

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

WORKSHEET S  
 PARTS I & II

INTERMEDIARY [ ] AUDITED DATE RECEIVED \_\_\_\_\_ [ XX ] INITIAL [ ] RE-OPENING  
 USE ONLY: [ ] DESK REVIEWED INTERMEDIARY NO. \_\_\_\_\_ [ ] FINAL [ XX ] MCR CODE 1

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY MEMORIAL HOSPITAL (14-1338) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2009 AND ENDING 06/30/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) \_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
 \_\_\_\_\_  
 TITLE  
 \_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

TITLE V		TITLE XVIII		TITLE XIX	
		PART A	PART B		
		2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	458852	-110396	182908	2
3	SWING BED - SNF	128890			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	587742	-110396	182908	100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 1900 STATE STREET P.O. BOX: 1  
 1.01 CITY: CHESTER STATE: IL ZIP CODE: 62233 COUNTY: RANDOLPH 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	MEMORIAL HOSPITAL	14-1338	09/01/2004	N	O	O	2
3	SUBPROVIDER I							3
4	SWING BEDS - SNF	MEMORIAL HOSPITAL-SWING BEDS	14-Z338	09/01/2004	N	O	N	4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 07/01/2009 TO: 06/30/2010 17  
 18 TYPE OF CONTROL 1 2 8 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19  
 20 SUBPROVIDER I 20

OTHER INFORMATION

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO. 21.01

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

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

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

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

21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO. NO 21.06

21.07 DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). NO NO 21.07

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO. 21.08

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

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

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

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

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

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

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

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

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	YES	01/27/1998	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?	YES		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	YES		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.	NO		30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?	NO		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)	NO		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.	NO		30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXLUDED 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	NO	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	NO	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?	YES			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			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 NCMQ 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			49
50	HOME HEALTH AGENCY	N	N			50

52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?	NO			52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.	NO			52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				53
53.01	MDH PERIOD: BEGINNING: ENDING:				53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 362271 PAID LOSSES: AND/OR SELF INSURANCE:				54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	YES			54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.	NO			55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$
		0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO			57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		NO			58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)					60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO			61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS	
	1	2	3	4	5	
SETTLEMENT DATA						
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	10/22/2010		63





HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		466	54	751
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		466	54	751
13 RPCH VISITS				13
14 SUBPROVIDER I				14
15 SKILLED NURSING FACILITY				15
16 NURSING FACILITY				16
17 OTHER LONG TERM CARE				17
18 HOME HEALTH AGENCY				18
20 ASC (DISTINCT PART)				20
21 HOSPICE (DISTINCT PART)				21
23 O/P REHAB PROVIDER				23
24 RHC I				24
25 TOTAL				25
26 OBSERVATION BED DAYS				26
27 AMBULANCE TRIPS				27
28 EMPLOYEE DISCOUNT DAYS				28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		2	3	4	5		
1 SALARIES							
1 TOTAL SALARIES	7813346			385200.60			1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	10337	36282		3905.80		CARD REHAB/CLIN	8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	418769			10785.48		MANGEMENT INVOICES	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	800057			6104.48		TIME STUDIES/AP	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)	2209298					CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	13158					CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	134197			6247.50			21
22 ADMINISTRATIVE & GENERAL	1064943	-5346		51321.30			22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	77183			530.92			22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	354426			16146.40			24
25 LAUNDRY & LINEN SERVICE	50726			3958.00			25
26 HOUSEKEEPING	242739			22403.50			26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	301468	-167278		13992.13			27
27.01 DIETARY UNDER CONTRACT	37482			825.50			27.01
28 CAFETERIA		148000		13495.77			28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	384523			14112.80			30
31 CENTRAL SERVICES AND SUPPLY	47697			3840.70			31
32 PHARMACY	283596			7916.20			32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	330322			21148.30			33
34 SOCIAL SERVICE							34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		2	3	4	5	
1 NET SALARIES	7928011		7928011	386557.02	20.51	1
2 EXCLUDED AREA SALARIES	10337	36282	46619	3905.80	11.94	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	7917674	-36282	7881392	382651.22	20.60	3
4 SUBTOTAL OTHER WAGES & REL COSTS	1218826		1218826	16889.96	72.16	4
5 SUBTOTAL WAGE-RELATED COSTS	2209298		2209298		28.03%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	11345798	-36282	11309516	399541.18	28.31	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	3309302	-24624	3284678	175939.02	18.67	13

NHCMQ DEMONSTRATION STATISTICAL DATA  
 STATISTICAL DATA

WORKSHEET S-7

GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1		SERVICES ON OR AFTER JANUARY 1		TOTAL
		RATE	DAYS	RATE	DAYS	
1	2	3	3.01	4	4.01	5
1	RVC/RUC					1
2	RVB/RUB					2
3	RVA/RUA					3
3.01	RUX					3.01
3.02	RUL					3.02
4	RHD/RVC					4
5	RHC/RVB					5
6	RHB/RVA					6
6.01	RVX					6.01
6.02	RVL					6.02
7	RHA/RHC					7
8	RMC/RHB					8
9	RMB/RHA					9
9.01	RHX					9.01
9.02	RHL					9.02
10	RMA/RMC					10
11	RLB/RMB					11
12	RLA/RMA					12
12.01	RMX					12.01
12.02	RML					12.02
13	SE3/RLB					13
14	SE2/RLA					14
15	SE1/SE3					15
16	SSC/SE2					16
17	SSB/SE1					17
18	SSA/SSC					18
19	CD2/SSB					19
20	CD1/SSA					20
21	CC2					21
22	CC1					22
23	CB2					23
24	CB1					24
25	CA2					25
26	CA1					26
27	IB2					27
28	IB1					28
29	IA2					29
30	IA1					30
31	BB2					31
32	BB1					32
33	BA2					33
34	BA1					34
35	PE2					35
36	PE1					36
37	PD2					37
38	PD1					38
39	PC2					39
40	PC1					40
41	PB2					41
42	PB1					42
43	PA2					43
44	PA1					44
45	AAA					45
45.01	ES3					45.01
45.02	ES2					45.02
45.03	ES1					45.03
45.04	HE2					45.04
45.05	HE1					45.05
45.06	HD2					45.06
45.07	HD1					45.07
45.08	HC2					45.08
45.09	HC1					45.09
45.10	HB2					45.10
45.11	HB1					45.11
45.12	LE2					45.12
45.13	LE1					45.13
45.14	LD2					45.14
45.15	LD1					45.15
45.16	LC2					45.16
45.17	LC1					45.17
45.18	LB2					45.18
45.19	LB1					45.19
45.20	CE2					45.20
45.21	CE1					45.21
45.22	CD2					45.22
45.23	CD1					45.23
46	TOTAL					46

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1399819	1399819	-921067	478752		478752	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				1340690	1340690		1340690	4
5	0500 EMPLOYEE BENEFITS	134197	2229917	2364114		2364114		2364114	5
6.01	0601 COMMUNICATIONS	42808	55813	98621		98621	-5739	92882	6.01
6.02	0602 DATA PROCESSING	130464	167669	298133		298133		298133	6.02
6.03	0603 PURCHASING	55667	3070	58737		58737		58737	6.03
6.04	0604 ADMITTING	124919	9787	134706		134706		134706	6.04
6.05	0605 CREDIT AND COLLECTIONS	156833	91620	248453		248453		248453	6.05
6.06	0606 OTHER ADMINISTRATIVE & GENERAL	554252	2376292	2930544	-55242	2875302	-1827096	1048206	6.06
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	354426	457319	811745		811745	-1382	810363	8
9	0900 LAUNDRY & LINEN SERVICE	50726	62944	113670		113670		113670	9
10	1000 HOUSEKEEPING	242739	44231	286970		286970		286970	10
11	1100 DIETARY	301468	218273	519741	-288393	231348		231348	11
12	1200 CAFETERIA				255157	255157	-51061	204096	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	384523	3493	388016		388016		388016	14
15	1500 CENTRAL SERVICES & SUPPLY	47697	479670	527367	-478594	48773		48773	15
16	1600 PHARMACY	283596	560489	844085	-526285	317800		317800	16
17	1700 MEDICAL RECORDS & LIBRARY	330322	56293	386615		386615	-2883	383732	17
18	1800 SOCIAL SERVICE		70696	70696		70696		70696	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								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	1592286	81815	1674101		1674101	-6355	1667746	25
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	553872	625600	1179472	-66000	1113472	-460000	653472	37
41	4100 RADIOLOGY-DIAGNOSTIC	737941	570088	1308029	-261740	1046289	-13988	1032301	41
44	4400 LABORATORY	666344	708572	1374916	-13807	1361109		1361109	44
46	4600 WHOLE BLOOD & PACKED RED BLOOD	24288	78090	102378	13807	116185		116185	46
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	262187	61989	324176	-10700	313476	-8344	305132	49
50	5000 PHYSICAL THERAPY	233443	331214	564657	-680	563977		563977	50
51	5100 OCCUPATIONAL THERAPY		32974	32974		32974		32974	51
52	5200 SPEECH PATHOLOGY		65498	65498		65498		65498	52
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				327225	327225	-23254	303971	55
55.01	5501 IMPLANTABLE SUPPLIES				151369	151369	-10528	140841	55.01
55.02	5502 PACEMAKERS				10070	10070	-700	9370	55.02
55.30	5530 IMPL. DEV. CHARGED TO PATIENT								55.30
56	5600 DRUGS CHARGED TO PATIENTS				485474	485474	-33766	451708	56
59	3950 CARDIAC REHAB	11658	14336	25994	-25994				59
59.01	3951 CHEMOTHERAPY	121398	742630	864028		864028	-23834	840194	59.01
59.02	3550 PSYCHIATRIC SERVICES	67646	622	68268		68268		68268	59.02
59.97	3997 CARDIAC REHABILITATION								59.97
59.98	3998 HYPERBARIC OXYGEN THERAPY								59.98
59.99	3999 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS									
60	6000 CLINIC	92606	74137	166743		166743	-63337	103406	60
61	6100 EMERGENCY	244703	1162384	1407087		1407087	-351357	1055730	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								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
95	SUBTOTALS	7803009	12837344	20640353	-64710	20575643	-2883624	17692019	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN				5480	5480		5480	96
98	9800 PHYSICIANS' PRIVATE OFFICES	10337	2477	12814		12814		12814	98
99	9900 NONPAID WORKERS								99
99.01	9901 CARDIAC REHAB				25994	25994	-1049	24945	99.01
100	7950 NON-ALLOWABLE COSTS				33236	33236		33236	100

PROVIDER NO. 14-1338 MEMORIAL HOSPITAL  
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
11/19/2010 15:54

