61				65.35 26
33 NURSERY			26.77				26.77 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	13.14	21.98		1.81			36.93 37
38 RECOVERY ROOM	11.49	11.08		2.56			25.13 38
39 DELIVERY ROOM & LABOR ROOM	0.47	0.03		3.82			4.32 39
40 ANESTHESIOLOGY	18.78	13.80		2.49			35.07 40
41 RADIOLOGY-DIAGNOSTIC	12.21	19.67		2.63			34.51 41
44 LABORATORY	29.25	2.60		4.37			36.22 44
49 RESPIRATORY THERAPY	24.17	6.78		0.68			31.63 49
50 PHYSICAL THERAPY	10.97	0.02		1.54			12.53 50
53 ELECTROCARDIOLOGY	20.32	29.38		4.15			53.85 53
55 MEDICAL SUPPLIES CHARGED TO PAT	40.83	14.84		1.75			57.42 55
56 DRUGS CHARGED TO PATIENTS	42.17	12.47		4.81			59.45 56
57 RENAL DIALYSIS	2.30	0.01		4.46			6.77 57
58 ASC (NON-DISTINCT PART)				3.10			3.10 58
59 VASCULAR LAB	54.59	16.75		9.30			80.64 59
59.30 PSYCH	0.75	17.04		9.78			27.57 59.30
59.97 CARDIAC REHABILITATION	0.45	58.24		7.31			66.00 59.97
60 CLINIC		22.07		1.83			23.90 60
61 EMERGENCY	8.88	12.84		6.11			27.83 61
62 OBSERVATION BEDS (NON-DISTINCT)		27.69					27.69 62
101 TOTAL CHARGES	19.32	12.31		3.02			34.65 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	57.97						57.97 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
44 LABORATORY	0.02						0.02 44
50 PHYSICAL THERAPY	0.29						0.29 50
56 DRUGS CHARGED TO PATIENTS	0.03						0.03 56
57 RENAL DIALYSIS	0.01						0.01 57
101 TOTAL CHARGES	0.01						0.01 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	4061710	3.52	-4061710	-7.00			3
4 NEW CAP REL COSTS-MVBLE EQUIP	5536519	4.80	-5536519	-9.54			4
5 EMPLOYEE BENEFITS	22090409	19.14	-22090409	-38.05			5
6 ADMINISTRATIVE & GENERAL	15914439	13.79	-15914439	-27.41			6
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT	3584492	3.11	-3584492	-6.17			8
9 LAUNDRY & LINEN SERVICE	447414	.39	-447414	-.77			9
10 HOUSEKEEPING	934154	.81	-934154	-1.61			10
11 DIETARY	1236859	1.07	-1236859	-2.13			11
12 CAFETERIA	90932	.08	-90932	-.16			12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	812918	.70	-812918	-1.40			14
15 CENTRAL SERVICES & SUPPLY	259918	.23	-259918	-.45			15
16 PHARMACY	1188026	1.03	-1188026	-2.05			16
17 MEDICAL RECORDS & LIBRARY	1520016	1.32	-1520016	-2.62			17
18 SOCIAL SERVICE	321348	.28	-321348	-.55			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	62593	.05	-62593	-.11			23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	6405557	5.55	11362501	19.57	17768058	15.40	25
26 INTENSIVE CARE UNIT	2123338	1.84	2506589	4.32	4629927	4.01	26
31 SUBPROVIDER I	220553	.19	414759	.71	635312	.55	31
33 NURSERY	160684	.14	243238	.42	403922	.35	33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	2958798	2.56	3672188	6.32	6630986	5.75	37
38 RECOVERY ROOM	415625	.36	515149	.89	930774	.81	38
39 DELIVERY ROOM & LABOR ROOM	396463	.34	709418	1.22	1105881	.96	39
40 ANESTHESIOLOGY	184247	.16	227098	.39	411345	.36	40
41 RADIOLOGY-DIAGNOSTIC	7723547	6.69	7337221	12.64	15060768	13.05	41
44 LABORATORY	4537130	3.93	3163079	5.45	7700209	6.67	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	1147467	.99	1138366	1.96	2285833	1.98	49
50 PHYSICAL THERAPY	2565802	2.22	2503702	4.31	5069504	4.39	50
53 ELECTROCARDIOLOGY	188660	.16	300105	.52	488765	.42	53
55 MEDICAL SUPPLIES CHARGED TO PAT	5385707	4.67	3224148	5.55	8609855	7.46	55
56 DRUGS CHARGED TO PATIENTS	2972307	2.58	2772447	4.77	5744754	4.98	56
57 RENAL DIALYSIS	2224473	1.93	2238766	3.86	4463239	3.87	57
58 ASC (NON-DISTINCT PART)	431126	.37	671139	1.16	1102265	.96	58
59 VASCULAR LAB	148373	.13	258361	.44	406734	.35	59
59.30 PSYCH	1818587	1.58	1934083	3.33	3752670	3.25	59.30
59.97 CARDIAC REHABILITATION	226458	.20	256259	.44	482717	.42	59.97