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	
100.01 7951 TRANSITIONAL CARE								100.01
101 TOTAL	7813346	12839821	20653167		20653167	-2884673	17768494	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 TO RECLASS DRUG COST	A	DRUGS CHARGED TO PATIENTS	56		378206	1
2 TO RECLASS DEPRECIATION	B	NEW CAP REL COSTS-MVBLE EQUIP	4		970441	2
3 TO RECLASS MEDICAL SUPPLIES	C	MEDICAL SUPPLIES CHARGED TO P	55		327225	3
4 TO RECLASS MEDICAL SUPPLIES	C	IMPLANTABLE SUPPLIES	55.01		151369	4
5 TO RECLASS PACEMAKER SUPPLIES	C	PACEMAKERS	55.02		10070	5
6 TO RECLASS IV THERAPY	D	DRUGS CHARGED TO PATIENTS	56		35719	6
7 TO RECLASS DRUGS	D	DRUGS CHARGED TO PATIENTS	56		71549	7
8 CARDIAC REHAB	E	CARDIAC REHAB	99.01	11658	14336	8
9 CAFETERIA	F	CAFETERIA	12	148000	107157	9
10 NON REIMB MEALS	F	NON-ALLOWABLE COSTS	100	19278	13958	10
11 BLOOD BANK	G	WHOLE BLOOD & PACKED RED BLOO	46	2141	11666	11
12 LEASE/RENTAL	H	NEW CAP REL COSTS-MVBLE EQUIP	4		388	12
13	H	NEW CAP REL COSTS-MVBLE EQUIP	4		40811	13
14	H	NEW CAP REL COSTS-MVBLE EQUIP	4		66000	14
15	H	NEW CAP REL COSTS-MVBLE EQUIP	4		900	15
16	H	NEW CAP REL COSTS-MVBLE EQUIP	4		260840	16
17	H	NEW CAP REL COSTS-MVBLE EQUIP	4		630	17
18	H	NEW CAP REL COSTS-MVBLE EQUIP	4		680	18
19 AUXILLARY	I	GIFT, FLOWER, COFFEE SHOP & C	96	5346	134	19
20 PROPERTY INSURANCE	L	NEW CAP REL COSTS-BLDG & FIXT	3		49374	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				186423	2511453	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 TO RECLASS DRUG COST	A	PHARMACY	16		378206	1
2 TO RECLASS DEPRECIATION	B	NEW CAP REL COSTS-BLDG & FIXT	3		970441	9 2
3 TO RECLASS MEDICAL SUPPLIES	C	CENTRAL SERVICES & SUPPLY	15		327225	3
4 TO RECLASS MEDICAL SUPPLIES	C	CENTRAL SERVICES & SUPPLY	15		151369	4
5 TO RECLASS PACEMAKER SUPPLIES	C	RESPIRATORY THERAPY	49		10070	5
6 TO RECLASS IV THERAPY	D	PHARMACY	16		35719	6
7 TO RECLASS DRUGS	D	PHARMACY	16		71549	7
8 CARDIAC REHAB	E	CARDIAC REHAB	59	11658	14336	8
9 CAFETERIA	F	DIETARY	11	148000	107157	9
10 NON REIMB MEALS	F	DIETARY	11	19278	13958	10
11 BLOOD BANK	G	LABORATORY	44	2141	11666	11
12 LEASE/RENTAL	H	OTHER ADMINISTRATIVE & GENERA	6.06		388	9 12
13	H	PHARMACY	16		40811	9 13
14	H	OPERATING ROOM	37		66000	9 14
15	H	RADIOLOGY-DIAGNOSTIC	41		900	9 15
16	H	RADIOLOGY-DIAGNOSTIC	41		260840	9 16
17	H	RESPIRATORY THERAPY	49		630	9 17
18	H	PHYSICAL THERAPY	50		680	9 18
19 AUXILLARY	I	OTHER ADMINISTRATIVE & GENERA	6.06	5346	134	19
20 PROPERTY INSURANCE	L	OTHER ADMINISTRATIVE & GENERA	6.06		49374	9 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				186423	2511453	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	202557					202557		1
2 LAND IMPROVEMENTS	424785	8744		8744		433529		2
3 BUILDINGS AND FIXTURES	12282187	868670		868670	37561	13113296		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	932312	3632		3632	5333	930611		5
6 MOVABLE EQUIPMENT	8581549	2308687		2308687	352375	10537861		6
7 SUBTOTAL	22423390	3189733		3189733	395269	25217854		7
8 RECONCILING ITEMS								8
9 TOTAL	22423390	3189733		3189733	395269	25217854		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	1399819		1399819	.140243				3
4 NEW CAP REL COSTS-MVBLE EQUIP	8581549		8581549	.859757				4
5 TOTAL	9981368		9981368	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	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		478752					478752 3
4 NEW CAP REL COSTS-MVBLE EQUIP		1340690					1340690 4
5 TOTAL		1819442					1819442 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	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		1399819					1399819 3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL		1399819					1399819 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-1671	OTHER ADMINISTRATIVE & GENERAL	6.06	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-5355	COMMUNICATIONS	6.01	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-446872			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	B	-51061	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	B	-495	MEDICAL SUPPLIES CHARGED TO PAT	55	18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-2084	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
	A-8-4				
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
	A-8-4				
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	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		OCCUPATIONAL THERAPY	51	35
	WKST A-8-4				
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		SPEECH PATHOLOGY	52	36
	WKST A-8-4				37
37					38
38					39
39 MISC INCOME	B	-1179	OTHER ADMINISTRATIVE & GENERAL	6.06	39
39.50 REBATES	A	-33766	DRUGS CHARGED TO PATIENTS	56	39.50
39.51 REBATES	A	-22759	MEDICAL SUPPLIES CHARGED TO PAT	55	39.51
39.52 REBATES	A	-700	PACEMAKERS	55.02	39.52
39.53 REBATES	A	-10528	IMPLANTABLE SUPPLIES	55.01	39.53
40 PATIENT PHONE SERVICE-COST	A	-384	COMMUNICATIONS	6.01	40
40.01 CRNA FEES	A	-460000	OPERATING ROOM	37	40.01
40.02 DICTATION FEES	B	-799	MEDICAL RECORDS & LIBRARY	17	40.02
40.03 ADMINISTRATIVE & GENERAL - MISC	B	-585	OTHER ADMINISTRATIVE & GENERAL	6.06	40.03
40.06 PROVISION FOR BAD DEBTS	A	-1613004	OTHER ADMINISTRATIVE & GENERAL	6.06	40.06
41					41
42 NON ALLOWABLE SALARIES	A	-10262	OTHER ADMINISTRATIVE & GENERAL	6.06	42
43 NON ALLOWABLE OTHER	A	-58043	OTHER ADMINISTRATIVE & GENERAL	6.06	43
43.01 NON ALLOWABLE DEPR & LEASE	A	-7284	OTHER ADMINISTRATIVE & GENERAL	6.06	43.01
43.02 NON ALLOWABLE MED SCHOOL CONTRACT	A	-20000	OTHER ADMINISTRATIVE & GENERAL	6.06	43.02
44 CRNA AND MD BILLING EXPENSE	A	-53484	OTHER ADMINISTRATIVE & GENERAL	6.06	44
45 MISC INC - MRI TECH LEASE REDUCTI	B	-8388	RADIOLOGY-DIAGNOSTIC	41	45
46					46
47 MISC INC ANALYSIS 5010-0220	B	-1382	OPERATION OF PLANT	8	47
48					48
49 ADVERTISING	A	-1049	CARDIAC REHAB	99.01	49
49.02 MISC REV PET SCANNER	A	-5600	RADIOLOGY-DIAGNOSTIC	41	49.02
49.03 NON-ALLOWABLE MALPRACTICE	A	-61584	OTHER ADMINISTRATIVE & GENERAL	6.06	49.03
49.05 HOSPICE	A	-6355	ADULTS & PEDIATRICS	25	49.05
50 TOTAL		-2884673			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						1
2						2
3						3
4						4
5	TOTALS					5

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

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

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

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

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

PROVIDER NO. 14-1338 MEMORIAL HOSPITAL  
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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
1	2		3	4	5	6	7	8	9
1	44	LABORATORY			20800				
2	49	RESPIRATORY THERAPY		1125					
3	61	EMERGENCY	1130613	351357	779256				
4	60	CLINIC	63337	63337					
5	59.01	CHEMOTHERAPY	23834	23834					
6	49	RESPIRATORY THERAPY		7219					
101		TOTAL	1246928	446872	800056				

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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.		12	13	14	15	16	17	18
10	11							
1	44 LABORATORY		LAB					1125
2	49 RESPIRATORY THERAPY		EEG					351357
3	61 EMERGENCY		ER					63337
4	60 CLINIC		AGGREGATE					23834
5	59.01 CHEMOTHERAPY		AGGREGATE					7219
6	49 RESPIRATORY THERAPY		EKG					446872
101	TOTAL							

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REASONABLE COST DETERMINATION FOR THERAPY SERVICES  
 FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

WORKSHEET A-8-4  
 PARTS I & II

[ XX ] OCCUPATIONAL [ ] PHYSICAL [ ] RESPIRATORY [ ] SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES)					52	1
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK					780	2
3	NUMBER OF UNDUPLICATED DAYS ON WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE						3
4	NUMBER OF UNDUPLICATED DAYS ON WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE						4
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS						5
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS						6
7	STANDARD TRAVEL EXPENSE RATE						7
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE						8
		SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	
		1	2	3	4	5	
9	TOTAL HOURS WORKED		864.45	92.54			9
10	AHSEA		67.88	67.88			10
11	STANDARD TRAVEL ALLOWANCE	33.94	33.94	33.94			11
12	NO OF TRAVEL HRS (PROV SITE)						12
12.01	NO OF TRAVEL HRS (OFFSITE)						12.01
13	MILES DRIVEN (PROV SITE)						13
13.01	MILES DRIVEN (OFFSITE)						13.01

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS						14
15	THERAPISTS					58679	15
16	ASSISTANTS					6282	16
17	SUBTOTAL ALLOWANCE AMOUNT					64961	17
18	AIDES						18
19	TRAINEES						19
20	TOTAL ALLOWANCE AMOUNT					64961	20
21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES						21
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES						22
23	TOTAL SALARY EQUIVALENCY					64961	23

PROVIDER NO. 14-1338 MEMORIAL HOSPITAL  
PERIOD FROM 07/01/2009 TO 06/30/2010

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REASONABLE COST DETERMINATION FOR THERAPY SERVICES  
FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

WORKSHEET A-8-4  
PARTS III & IV

[ XX ] OCCUPATIONAL [ ] PHYSICAL [ ] RESPIRATORY [ ] SPEECH PATHOLOGY

PART III - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

STANDARD TRAVEL ALLOWANCE

24	THERAPISTS	24
25	ASSISTANTS	25
26	SUBTOTAL	26
27	STANDARD TRAVEL EXPENSE	27
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE	28

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS	29
30	ASSISTANTS	30
31	SUBTOTAL	31
32	OPTIONAL TRAVEL EXPENSE	32
33	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	33
34	OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	34
35	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE	35

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

STANDARD TRAVEL EXPENSE

36	THERAPISTS	36
37	ASSISTANTS	37
38	SUBTOTAL	38
39	STANDARD TRAVEL EXPENSE	39

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

40	THERAPISTS	40
41	ASSISTANTS	41
42	SUBTOTAL	42
43	OPTIONAL TRAVEL EXPENSE	43

TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES

44	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	44
45	OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	45
46	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE	46

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REASONABLE COST DETERMINATION FOR THERAPY SERVICES  
 FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

WORKSHEET A-8-4  
 PARTS V,VI & VII

[ XX ] OCCUPATIONAL [ ] PHYSICAL [ ] RESPIRATORY [ ] SPEECH PATHOLOGY

PART V - OVERTIME COMPUTATION							
	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL		
	1	2	3	4	5		
47	OVERTIME HOURS WORKED DURING REPORTING PERIOD					47	
48	OVERTIME RATE					48	
49	TOTAL OVERTIME					49	
CALCULATION OF LIMIT							
50	PERCENTAGE OF OVERTIME HOURS BY CATEGORY					50	
51	ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL TIME EMPLOYEE TIMES THE PERCENTAGES ON LINE 50					51	
DETERMINATION OF OVERTIME ALLOWANCE							
52	ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT					52	
53	OVERTIME COST LIMITATION					53	
54	MAXIMUM OVERTIME COST					54	
55	PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA					55	
56	OVERTIME ALLOWANCE					56	
PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT							
57	SALARY EQUIVALENCY AMOUNT					64961	57
58	TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE						58
59	TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES						59
60	OVERTIME ALLOWANCE						60
61	EQUIPMENT COST						61
62	SUPPLIES						62
63	TOTAL ALLOWANCE					64961	63
64	TOTAL COST OF OUTSIDE SUPPLIER SERVICES					32731	64
65	EXCESS OVER LIMITATION						65

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REASONABLE COST DETERMINATION FOR THERAPY SERVICES  
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WORKSHEET A-8-4  
PARTS V, VI & VII

[ XX ] OCCUPATIONAL [ ] PHYSICAL [ ] RESPIRATORY [ ] SPEECH PATHOLOGY

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66	COST OF OUTSIDE SUPPLIER SERVICES - HOSPITAL	32731	66
67	TOTAL COST	32731	67
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST - HOSPITAL	1.000000	68
69	EXCESS OF COST OVER LIMITATION - HOSPITAL	0	69
70	TOTAL EXCESS OF COST OVER LIMITATION	0	70

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REASONABLE COST DETERMINATION FOR THERAPY SERVICES  
 FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

WORKSHEET A-8-4  
 PARTS I & II

[ ] OCCUPATIONAL [ XX ] PHYSICAL [ ] RESPIRATORY [ ] SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES)					52	1
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK					780	2
3	NUMBER OF UNDUPLICATED DAYS ON WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE						3
4	NUMBER OF UNDUPLICATED DAYS ON WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE						4
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS						5
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS						6
7	STANDARD TRAVEL EXPENSE RATE						7
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE						8
		SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	
		1	2	3	4	5	
9	TOTAL HOURS WORKED		2656.53	4652.68	1663.37		9
10	AHSEA		67.88	67.88	67.88		10
11	STANDARD TRAVEL ALLOWANCE	33.94	33.94	33.94			11
12	NO OF TRAVEL HRS (PROV SITE)						12
12.01	NO OF TRAVEL HRS (OFFSITE)						12.01
13	MILES DRIVEN (PROV SITE)						13
13.01	MILES DRIVEN (OFFSITE)						13.01

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS						14
15	THERAPISTS					180325	15
16	ASSISTANTS					315824	16
17	SUBTOTAL ALLOWANCE AMOUNT					496149	17
18	AIDES					112910	18
19	TRAINEES						19
20	TOTAL ALLOWANCE AMOUNT					609059	20
21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES						21
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES						22
23	TOTAL SALARY EQUIVALENCY					609059	23

PROVIDER NO. 14-1338 MEMORIAL HOSPITAL  
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REASONABLE COST DETERMINATION FOR THERAPY SERVICES  
FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

WORKSHEET A-8-4  
PARTS III & IV

[ ] OCCUPATIONAL [ XX ] PHYSICAL [ ] RESPIRATORY [ ] SPEECH PATHOLOGY

PART III - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

STANDARD TRAVEL ALLOWANCE

24	THERAPISTS	24
25	ASSISTANTS	25
26	SUBTOTAL	26
27	STANDARD TRAVEL EXPENSE	27
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE	28

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS	29
30	ASSISTANTS	30
31	SUBTOTAL	31
32	OPTIONAL TRAVEL EXPENSE	32
33	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	33
34	OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	34
35	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE	35

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

STANDARD TRAVEL EXPENSE

36	THERAPISTS	36
37	ASSISTANTS	37
38	SUBTOTAL	38
39	STANDARD TRAVEL EXPENSE	39

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

40	THERAPISTS	40
41	ASSISTANTS	41
42	SUBTOTAL	42
43	OPTIONAL TRAVEL EXPENSE	43

TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES

44	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	44
45	OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	45
46	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE	46

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REASONABLE COST DETERMINATION FOR THERAPY SERVICES  
 FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

WORKSHEET A-8-4  
 PARTS V, VI & VII

[ ] OCCUPATIONAL [ XX ] PHYSICAL [ ] RESPIRATORY [ ] SPEECH PATHOLOGY

PART V - OVERTIME COMPUTATION						
	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL	
	1	2	3	4	5	
47	OVERTIME HOURS WORKED DURING REPORTING PERIOD					47
48	OVERTIME RATE					48
49	TOTAL OVERTIME					49
CALCULATION OF LIMIT						
50	PERCENTAGE OF OVERTIME HOURS BY CATEGORY					50
51	ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL TIME EMPLOYEE TIMES THE PERCENTAGES ON LINE 50					51
DETERMINATION OF OVERTIME ALLOWANCE						
52	ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT					52
53	OVERTIME COST LIMITATION					53
54	MAXIMUM OVERTIME COST					54
55	PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA					55
56	OVERTIME ALLOWANCE					56
PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT						
57	SALARY EQUIVALENCY AMOUNT				609059	57
58	TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE					58
59	TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES					59
60	OVERTIME ALLOWANCE					60
61	EQUIPMENT COST					61
62	SUPPLIES					62
63	TOTAL ALLOWANCE				609059	63
64	TOTAL COST OF OUTSIDE SUPPLIER SERVICES				315325	64
65	EXCESS OVER LIMITATION					65

PROVIDER NO. 14-1338 MEMORIAL HOSPITAL  
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REASONABLE COST DETERMINATION FOR THERAPY SERVICES  
FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

WORKSHEET A-8-4  
PARTS V, VI & VII

[ ] OCCUPATIONAL [ XX ] PHYSICAL [ ] RESPIRATORY [ ] SPEECH PATHOLOGY

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66	COST OF OUTSIDE SUPPLIER SERVICES - HOSPITAL	315325	66
67	TOTAL COST	315325	67
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST - HOSPITAL	1.000000	68
69	EXCESS OF COST OVER LIMITATION - HOSPITAL	0	69
70	TOTAL EXCESS OF COST OVER LIMITATION	0	70

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REASONABLE COST DETERMINATION FOR THERAPY SERVICES  
 FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

WORKSHEET A-8-4  
 PARTS I & II

[ ] OCCUPATIONAL [ ] PHYSICAL [ ] RESPIRATORY [ XX ] SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES)					52	1
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK					780	2
3	NUMBER OF UNDUPLICATED DAYS ON WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE					365	3
4	NUMBER OF UNDUPLICATED DAYS ON WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE						4
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS						5
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS						6
7	STANDARD TRAVEL EXPENSE RATE						7
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE						8
		SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	
		1	2	3	4	5	
9	TOTAL HOURS WORKED		401.00				9
10	AHSEA		65.23				10
11	STANDARD TRAVEL ALLOWANCE	32.62	32.62				11
12	NO OF TRAVEL HRS (PROV SITE)						12
12.01	NO OF TRAVEL HRS (OFFSITE)						12.01
13	MILES DRIVEN (PROV SITE)						13
13.01	MILES DRIVEN (OFFSITE)						13.01

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS						14
15	THERAPISTS					26157	15
16	ASSISTANTS						16
17	SUBTOTAL ALLOWANCE AMOUNT					26157	17
18	AIDES						18
19	TRAINEES						19
20	TOTAL ALLOWANCE AMOUNT					26157	20
21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES					65.23	21
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES					50879	22
23	TOTAL SALARY EQUIVALENCY					50879	23

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REASONABLE COST DETERMINATION FOR THERAPY SERVICES  
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WORKSHEET A-8-4  
PARTS III & IV

[ ] OCCUPATIONAL [ ] PHYSICAL [ ] RESPIRATORY [ XX ] SPEECH PATHOLOGY

PART III - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

STANDARD TRAVEL ALLOWANCE			
24	THERAPISTS	11906	24
25	ASSISTANTS		25
26	SUBTOTAL	11906	26
27	STANDARD TRAVEL EXPENSE		27
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE	11906	28
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE			
29	THERAPISTS		29
30	ASSISTANTS		30
31	SUBTOTAL		31
32	OPTIONAL TRAVEL EXPENSE		32
33	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	11906	33
34	OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE		34
35	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		35

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

STANDARD TRAVEL EXPENSE			
36	THERAPISTS		36
37	ASSISTANTS		37
38	SUBTOTAL		38
39	STANDARD TRAVEL EXPENSE		39
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE			
40	THERAPISTS		40
41	ASSISTANTS		41
42	SUBTOTAL		42
43	OPTIONAL TRAVEL EXPENSE		43
TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES			
44	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE		44
45	OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE		45
46	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		46

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WORKSHEET A-8-4  
 PARTS V, VI & VII

[ ] OCCUPATIONAL [ ] PHYSICAL [ ] RESPIRATORY [ XX ] SPEECH PATHOLOGY

PART V - OVERTIME COMPUTATION

	THERAPISTS 1	ASSISTANTS 2	AIDES 3	TRAINEES 4	TOTAL 5	
47						47
48						48
49						49
50						50
51						51
52						52
53						53
54						54
55						55
56						56

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57					50879	57
58					11906	58
59						59
60						60
61						61
62						62
63					62785	63
64					23068	64
65						65