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COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
60 CLINIC	281530	.24	273790	.47	555320	.48	60
61 EMERGENCY	4863227	4.21	5483933	9.45	10347160	8.97	61
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	1276200	1.11	1244123	2.14	2520323	2.18	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	95942	.08	180825	.31	276767	.24	96
100 PATHOLOGY	29040	.03	51512	.09	80552	.07	100
100.01 PHYSIATRY CLINIC	57903	.05	49260	.08	107163	.09	100.01
100.02 CHOLESTEROL CLINIC	51216	.04	43684	.08	94900	.08	100.02
100.03 JANESVILLE MED CTR	213501	.19	213752	.37	427253	.37	100.03
100.04 OHW	1125899	.98	867787	1.49	1993686	1.73	100.04
100.05 WEST SIDE MED CTR	624397	.54	553735	.95	1178132	1.02	100.05
100.06 DARIEN MED CTR	333890	.29	263852	.45	597742	.52	100.06
100.07 RCAC	1256907	1.09	940391	1.62	2197298	1.90	100.07
100.08 NORTHPOINTE	4645408	4.03	2223035	3.83	6868443	5.95	100.08
100.09 EMS PHYSICIAN FEES	154167	.13	35877	.06	190044	.16	100.09
100.10 PHYSICIAN BILLING	95963	.08	94370	.16	190333	.16	100.10
100.11 SENIOR ADVANTAGE			71299	.12	71299	.06	100.11
100.12 HOMECARE PHARMACY			19967	.03	19967	.02	100.12
100.13 ROSCOE MED CENTER			1939		1939		100.13
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	115401839	100.00	0	.00	115401839	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED		CAPITAL		PROGRAM	
	COSTS	CHARGES	COST TO	CHARGES	PPS CAPITAL	
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	701432	28183245	.024888	3703401	92170	37
38 RECOVERY ROOM	63971	3296743	.019404	378909	7352	38
39 DELIVERY ROOM & LABOR ROOM	121245	3346291	.036233	15794	572	39
40 ANESTHESIOLOGY	47041	2158819	.021790	405511	8836	40
41 RADIOLOGY-DIAGNOSTIC	2008819	58889262	.034112	7193193	245374	41
44 LABORATORY	451646	31041943	.014550	9080551	132122	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	150875	9402119	.016047	2272863	36473	49
50 PHYSICAL THERAPY	315127	8532479	.036933	935754	34560	50
53 ELECTROCARDIOLOGY	54581	1944926	.028063	395295	11093	53
55 MEDICAL SUPPLIES CHARGED TO PAT	648669	39531862	.016409	16140979	264857	55
56 DRUGS CHARGED TO PATIENTS	245647	18542205	.013248	7819975	103599	56
57 RENAL DIALYSIS	347077	11442165	.030333	262852	7973	57
58 ASC (NON-DISTINCT PART)	106638	1683254	.063352			58
59 VASCULAR LAB	50536	3194607	.015819	1743922	27587	59
59.30 PSYCH	229316	3541527	.064751	26432	1711	59.30
59.97 CARDIAC REHABILITATION	26976	707816	.038112	3200	122	59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	22465	955716	.023506			60
61 EMERGENCY	1018658	22122870	.046045	1964712	90465	61
62 OBSERVATION BEDS (NON-DISTINCT	43104	407746	.105713			62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	6653823	248925595		52343343	1064866	101

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APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	1337140		1337140	17372	76.97	9589	738065 25
26 INTENSIVE CARE UNIT	311008		311008	1983	156.84	1145	179582 26
101 TOTAL	1648148		1648148			10734	917647 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	917647
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	1064866
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	1982513
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)	2340
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)	10734
PER DISCHARGE CAPITAL COSTS	847.23
PER DIEM CAPITAL COSTS	184.69

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)	24089315
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	61791742
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.390

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	387388
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	68766
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	5.633

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)	1982513
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.032

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	9661465
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	33354609
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.290