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REASONABLE COST DETERMINATION FOR THERAPY SERVICES  
FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

WORKSHEET A-8-4  
PARTS V, VI & VII

[ ] OCCUPATIONAL [ ] PHYSICAL [ ] RESPIRATORY [ XX ] SPEECH PATHOLOGY

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66	COST OF OUTSIDE SUPPLIER SERVICES - HOSPITAL	23068	66
67	TOTAL COST	23068	67
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST - HOSPITAL	1.000000	68
69	EXCESS OF COST OVER LIMITATION - HOSPITAL	0	69
70	TOTAL EXCESS OF COST OVER LIMITATION	0	70

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS 5	COMMUNICA- TION 6.01	DATA PROCESSING 6.02	PURCHASING 6.03	ADMITTING 6.04	
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	478752	478752							3
4 NEW CAP REL COSTS-MVBLE EQUIP	1340690		1340690						4
5 EMPLOYEE BENEFITS	2364114	9193	25744	2399051					5
6.01 COMMUNICATIONS	92882	611	1711	13374	108578				6.01
6.02 DATA PROCESSING	298133	2466	6906	40758	2080	350343			6.02
6.03 PURCHASING	58737	11708	32788	17391	1664	615	122903		6.03
6.04 ADMITTING	134706	1669	4675	39026	1248	14812	283	196419	6.04
6.05 CREDIT AND COLLECTIONS	248453	10972	30725	48996	4160	19550	281		6.05
6.06 OTHER ADMINISTRATIVE & GENERAL	1048206	36751	102916	171484	18306	18769	4951		6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	810363	69743	195305	110727	3744	560	4120		8
9 LAUNDRY & LINEN SERVICE	113670	3890	10894	15847	416	20	2318		9
10 HOUSEKEEPING	286970	6994	19587	75834	416	385	1686		10
11 DIETARY	231348	5969	16715	41922	2080	2712	649		11
12 CAFETERIA	204096	10012	28036	46237	416		716		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	388016	9171	25683	120129	3744	11936	51		14
15 CENTRAL SERVICES & SUPPLY	48773	6547	18334	14901	1664	908	41		15
16 PHARMACY	317800	6105	17097	88599	2080	11292	679		16
17 MEDICAL RECORDS & LIBRARY	383732	20165	56469	103196	9152	35217	1616		17
18 SOCIAL SERVICE	70696	1304	3652		1248	2757			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	1667746	53991	151196	497450	7488	85090	1951	14098	25
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	653472	44351	124199	173036	7904	12468	3121	11745	37
41 RADIOLOGY-DIAGNOSTIC	1032301	29702	83176	230541	7904	3740	3773	47831	41
44 LABORATORY	1361109	13421	37585	208173	5408	66261	25174	37476	44
46 WHOLE BLOOD & PACKED RED BLOOD	116185	786	2200	7588	416	1503	3010	839	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	305132	9744	27287	81910	4160	8056	895	10651	49
50 PHYSICAL THERAPY	563977	53784	150616	72930	7904	8864	509	11882	50
51 OCCUPATIONAL THERAPY	32974					9230	9	789	51
52 SPEECH PATHOLOGY	65498	1331	3728		832	115		895	52
55 MEDICAL SUPPLIES CHARGED TO PAT	303971						12612	19365	55
55.01 IMPLANTABLE SUPPLIES	140841						5834	1585	55.01
55.02 PACEMAKERS	9370						388	130	55.02
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS	451708						18773	21071	56
59 CARDIAC REHAB									59
59.01 CHEMOTHERAPY	840194	8871	24843	37926	2080	5501	27704	8123	59.01
59.02 PSYCHIATRIC SERVICES	68268	1942	5439	21133	416	993	9	337	59.02
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	103406	9728	27242	28931	4576	7721	414	1346	60
61 EMERGENCY	1055730	25577	71626	76448	4576	17971	1119	8256	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	17692019	466498	1306374	2384487	106082	347046	122686	196419	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	5480	4883	13674	1670	832				96
98 PHYSICIANS' PRIVATE OFFICES	12814	4048	11337	3229			41		98
99 NONPAID WORKERS							93		99
99.01 CARDIAC REHAB	24945	3323	9305	3642	416	238	83		99.01
100 NON-ALLOWABLE COSTS	33236			6023	1248	3059			100

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS 5	COMMUNICA- TION 6.01	DATA PROCESSING 6.02	PURCHASING 6.03	ADMITTING 6.04
100.01TRANSITIONAL CARE								100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	17768494	478752	1340690	2399051	108578	350343	122903	196419 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CREDIT & COLLECTION	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
	6.05		6.06	8	9	10	11	12	
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
6.01 COMMUNICATIONS									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 CREDIT AND COLLECTIONS	363137								6.05
6.06 OTHER ADMINISTRATIVE & GENERAL		1401383	1401383						6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		1194562	102281	1296843					8
9 LAUNDRY & LINEN SERVICE		147055	12591	15030	174676				9
10 HOUSEKEEPING		391872	33553	27025		452450			10
11 DIETARY		301395	25806	23062		8316	358579		11
12 CAFETERIA		289513	24789	38682		13948		366932	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		558730	47840	35436		12778		24799	14
15 CENTRAL SERVICES & SUPPLY		91168	7806	25296		9121		3076	15
16 PHARMACY		443652	37986	23589		8506		18290	16
17 MEDICAL RECORDS & LIBRARY		609547	52191	77913		28094		21303	17
18 SOCIAL SERVICE		79657	6820	5038		1817			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	26063	2505073	214488	208610	174676	75218	358579	102693	25
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	21712	1052008	90075	171362		61790		35721	37
41 RADIOLOGY-DIAGNOSTIC	88447	1527415	130780	114762		41381		47592	41
44 LABORATORY	69280	1823887	156165	51858		18699		42975	44
46 WHOLE BLOOD & PACKED RED BLOOD	1551	134078	11480	3036		1095		1566	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	19691	467526	40031	37650		13576		16909	49
50 PHYSICAL THERAPY	21966	892432	76412	207810		74932		15055	50
51 OCCUPATIONAL THERAPY	1458	44460	3807						51
52 SPEECH PATHOLOGY	1655	74054	6341	5144		1855			52
55 MEDICAL SUPPLIES CHARGED TO PAT	35800	371748	31830						55
55.01 IMPLANTABLE SUPPLIES	2930	151190	12945						55.01
55.02 PACEMAKERS	240	10128	867						55.02
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS	38954	530506	45423						56
59 CARDIAC REHAB									59
59.01 CHEMOTHERAPY	15016	970258	83075	34277		12359		7829	59.01
59.02 PSYCHIATRIC SERVICES	623	99160	8490	7505		2706		4363	59.02
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	2488	185852	15913	37586		13553		5972	60
61 EMERGENCY	15263	1276566	109302	98825		35634		15782	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	363137	17624875	1389087	1249496	174676	435378	358579	363925	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		26539	2272	18867		6803		345	96
98 PHYSICIANS' PRIVATE OFFICES		31469	2694	15642		5640		667	98
99 NONPAID WORKERS		93	8						99
99.01 CARDIAC REHAB		41952	3592	12838		4629		752	99.01
100 NON-ALLOWABLE COSTS		43566	3730					1243	100

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CREDIT & COLLECTION	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA
	6.05	5A	6.06	8	9	10	11	12
100.01 TRANSITIONAL CARE								100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	363137	17768494	1401383	1296843	174676	452450	358579	366932 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.05 CREDIT AND COLLECTIONS								6.05
6.06 OTHER ADMINISTRATIVE & GENERAL								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	679583							14
15 CENTRAL SERVICES & SUPPLY		136467						15
16 PHARMACY		93	532116					16
17 MEDICAL RECORDS & LIBRARY		20		789068				17
18 SOCIAL SERVICE					93332			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
25 INPATIENT ROUTINE SERV COST CENTERS								
ADULTS & PEDIATRICS	404897	3464		56632	93332	4197662		4197662 25
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	140842	6236		47179		1605213		1605213 37
41 RADIOLOGY-DIAGNOSTIC		719		192187		2054836		2054836 41
44 LABORATORY		288		150541		2244413		2244413 44
46 WHOLE BLOOD & PACKED RED BLOOD				3370		154625		154625 46
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY		920		42787		619399		619399 49
50 PHYSICAL THERAPY		63		47730		1314434		1314434 50
51 OCCUPATIONAL THERAPY				3169		51436		51436 51
52 SPEECH PATHOLOGY				3597		90991		90991 52
55 MEDICAL SUPPLIES CHARGED TO PAT		67217		77791		548586		548586 55
55.01 IMPLANTABLE SUPPLIES		31094		6366		201595		201595 55.01
55.02 PACEMAKERS		2069		521		13585		13585 55.02
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		22363	314781	84644		997717		997717 56
59 CARDIAC REHAB								59
59.01 CHEMOTHERAPY	30870	444	217335	32630		1389077		1389077 59.01
59.02 PSYCHIATRIC SERVICES	17201			1353		140778		140778 59.02
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
60 OUTPATIENT SERVICE COST CENTERS								
CLINIC	23548	84		5406		287914		287914 60
61 EMERGENCY	62225	1389		33165		1632888		1632888 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	679583	136463	532116	789068	93332	17545149		17545149 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN						54826		54826 96
98 PHYSICIANS' PRIVATE OFFICES						56112		56112 98
99 NONPAID WORKERS						101		101 99
99.01 CARDIAC REHAB		4				63767		63767 99.01
100 NON-ALLOWABLE COSTS						48539		48539 100

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
100.01TRANSITIONAL CARE								100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	679583	136467	532116	789068	93332	17768494		17768494 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	COMMUNICA- TION 6.01	DATA PROCESSING 6.02	PURCHASING 6.03	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5		9193	25744	34937	34937				5
6.01		611	1711	2322	195	2517			6.01
6.02		2466	6906	9372	594	48	10014		6.02
6.03		11708	32788	44496	253	39	18	44806	6.03
6.04		1669	4675	6344	568	29	423	103	6.04
6.05		10972	30725	41697	714	96	559	103	6.05
6.06		36751	102916	139667	2498	424	537	1805	6.06
7									7
8		69743	195305	265048	1613	87	16	1502	8
9		3890	10894	14784	231	10	1	845	9
10		6994	19587	26581	1104	10	11	615	10
11		5969	16715	22684	611	48	78	237	11
12		10012	28036	38048	673	10		261	12
13									13
14		9171	25683	34854	1750	87	341	19	14
15		6547	18334	24881	217	39	26	15	15
16		6105	17097	23202	1290	48	323	248	16
17		20165	56469	76634	1503	212	1007	589	17
18		1304	3652	4956		29	79		18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25		53991	151196	205187	7241	174	2431	711	25
ADULTS & PEDIATRICS									
ANCILLARY SERVICE COST CENTERS									
37		44351	124199	168550	2520	183	356	1138	37
41		29702	83176	112878	3358	183	107	1375	41
44		13421	37585	51006	3032	125	1894	9177	44
46		786	2200	2986	111	10	43	1097	46
46.30									46.30
49		9744	27287	37031	1193	96	230	326	49
50		53784	150616	204400	1062	183	253	185	50
51							264	3	51
52		1331	3728	5059		19	3		52
55								4598	55
55.01								2127	55.01
55.02								141	55.02
55.30									55.30
56								6844	56
59									59
59.01		8871	24843	33714	552	48	157	10101	59.01
59.02		1942	5439	7381	308	10	28	3	59.02
59.97									59.97
59.98									59.98
59.99									59.99
OUTPATIENT SERVICE COST CENTERS									
60		9728	27242	36970	421	106	221	151	60
61		25577	71626	97203	1113	106	514	408	61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71									71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
85.03									85.03
95		466498	1306374	1772872	34725	2459	9920	44727	95
NONREIMBURSABLE COST CENTERS									
96		4883	13674	18557	24	19			96
98		4048	11337	15385	47			15	98
99								34	99
99.01		3323	9305	12628	53	10	7	30	99.01
100					88	29	87		100

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	COMMUNICA- TION 6.01	DATA PROCESSING 6.02	PURCHASING 6.03
100.01TRANSITIONAL CARE								100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		478752	1340690	1819442	34937	2517	10014	44806 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	ADMITTING 6.04	CREDIT & COLLECTION 6.05	ADMINISTRATIVE & GENERAL 6.06	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	
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
6.01 COMMUNICATIONS									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING	7467								6.04
6.05 CREDIT AND COLLECTIONS		43169							6.05
6.06 OTHER ADMINISTRATIVE & GENERAL			144931						6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT			10578	278844					8
9 LAUNDRY & LINEN SERVICE			1302	3232	20405				9
10 HOUSEKEEPING			3470	5811		37602			10
11 DIETARY			2669	4959		691	31977		11
12 CAFETERIA			2564	8317		1159		51032	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION			4948	7619		1062		3449	14
15 CENTRAL SERVICES & SUPPLY			807	5439		758		428	15
16 PHARMACY			3929	5072		707		2544	16
17 MEDICAL RECORDS & LIBRARY			5398	16753		2335		2963	17
18 SOCIAL SERVICE			705	1083		151			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	536	3099	22179	44855	20405	6253	31977	14279	25
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	446	2582	9316	36846		5135		4968	37
41 RADIOLOGY-DIAGNOSTIC	1822	10505	13525	24676		3439		6619	41
44 LABORATORY	1423	8239	16151	11150		1554		5977	44
46 WHOLE BLOOD & PACKED RED BLOOD	32	184	1187	653		91		218	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	405	2342	4140	8095		1128		2352	49
50 PHYSICAL THERAPY	451	2612	7902	44683		6227		2094	50
51 OCCUPATIONAL THERAPY	30	173	394						51
52 SPEECH PATHOLOGY	34	197	656	1106		154			52
55 MEDICAL SUPPLIES CHARGED TO PAT	736	4257	3292						55
55.01 IMPLANTABLE SUPPLIES	60	348	1339						55.01
55.02 PACEMAKERS	5	28	90						55.02
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS	800	4632	4698						56
59 CARDIAC REHAB									59
59.01 CHEMOTHERAPY	309	1786	8592	7370		1027		1089	59.01
59.02 PSYCHIATRIC SERVICES	13	74	878	1614		225		607	59.02
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	51	296	1646	8082		1126		831	60
61 EMERGENCY	314	1815	11304	21249		2961		2195	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	7467	43169	143659	268664	20405	36183	31977	50613	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN			235	4057		565		48	96
98 PHYSICIANS' PRIVATE OFFICES			279	3363		469		93	98
99 NONPAID WORKERS			1						99
99.01 CARDIAC REHAB			371	2760		385		105	99.01
100 NON-ALLOWABLE COSTS			386					173	100

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	ADMITTING	CREDIT & COLLECTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA
	6.04	6.05	6.06	8	9	10	11	12
100.01 TRANSITIONAL CARE								100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	7467	43169	144931	278844	20405	37602	31977	51032 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.05 CREDIT AND COLLECTIONS								6.05
6.06 OTHER ADMINISTRATIVE & GENERAL								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	54129							14
15 CENTRAL SERVICES & SUPPLY		32610						15
16 PHARMACY		22	37385					16
17 MEDICAL RECORDS & LIBRARY		5		107399				17
18 SOCIAL SERVICE					7003			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	32250	828		7709	7003	407117		407117 25
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	11218	1490		6422		251170		251170 37
41 RADIOLOGY-DIAGNOSTIC		172		26149		204808		204808 41
44 LABORATORY		69		20492		130289		130289 44
46 WHOLE BLOOD & PACKED RED BLOOD				459		7071		7071 46
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY		220		5824		63382		63382 49
50 PHYSICAL THERAPY		15		6497		276564		276564 50
51 OCCUPATIONAL THERAPY				431		1295		1295 51
52 SPEECH PATHOLOGY				490		7718		7718 52
55 MEDICAL SUPPLIES CHARGED TO PAT		16062		10589		39534		39534 55
55.01 IMPLANTABLE SUPPLIES		7430		867		12171		12171 55.01
55.02 PACEMAKERS		494		71		829		829 55.02
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		5344	22115	11522		55955		55955 56
59 CARDIAC REHAB								59
59.01 CHEMOTHERAPY	2459	106	15270	4442		87022		87022 59.01
59.02 PSYCHIATRIC SERVICES	1370			184		12695		12695 59.02
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	1876	20		736		52533		52533 60
61 EMERGENCY	4956	332		4515		148985		148985 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	54129	32609	37385	107399	7003	1759138		1759138 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN						23505		23505 96
98 PHYSICIANS' PRIVATE OFFICES						19651		19651 98
99 NONPAID WORKERS						35		35 99
99.01 CARDIAC REHAB		1				16350		16350 99.01
100 NON-ALLOWABLE COSTS						763		763 100

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WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
100.01TRANSITIONAL CARE								100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	54129	32610	37385	107399	7003	1819442		1819442 103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS	NEW CAP- REL COSTS	EMPLOYEE BENEFITS	COMMUNICA- TION	DATA PROCESSING	PURCHASING	ADMITTING	
	BLDG&FIXT SQ FEET	MOV EQUIP SQUARE FEET	GROSS SALARIES	# NON PT. TELEPHONES	TIME SPENT	SUPPLY COS	GROSS CHARGES	
	3	4	5	6.01	6.02	6.03	6.04	
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	87750							3
4 NEW CAP REL COSTS-MVBLE EQUIP		87750						4
5 EMPLOYEE BENEFITS	1685	1685	7679149					5
6.01 COMMUNICATIONS	112	112	42808	261				6.01
6.02 DATA PROCESSING	452	452	130464	5	1574376			6.02
6.03 PURCHASING	2146	2146	55667	4	2762	3188780		6.03
6.04 ADMITTING	306	306	124919	3	66564	7344	30454281	6.04
6.05 CREDIT AND COLLECTIONS	2011	2011	156833	10	87856	7302		6.05
6.06 OTHER ADMINISTRATIVE & GENERA	6736	6736	548906	44	84344	128468		6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	12783	12783	354426	9	2517	106895		8
9 LAUNDRY & LINEN SERVICE	713	713	50726	1	89	60136		9
10 HOUSEKEEPING	1282	1282	242739	1	1730	43757		10
11 DIETARY	1094	1094	134190	5	12188	16836		11
12 CAFETERIA	1835	1835	148000	1		18569		12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	1681	1681	384523	9	53639	1334		14
15 CENTRAL SERVICES & SUPPLY	1200	1200	47697	4	4082	1076		15
16 PHARMACY	1119	1119	283596	5	50746	17618		16
17 MEDICAL RECORDS & LIBRARY	3696	3696	330322	22	158260	41924		17
18 SOCIAL SERVICE	239	239		3	12389			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
25 INPATIENT ROUTINE SERV COST CENTERS ADULTS & PEDIATRICS	9896	9896	1592286	18	382366	50632	2185730	25
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	8129	8129	553872	19	56028	80976	1820892	37
41 RADIOLOGY-DIAGNOSTIC	5444	5444	737941	19	16808	97886	7417532	41
44 LABORATORY	2460	2460	666344	13	297765	653146	5810167	44
46 WHOLE BLOOD & PACKED RED BLOO	144	144	24288	1	6754	78090	130075	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	1786	1786	262187	10	36201	23211	1651389	49
50 PHYSICAL THERAPY	9858	9858	233443	19	39831	13197	1842152	50
51 OCCUPATIONAL THERAPY					41480	243	122312	51
52 SPEECH PATHOLOGY	244	244		2	519		138814	52
55 MEDICAL SUPPLIES CHARGED TO P						327225	3002363	55
55.01 IMPLANTABLE SUPPLIES						151369	245687	55.01
55.02 PACEMAKERS						10070	20092	55.02
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS						487075	3266831	56
59 CARDIAC REHAB								59
59.01 CHEMOTHERAPY	1626	1626	121398	5	24722	718738	1259350	59.01
59.02 PSYCHIATRIC SERVICES	356	356	67646	1	4462	233	52233	59.02
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	1783	1783	92606	11	34699	10752	208650	60
61 EMERGENCY	4688	4688	244703	11	80759	29023	1280012	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	85504	85504	7632530	255	1559560	3183125	30454281	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	895	895	5346	2				96
98 PHYSICIANS' PRIVATE OFFICES	742	742	10337			1075		98
99 NONPAID WORKERS						2418		99

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP-	NEW CAP-	EMPLOYEE	COMMUNICA-	DATA	PURCHASING	ADMITTING	
	REL COSTS	REL COSTS	BENEFITS	TION	PROCESSING			
	BLDG&FIXT	MOV EQUIP	GROSS	# NON PT.	TIME	SUPPLY COS	GROSS	
	SQ	SQUARE	SALARIES	TELEPHONES	SPENT		CHARGES	
	3	4	5	6.01	6.02	6.03	6.04	
	FEET	FEET						
99.01 CARDIAC REHAB	609	609	11658	1	1068	2162		99.01
100 NON-ALLOWABLE COSTS			19278	3	13748			100
100.01 TRANSITIONAL CARE								100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	478752	1340690	2399051	108578	350343	122903	196419	103
104 UNIT COST MULT-WS B PT I		15.278519		416.007663		.038542		104
104 UNIT COST MULT-WS B PT I	5.455863		.312411		.222528		.006450	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			34937	2517	10014	44806	7467	107
108 UNIT COST MULT-WS B PT III				9.643678		.014051		108
108 UNIT COST MULT-WS B PT III			.004550		.006361		.000245	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CREDIT & COLLECTION	RECON-	ADMINISTRA	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA
	GROSS CHARGES	CILIATION	TIVE & GENERAL ACCUM COST	OF PLANT SQ FEET	AND LINEN SERVICE PATIENT DAYS	KEEPING SQUARE FEET	PATIENT DAYS	SALARIES
	6.05	6A.06	6.06	8	9	10	11	12
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6.01								6.01
6.02								6.02
6.03								6.03
6.04								6.04
6.05	30454281							6.05
6.06		-1401383	16367111					6.06
7								7
8			1194562	61519				8
9			147055	713	2902			9
10			391872	1282		59524		10
11			301395	1094		1094	2902	11
12			289513	1835		1835		12
13								13
14			558730	1681		1681		14
15			91168	1200		1200		15
16			443652	1119		1119		16
17			609547	3696		3696		17
18			79657	239		239		18
20								20
21								21
22								22
23								23
24								24
25	2185730		2505073	9896	2902	9896	2902	1592286 25
ANCILLARY SERVICE COST CENTERS								
37	1820892		1052008	8129		8129		553872 37
41	7417532		1527415	5444		5444		737941 41
44	5810167		1823887	2460		2460		666344 44
46	130075		134078	144		144		24288 46
46.30								46.30
49	1651389		467526	1786		1786		262187 49
50	1842152		892432	9858		9858		233443 50
51	122312		44460					51
52	138814		74054	244		244		52
55	3002363		371748					55
55.01	245687		151190					55.01
55.02	20092		10128					55.02
55.30								55.30
56	3266831		530506					56
59								59
59.01	1259350		970258	1626		1626		121398 59.01
59.02	52233		99160	356		356		67646 59.02
59.97								59.97
59.98								59.98
59.99								59.99
OUTPATIENT SERVICE COST CENTERS								
60	208650		185852	1783		1783		92606 60
61	1280012		1276566	4688		4688		244703 61
62								62
63.50								63.50
63.60								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10								69.10
69.20								69.20
69.30								69.30
69.40								69.40
71								71
SPECIAL PURPOSE COST CENTERS								
85.01								85.01
85.02								85.02
85.03								85.03
95	30454281	-1401383	16223492	59273	2902	57278	2902	5642852 95
NONREIMBURSABLE COST CENTERS								
96			26539	895		895		5346 96
98			31469	742		742		10337 98
99			93					99

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CREDIT & COLLECTION	RECON-	ADMINISTRA	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	GROSS CHARGES	CILIATION	TIVE & GENERAL ACCUM COST	OF PLANT SQ FEET	AND LINEN SERVICE PATIENT SQUARE FEET	KEEPING	PATIENT DAYS	SALARIES	
	6.05	6A.06	6.06	8	9	10	11	12	
99.01 CARDIAC REHAB			41952	609		609		11658	99.01
100 NON-ALLOWABLE COSTS			43566					19278	100
100.01 TRANSITIONAL CARE									100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	363137		1401383	1296843	174676	452450	358579	366932	103
104 UNIT COST MULT-WS B PT I	.011924		.085622		60.191592		123.562715		104
104 UNIT COST MULT-WS B PT I				21.080365		7.601136		.064493	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	43169		144931	278844	20405	37602	31977	51032	107
108 UNIT COST MULT-WS B PT III	.001418		.008855		7.031358		11.018952		108
108 UNIT COST MULT-WS B PT III				4.532648		.631712		.008970	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINISTRATION SALARIES	CENTRAL SERVICES & SUPPLY COSTED REQUIS	PHARMACY COSTED REQUIS	MEDICAL RECORDS + LIBRARY GROSS CHARGES	SOCIAL SERVICE TIME SPENT	
	14	15	16	17	18	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6.01 COMMUNICATIONS						6.01
6.02 DATA PROCESSING						6.02
6.03 PURCHASING						6.03
6.04 ADMITTING						6.04
6.05 CREDIT AND COLLECTIONS						6.05
6.06 OTHER ADMINISTRATIVE & GENERA						6.06
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION	2672511					14
15 CENTRAL SERVICES & SUPPLY		664345				15
16 PHARMACY		454	3083354			16
17 MEDICAL RECORDS & LIBRARY		98		30454281		17
18 SOCIAL SERVICE					2902	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
25 INPATIENT ROUTINE SERV COST CENTERS						
ADULTS & PEDIATRICS	1592286	16861		2185730	2902	25
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	553872	30356		1820892		37
41 RADIOLOGY-DIAGNOSTIC		3501		7417532		41
44 LABORATORY		1401		5810167		44
46 WHOLE BLOOD & PACKED RED BLOO				130075		46
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY		4478		1651389		49
50 PHYSICAL THERAPY		307		1842152		50
51 OCCUPATIONAL THERAPY				122312		51
52 SPEECH PATHOLOGY				138814		52
55 MEDICAL SUPPLIES CHARGED TO P		327225		3002363		55
55.01 IMPLANTABLE SUPPLIES		151369		245687		55.01
55.02 PACEMAKERS		10070		20092		55.02
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS		108868	1824004	3266831		56
59 CARDIAC REHAB						59
59.01 CHEMOTHERAPY	121398	2161	1259350	1259350		59.01
59.02 PSYCHIATRIC SERVICES	67646	1		52233		59.02
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	92606	411		208650		60
61 EMERGENCY	244703	6764		1280012		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	2672511	664325	3083354	30454281	2902	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & C						96
98 PHYSICIANS' PRIVATE OFFICES						98
99 NONPAID WORKERS						99

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION SALARIES	CENTRAL SERVICES & SUPPLY COSTED REQUIS	PHARMACY COSTED REQUIS	MEDICAL RECORDS + LIBRARY GROSS CHARGES	SOCIAL SERVICE TIME SPENT	
	14	15	16	17	18	
99.01 CARDIAC REHAB			20			99.01
100 NON-ALLOWABLE COSTS						100
100.01 TRANSITIONAL CARE						100.01
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 COST TO BE ALLOC PER B PT I	679583	136467	532116	789068	93332	103
104 UNIT COST MULT-WS B PT I	.254286		.172577		32.161268	104
104 UNIT COST MULT-WS B PT I		.205416		.025910		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	54129	32610	37385	107399	7003	107
108 UNIT COST MULT-WS B PT III	.020254		.012125		2.413163	108
108 UNIT COST MULT-WS B PT III		.049086		.003527		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE	TOTAL COSTS
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT		DISALLOWANCE	
	1	2	3	4	5
25 INPATIENT ROUTINE SERV COST CENTERS					
ADULTS & PEDIATRICS	4197662				25
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	1605213				37
41 RADIOLOGY-DIAGNOSTIC	2054836				41
44 LABORATORY	2244413				44
46 WHOLE BLOOD & PACKED RED BL	154625				46
46.30 BLOOD CLOTTING FACTORS ADMI					46.30
49 RESPIRATORY THERAPY	619399				49
50 PHYSICAL THERAPY	1314434				50
51 OCCUPATIONAL THERAPY	51436				51
52 SPEECH PATHOLOGY	90991				52
55 MEDICAL SUPPLIES CHARGED TO	548586				55
55.01 IMPLANTABLE SUPPLIES	201595				55.01
55.02 PACEMAKERS	13585				55.02
55.30 IMPL. DEV. CHARGED TO PATIE					55.30
56 DRUGS CHARGED TO PATIENTS	997717				56
59 CARDIAC REHAB					59
59.01 CHEMOTHERAPY	1389077				59.01
59.02 PSYCHIATRIC SERVICES	140778				59.02
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC	287914				60
61 EMERGENCY	1632888				61
62 OBSERVATION BEDS (NON-DISTI	409194		409194		62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 SUBTOTAL	17954343		409194		101
102 LESS OBSERVATION BEDS	409194		409194		102
103 TOTAL	17545149				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			
25 INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	1886756		1886756			25
37 ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	338661	1482231	1820892	.881553		37
41 RADIOLOGY-DIAGNOSTIC	651000	6766532	7417532	.277024		41
44 LABORATORY	1117021	4693146	5810167	.386291		44
46 WHOLE BLOOD & PACKED RED BL	66909	63166	130075	1.188737		46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	401032	1250357	1651389	.375078		49
50 PHYSICAL THERAPY	224869	1617283	1842152	.713532		50
51 OCCUPATIONAL THERAPY	38890	83422	122312	.420531		51
52 SPEECH PATHOLOGY	19384	119430	138814	.655489		52
55 MEDICAL SUPPLIES CHARGED TO	953061	2049302	3002363	.182718		55
55.01 IMPLANTABLE SUPPLIES	93740	151947	245687	.820536		55.01
55.02 PACEMAKERS		20092	20092	.676140		55.02
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	1228530	2038300	3266830	.305408		56
59 CARDIAC REHAB						59
59.01 CHEMOTHERAPY	11983	1247367	1259350	1.103011		59.01
59.02 PSYCHIATRIC SERVICES	351	51882	52233	2.695193		59.02
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
60 OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	121	208529	208650	1.379890		60
61 EMERGENCY	3753	1276259	1280012	1.275682		61
62 OBSERVATION BEDS (NON-DISTI	1985	296989	298974	1.368661	1.368661	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	7038046	23416234	30454280			101
102 LESS OBSERVATION BEDS						102
103 TOTAL			30454280			103

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-1338) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
41 OPERATING ROOM	.881553	.881553	.881553			37
44 RADIOLOGY-DIAGNOSTIC	.277024	.277024	.277024			41
46 LABORATORY	.386291	.386291	.386291			44
46.30 WHOLE BLOOD & PACKED RED BLOOD	1.188737	1.188737	1.188737			46
49 BLOOD CLOTTING FACTORS ADMIN CO						46.30
50 RESPIRATORY THERAPY	.375078	.375078	.375078			49
51 PHYSICAL THERAPY	.713532	.713532	.713532			50
52 OCCUPATIONAL THERAPY	.420531	.420531	.420531			51
55 SPEECH PATHOLOGY	.655489	.655489	.655489			52
55.01 MEDICAL SUPPLIES CHARGED TO PAT	.182718	.182718	.182718			55
55.02 IMPLANTABLE SUPPLIES	.820536	.820536	.820536			55.01
55.30 PACEMAKERS	.676140	.676140	.676140			55.02
56 IMPL. DEV. CHARGED TO PATIENT						55.30
59 DRUGS CHARGED TO PATIENTS	.305408	.305408	.305408			56
59.01 CARDIAC REHAB						59
59.02 CHEMOTHERAPY	1.103011	1.103011	1.103011			59.01
59.97 PSYCHIATRIC SERVICES	2.695193	2.695193	2.695193			59.02
59.98 CARDIAC REHABILITATION						59.97
59.99 HYPERBARIC OXYGEN THERAPY						59.98
60 LITHOTRIPSY						59.99
60.01 OUTPATIENT SERVICE COST CENTERS						
61 CLINIC	1.379890	1.379890	1.379890			60
62 EMERGENCY	1.275682	1.275682	1.275682			61
63.50 OBSERVATION BEDS (NON-DISTINCT	1.368661	1.368661	1.368661			62
63.60 RHC						63.50
65.01 FQHC						63.60
65.02 OTHER REIMBURSABLE COST CENTERS						
65.03 AMBULANCE SERVICES (2ND PERIOD)						65.01
101 AMBULANCE SERVICES (3RD PERIOD)						65.02
102 AMBULANCE SERVICES (4TH PERIOD)						65.03
103 SUBTOTAL						101
104 CRNA CHARGES						102
105 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
106 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.305408	1
2 VACCINE CHARGES (OTHER THAN HEPATITIS B)	2	5855	2
2.01 VACCINE CHARGES - HEPATITIS B	2.01		2.01
3 VACCINE COSTS (OTHER THAN HEPATITIS B)	3	1788	3
3.01 VACCINE COSTS - HEPATITIS B	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-1338) [ ] 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
37 ANCILLARY SERVICE COST CENTERS								
OPERATING ROOM	669628							37
41 RADIOLOGY-DIAGNOSTIC	2659161							41
44 LABORATORY	1936703							44
46 WHOLE BLOOD & PACKED RED BLOOD	42667							46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY	567569							49
50 PHYSICAL THERAPY	537317							50
51 OCCUPATIONAL THERAPY	18069							51
52 SPEECH PATHOLOGY	69933							52
55 MEDICAL SUPPLIES CHARGED TO PA	844874							55
55.01 IMPLANTABLE SUPPLIES	92644							55.01
55.02 PACEMAKERS	13477							55.02
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS	884194							56
59 CARDIAC REHAB								59
59.01 CHEMOTHERAPY	1013609							59.01
59.02 PSYCHIATRIC SERVICES	9834							59.02
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	114739							60
61 EMERGENCY	434923							61
62 OBSERVATION BEDS (NON-DISTINCT	141627							62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL	10050968							101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	10050968							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-1338) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	590313						37
41 RADIOLOGY-DIAGNOSTIC	736651						41
44 LABORATORY	748131						44
46 WHOLE BLOOD & PACKED RED BLOOD	50720						46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	212883						49
50 PHYSICAL THERAPY	383393						50
51 OCCUPATIONAL THERAPY	7599						51
52 SPEECH PATHOLOGY	45840						52
55 MEDICAL SUPPLIES CHARGED TO PAT	154374						55
55.01 IMPLANTABLE SUPPLIES	76018						55.01
55.02 PACEMAKERS	9112						55.02
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS	270040						56
59 CARDIAC REHAB							59
59.01 CHEMOTHERAPY	1118022						59.01
59.02 PSYCHIATRIC SERVICES	26505						59.02
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	158327						60
61 EMERGENCY	554823						61
62 OBSERVATION BEDS (NON-DISTINCT	193839						62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL	5336590						101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES	5336590						104

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 (OTHER) (14-1338)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	3207						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	2754						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2754						4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	184						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	184						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	42						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	43						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1623						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	184						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	184						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 (OTHER) (14-1338)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	107.32						19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	107.32						20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4197662						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	4507						24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	4615						25
26 TOTAL SWING-BED COST	502838						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3694824						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2319978						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2319978						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.592612						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	842.40						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	3694824						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 (OTHER) (14-1338)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1341.62					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2177449					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2177449					41
	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						43
44 INTENSIVE CARE UNIT						44
45 CORONARY CARE UNIT						45
46 BURN INTENSIVE CARE UNIT						46
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-1338)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	1136141					48
49 TOTAL PROGRAM INPATIENT COSTS	3313590					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES						50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST						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 [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-1338)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60	246858					60
61	246858					61
62	493716					62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

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

SNF

1

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

PROVIDER NO. 14-1338 MEMORIAL HOSPITAL  
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
11/19/2010 15:54

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-1338)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	305	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1341.62	84
85 OBSERVATION BED COST	409194	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-1338)	<input type="checkbox"/> SNF	<input 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 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		1086774		25
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.881553	196850	173534	37
41 RADIOLOGY-DIAGNOSTIC	.277024	360300	99812	41
44 LABORATORY	.386291	656298	253522	44
46 WHOLE BLOOD & PACKED RED BLOOD	1.188737	47370	56310	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.375078	279979	105014	49
50 PHYSICAL THERAPY	.713532	82026	58528	50
51 OCCUPATIONAL THERAPY	.420531	10190	4285	51
52 SPEECH PATHOLOGY	.655489	12242	8024	52
55 MEDICAL SUPPLIES CHARGED TO PAT	.182718	732285	133802	55
55.01 IMPLANTABLE SUPPLIES	.820536	70036	57467	55.01
55.02 PACEMAKERS	.676140			55.02
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.305408	553223	168959	56
59 CARDIAC REHAB				59
59.01 CHEMOTHERAPY	1.103011	11167	12317	59.01
59.02 PSYCHIATRIC SERVICES	2.695193	117	315	59.02
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.379890			60
61 EMERGENCY	1.275682	3333	4252	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	1.368661			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		3015416	1136141	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		3015416		103

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 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 checked="" type="checkbox"/> S/B-SNF (14-Z338)	<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
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.881553	2136	1883	37
41 RADIOLOGY-DIAGNOSTIC	.277024	18106	5016	41
44 LABORATORY	.386291	70501	27234	44
46 WHOLE BLOOD & PACKED RED BLOOD	1.188737	5565	6615	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.375078	26197	9826	49
50 PHYSICAL THERAPY	.713532	100133	71448	50
51 OCCUPATIONAL THERAPY	.420531	22895	9628	51
52 SPEECH PATHOLOGY	.655489	4751	3114	52
55 MEDICAL SUPPLIES CHARGED TO PAT	.182718	67184	12276	55
55.01 IMPLANTABLE SUPPLIES	.820536			55.01
55.02 PACEMAKERS	.676140			55.02
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.305408	83910	25627	56
59 CARDIAC REHAB				59
59.01 CHEMOTHERAPY	1.103011			59.01
59.02 PSYCHIATRIC SERVICES	2.695193			59.02
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.379890			60
61 EMERGENCY	1.275682			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1.368661			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		401378	172667	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		401378		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6						6
7						7
7.01						7.01
8						8
9						9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
21.01						21.01
21.02						21.02
22						22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A  
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL	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					26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS					28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)					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 (14-1338) 1	HOSPITAL (14-1338) 1.01	HOSPITAL (14-1338) 1.02	
1 MEDICAL AND OTHER SERVICES	5338378			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	5338378			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				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				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				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	5391762			17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-1338)	HOSPITAL (14-1338)	HOSPITAL (14-1338)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES	26882		18
18.01 COINSURANCE	1618694		18.01
19 SUBTOTAL	3746186		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	3746186		23
24 PRIMARY PAYER PAYMENTS	1854		24
25 SUBTOTAL	3744332		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	162688		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	162688		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	132079		27.02
28 SUBTOTAL	3907020		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	3907020		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	4017416		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-110396		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 HOSPITAL (14-1338)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A				
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2362382		3783285	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.		83502		186159	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	01/08/2010 162560	01/08/2010	47972	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	162560		47972	3.99
4 TOTAL INTERIM PAYMENTS		2608444		4017416	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52		NONE	NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM	458852		-110396	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		3067296		3907020	7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SWING BED SKILLED NURSING FACILITY (14-Z338)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A			
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		526761		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE	NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	01/18/2010 11615		3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	11615		3.99
4 TOTAL INTERIM PAYMENTS		538376		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52		NONE NONE NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM	128890		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		667266		7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

CALCULATION OF REIMBURSEMENT SETTLEMENT  
 SWING BEDS

SUPPLEMENTAL  
 WORKSHEET E-2

COMPUTATION OF NET COST OF COVERED SERVICES

	TITLE V	--- TITLE XVIII ---		--- TITLE XIX ---	
	S/B NF	S/B SNF	S/B SNF	S/B SNF	S/B NF
	1	1	2	1	1
		PART A (14-Z338)		PART B (14-Z338)	
1	INPATIENT ROUTINE SERVICES - SWING BED - SNF	498653			1
2	INPATIENT ROUTINE SERVICES - SWING BED - NF				2
3	ANCILLARY SERVICES	174394			3
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM				4
5	PROGRAM DAYS	368			5
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM				6
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY				7
8	SUBTOTAL	673047			8
9	PRIMARY PAYER PAYMENTS				9
10	SUBTOTAL	673047			10
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)				11
12	SUBTOTAL	673047			12
13	COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	5781			13
14	80% OF PART B COSTS				14
15	SUBTOTAL	667266			15
16	OTHER ADJUSTMENTS				16
17	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PHYSICIAN PROFESSIONAL SERVICES)				17
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES				17.01
18	TOTAL	667266			18
19	SEQUESTRATION ADJUSTMENT				19
20	INTERIM PAYMENTS	538376			20
20.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				20.01
21	BALANCE DUE PROVIDER/PROGRAM	128890			21
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART II

PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

	HOSPITAL (14-1338)	SUB I	SUB II	SUB III	SUB IV	SNF I
1	INPATIENT SERVICES	3313590				1
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)					1.01
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	3313590				4
5	PRIMARY PAYER PAYMENTS	480				5
6	TOTAL COST	3346241				6
COMPUTATION OF LESSER OF COST OR CHARGES						
REASONABLE CHARGES						
7	ROUTINE SERVICE CHARGES					7
8	ANCILLARY SERVICE CHARGES					8
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE					9
10	TEACHING PHYSICIANS					10
11	TOTAL REASONABLE CHARGES					11
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENT LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS					12
13	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(E)					13
14	RATIO OF LINE 12 TO LINE 13					14
15	TOTAL CUSTOMARY CHARGES					15
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					16
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART II

PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

	HOSPITAL (14-1338)	SUB I	SUB II	SUB III	SUB IV	SNF I	
COMPUTATION OF REIMBURSEMENT SETTLEMENT							
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						18
19	COST OF COVERED SERVICES	3346241					19
20	DEDUCTIBLES	349098					20
21	EXCESS REASONABLE COST						21
22	SUBTOTAL	2997143					22
23	COINSURANCE	801					23
24	SUBTOTAL	2996342					24
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	70954					25
25.01	REDUCED REIMBURSABLE BAD DEBTS	70954					25.01
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	56146					25.02
26	SUBTOTAL	3067296					26
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						27
28	ADJ. PENDING CORRECT SNF PS & R						28
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						29
30	SUBTOTAL	3067296					30
31	SEQUESTRATION ADJUSTMENT						31
32	INTERIM PAYMENTS	2608444					32
32.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						32.01
33	BALANCE DUE PROVIDER/PROGRAM	458852					33
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						34

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	3834453			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	6341412			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-3567567			6
7	INVENTORY	152597			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	426441			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	7187336			11
FIXED ASSETS					
12	LAND	202557			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	433529			13
13.01	ACCUMULATED DEPRECIATION	-396540			13.01
14	BUILDINGS	13119658			14
14.01	ACCUMULATED DEPRECIATION	-5278103			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	930611			16
16.01	ACCUMULATED DEPRECIATION	-855897			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	10548009			18
18.01	ACCUMULATED DEPRECIATION	-6514712			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	12189112			21
OTHER ASSETS					
22	INVESTMENTS	14085904			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS				25
26	TOTAL OTHER ASSETS	14085904			26
27	TOTAL ASSETS	33462352			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	940075			28
29	SALARIES, WAGES & FEES PAYABLE	919247			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	450486			35
36	TOTAL CURRENT LIABILITIES	2309808			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES				41
42	TOTAL LONG TERM LIABILITIES				42
43	TOTAL LIABILITIES	2309808			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	31152544			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	31152544			51
52	TOTAL LIABILITIES AND FUND BALANCES	33462352			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	29294221			1
2 NET INCOME (LOSS)	1858323			2
3 TOTAL	31152544			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 RESTRICTED FUND BALANCE CHANGE				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	31152544			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 CORRECTION				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	31152544			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	1886756		1886756	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	1886756		1886756	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	1886756		1886756	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	5151290	23416234	28567524	18
19 ANCILLARY SERVICES				19
20 OUTPATIENT SERVICES				20
18.50 RHC				18.50
18.60 FQHC				18.60
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
24 LABORATORY GROSSUP		-97926	-97926	24
24.01 PROFESSIONAL FEES	116524	1825961	1942485	24.01
24.03 SUPPLIES		3966	3966	24.03
24.04		2	2	24.04
25 TOTAL PATIENT REVENUES	7154570	25148237	32302807	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		20653167	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)	-34		34
35			35
36			36
37			37
38 TOTAL DEDUCTIONS	-34		38
39 TOTAL OPERATING EXPENSES		20653133	39
40			40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	32302807	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	10745896	2
3	NET PATIENT REVENUES	21556911	3
4	LESS - TOTAL OPERATING EXPENSES	20653133	4
5	NET INCOME FROM SERVICE TO PATIENTS	903778	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	56882	6
7	INCOME FROM INVESTMENTS	609711	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	1671	10
11	REBATES AND REFUNDS OF EXPENSES	67754	11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	51061	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	495	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	799	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	REPLACEMENT TAX	18591	24
24.03	INTEREST INCOME OTHER	5046	24.03
24.04	CARELINK REVENUE	100	24.04
24.05	DR OFFICE BLDG	69049	24.05
24.06	DIALYSIS BLDG REVENUE	54883	24.06
24.07	NON ALLOWABLE INCOME	1010	24.07
24.08	MEALS ON WHEELS		24.08
24.09	MAINTENANCE EMPLOYEES		24.09
24.10	US CONSUMER REVENUES	2815	24.10
24.13	MISC	31884	24.13
24.14	TRANSITIONAL CARE REVENUE		24.14
24.15	MRI TECH	8388	24.15
24.16	HEALTHY HEART	9655	24.16
24.17	GAIN ON ASSETS		24.17
24.18	MISC	43118	24.18
24.19	GRANTS		24.19
24.20	OTHER		24.20
24.21	NON OPERATING AR INTEREST		24.21
25	TOTAL OTHER INCOME	1032912	25
26	TOTAL	1936690	26
27	CARELINK EXPENSE	112	27
27.01	DR OFFICE BLDG DEPRECIATION	31224	27.01
27.02	MAINTENANCE SALARIES		27.02
27.03	DEPRECIATION	3123	27.03
27.04	LOSS ON ASSETS	11201	27.04
27.05	DIALYSIS DEPRECIATION		27.05
27.06	LOSS ON ASSETS		27.06
27.07	DIALYSIS OTHER	13100	27.07
27.08	BUILDING EXP		27.08
27.09	OTHER	10472	27.09
27.10	MISC	9135	27.10
28	MISC		28
29			29
30	TOTAL OTHER EXPENSES	78367	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	1858323	31

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 COMMUNICATIONS					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING					6.03
6.04 ADMITTING					6.04
6.05 CREDIT AND COLLECTIONS					6.05
6.06 OTHER ADMINISTRATIVE & GENERAL					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOOD					46
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.01 IMPLANTABLE SUPPLIES					55.01
55.02 PACEMAKERS					55.02
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
59 CARDIAC REHAB					59
59.01 CHEMOTHERAPY					59.01
59.02 PSYCHIATRIC SERVICES					59.02
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 THERAP					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
98 PHYSICIANS' PRIVATE OFFICES					98
99 NONPAID WORKERS					99
99.01 CARDIAC REHAB					99.01
100 NON-ALLOWABLE COSTS					100

PROVIDER NO. 14-1338 MEMORIAL HOSPITAL  
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
11/19/2010 15:54

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	
100.01 TRANSITIONAL CARE						100.01
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	58.93		4.68				63.61 25
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	10.81	36.77	1.11				48.69 37
41 RADIOLOGY-DIAGNOSTIC	4.86	35.85	0.55				41.26 41
44 LABORATORY	11.30	33.33	0.91				45.54 44
46 WHOLE BLOOD & PACKED RED BLOOD	36.42	32.80	0.60				69.82 46
49 RESPIRATORY THERAPY	16.95	34.37	1.09				52.41 49
50 PHYSICAL THERAPY	4.45	29.17	0.09				33.71 50
51 OCCUPATIONAL THERAPY	8.33	14.77					23.10 51
52 SPEECH PATHOLOGY	8.82	50.38					59.20 52
55 MEDICAL SUPPLIES CHARGED TO PAT	24.39	28.14	1.83				54.36 55
55.01 IMPLANTABLE SUPPLIES	28.51	37.71					66.22 55.01
55.02 PACEMAKERS		67.08					67.08 55.02
56 DRUGS CHARGED TO PATIENTS	16.93	27.07	1.25				45.25 56
59.01 CHEMOTHERAPY	0.89	80.49					81.38 59.01
59.02 PSYCHIATRIC SERVICES	0.22	18.83					19.05 59.02
60 CLINIC		54.99					54.99 60
61 EMERGENCY	0.26	33.98	0.02				34.26 61
62 OBSERVATION BEDS (NON-DISTINCT)		47.37					47.37 62
101 TOTAL CHARGES	9.90	33.00	0.76				43.66 101

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	478752	2.69	-478752	-5.37			3
4 NEW CAP REL COSTS-MVBLE EQUIP	1340690	7.55	-1340690	-15.03			4
5 EMPLOYEE BENEFITS	2364114	13.31	-2364114	-26.50			5
6.01 COMMUNICATIONS	92882	.52	-92882	-1.04			6.01
6.02 DATA PROCESSING	298133	1.68	-298133	-3.34			6.02
6.03 PURCHASING	58737	.33	-58737	-.66			6.03
6.04 ADMITTING	134706	.76	-134706	-1.51			6.04
6.05 CREDIT AND COLLECTIONS	248453	1.40	-248453	-2.79			6.05
6.06 OTHER ADMINISTRATIVE & GENERAL	1048206	5.90	-1048206	-11.75			6.06
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT	810363	4.56	-810363	-9.08			8
9 LAUNDRY & LINEN SERVICE	113670	.64	-113670	-1.27			9
10 HOUSEKEEPING	286970	1.62	-286970	-3.22			10
11 DIETARY	231348	1.30	-231348	-2.59			11
12 CAFETERIA	204096	1.15	-204096	-2.29			12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	388016	2.18	-388016	-4.35			14
15 CENTRAL SERVICES & SUPPLY	48773	.27	-48773	-.55			15
16 PHARMACY	317800	1.79	-317800	-3.56			16
17 MEDICAL RECORDS & LIBRARY	383732	2.16	-383732	-4.30			17
18 SOCIAL SERVICE	70696	.40	-70696	-.79			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	1667746	9.39	2529916	28.36	4197662	23.62	25
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	653472	3.68	951741	10.67	1605213	9.03	37
41 RADIOLOGY-DIAGNOSTIC	1032301	5.81	1022535	11.46	2054836	11.56	41
44 LABORATORY	1361109	7.66	883304	9.90	2244413	12.63	44
46 WHOLE BLOOD & PACKED RED BLOOD	116185	.65	38440	.43	154625	.87	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	305132	1.72	314267	3.52	619399	3.49	49
50 PHYSICAL THERAPY	563977	3.17	750457	8.41	1314434	7.40	50
51 OCCUPATIONAL THERAPY	32974	.19	18462	.21	51436	.29	51
52 SPEECH PATHOLOGY	65498	.37	25493	.29	90991	.51	52
55 MEDICAL SUPPLIES CHARGED TO PAT	303971	1.71	244615	2.74	548586	3.09	55
55.01 IMPLANTABLE SUPPLIES	140841	.79	60754	.68	201595	1.13	55.01
55.02 PACEMAKERS	9370	.05	4215	.05	13585	.08	55.02
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS	451708	2.54	546009	6.12	997717	5.62	56
59 CARDIAC REHAB							59

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
59.01 CHEMOTHERAPY	840194	4.73	548883	6.15	1389077	7.82	59.01
59.02 PSYCHIATRIC SERVICES	68268	.38	72510	.81	140778	.79	59.02
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
60 CLINIC	103406	.58	184508	2.07	287914	1.62	60
61 EMERGENCY	1055730	5.94	577158	6.47	1632888	9.19	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							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	5480	.03	49346	.55	54826	.31	96
98 PHYSICIANS' PRIVATE OFFICES	12814	.07	43298	.49	56112	.32	98
99 NONPAID WORKERS			101		101		99
99.01 CARDIAC REHAB	24945	.14	38822	.44	63767	.36	99.01
100 NON-ALLOWABLE COSTS	33236	.19	15303	.17	48539	.27	100
100.01 TRANSITIONAL CARE							100.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	17768494	100.00	0	.00	17768494	100.00	103

\*\*\*\* THIS PROVIDER IS NOT A PPS HOSPITAL

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)	4899758
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)	9425649
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.520