

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY
 1. ELECTRONICALLY FILED COST REPORT
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

DATE: 09/20/2012 TIME: 11:08

CONTRACTOR 5. COST REPORT STATUS 6. DATE RECEIVED: _____ 10. NPR DATE: _____
 USE ONLY 1 - AS SUBMITTED 7. CONTRACTOR NO: _____ 11. CONTRACTOR'S VENDOR CODE: _____
 2 - SETTLED WITHOUT AUDIT 8. INITIAL REPORT FOR THIS PROVIDER CCN 12. IF LINE 5, COLUMN 1 IS 4: ENTER
 3 - SETTLED WITH AUDIT 9. FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.
 4 - REOPENED
 5 - AMENDED

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY SHERMAN HOSPITAL (14-0030) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 05/01/2011 AND ENDING 04/30/2012, AND 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 IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 09/20/2012 11:08
 FV5pvcv:kffmPzWvABxUQb7hhaqwv0
 X9:Az03SCUb38hka:47BljEfaS8nCN
 JrcnlclbgC0eN.1B

(SIGNED) Eric King
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)
 CFO
 TITLE
 DATE 9-20-12

PI Encryption: 09/20/2012 11:08
 fRoQsk9jhsbV2Xv8r:FFOSc0g9erp0
 ZWbzg0dzcYbc5ePjpjzBRz9021kp6
 iHQa0lkho:03bkdd

PART III - SETTLEMENT SUMMARY

TITLE V	TITLE XVIII			TITLE XIX
	PART A	PART B	HIT	
1	2	3	4	5
1 HOSPITAL	-522,005	43,324	1,697,681	1
2 SUBPROVIDER - IPF				2
3 SUBPROVIDER - IRF				3
4 SUBPROVIDER (OTHER)				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 HOME HEALTH AGENCY				9
10 HEALTH CLINIC - RHC				10
11 HEALTH CLINIC - FQHC				11
12 OUTPATIENT REHABILITATION PROVIDER				12
200 TOTAL	-522,005	43,324	1,697,681	200

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 673 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: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:
 1 STREET: 1425 NORTH RANDALL ROAD
 2 CITY: ELGIN STATE: IL

P.O. BOX: 1
 ZIP CODE: 60123 COUNTY: KANE 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			
						V 6	XVIII 7	XIX 8	
3	HOSPITAL	14-0030	16974	1	07/01/1966	N	P	N	3
4	SUBPROVIDER - IPF								4
5	SUBPROVIDER - IRF								5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF								9
10	HOSPITAL-BASED NF								10
11	HOSPITAL-BASED OLTG								11
12	HOSPITAL-BASED HHA								12
13	SEPARATELY CERTIFIED ASC								13
14	HOSPITAL-BASED HOSPICE								14
15	HOSPITAL-BASED HEALTH CLINIC - RHC								15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC								16
17	HOSPITAL-BASED (CMHC)								17
18	RENAL DIALYSIS								18
19	OTHER								19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 05/01/2011			TO: 04/30/2012				20
21	TYPE OF CONTROL								21

INPATIENT PPS INFORMATION

	DESCRIPTION	IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID ELIGIBLE DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID ELIGIBLE DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	P		
								1	2	
22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2)(PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.							Y	N	22
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.							3	N	23
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPSS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	11,252	165			15				24
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.									25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1					26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.				1					27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.									35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:				36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.									37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:				38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

	DESCRIPTION	V 1	XVIII 2	XIX 3	
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N	45
46	IS THIS FACILITY ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR §412.348(g)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	N	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.		UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
64	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTES ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTES THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)				64
ENTER IN LINES 65-65.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTES THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)					
PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))	
1	2	3	4	5	
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010		UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTES ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTES THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)				66

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

ENTER IN LINES 67-67.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4). (SEE INSTRUCTIONS)

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
1	2	3	4	5
INPATIENT PSYCHIATRIC FACILITY PPS				
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			71
INPATIENT REHABILITATION FACILITY PPS				
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 75
76	IF LINE 75 YES: COLUMN 1: DID 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. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			76
LONG TERM CARE HOSPITAL PPS				
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 80
TEFRA PROVIDERS				
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.			N 85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.			N 86
TITLE V AND XIX INPATIENT SERVICES				
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.			N Y 90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97
RURAL PROVIDERS				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			N 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106
107	COLUMN 1: 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 IN COLUMN 1. 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, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&R IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.			N 108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- OCCUP- RESPI- SICAL ATIONAL SPEECH RATORY	N 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

	1	2
115 IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	N	115
116 IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	116
117 IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	117
118 IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE, ENTER 2 IF THE POLICY IS OCCURRENCE.	1	118
<hr/>		
118.01 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 8,047,802 PAID LOSSES: AND/OR SELF INSURANCE:		118.01
118.02 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.	N	118.02
120 IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N 120
121 DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	121

TRANSPLANT CENTER INFORMATION

125 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.	N	125
126 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		126
127 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		127
128 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		128
129 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		129
130 IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		130
131 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		131
132 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		132
133 IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		133
134 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		134

ALL PROVIDERS

	1	2
140 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	Y	14H117 140

IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141 NAME: SHERMAN HEALTH SYSTEM CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICES CONTRACTOR'S NUMBER: 00130		141
142 STREET: 1425 N. RANDALL ROAD P.O. BOX:		142
143 CITY: ELGIN STATE: IL ZIP CODE: 60123		143
144 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y	144
145 IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y	145
146 HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N	146
147 WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	147
148 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	148
149 WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B. SEE 42 CFR §413.13)

	TITLE XVIII		TITLE V	TITLE XIX
	PART A	PART B		
155 HOSPITAL	1	2	3	4
156 SUBPROVIDER - IPF	N	N		155
157 SUBPROVIDER - IRF	N	N		156
158 SUBPROVIDER - (OTHER)	N	N		157
159 SNF	N	N		158
160 HHA	N	N		159
161 CMHC		N		160

MULTICAMPUS

165 IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	165			
166 IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.					
NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
0	1	2	3	4	5

HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT

167 IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	167
168 IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.		168
169 IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.	0.75	169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
 ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY ALL HOSPITALS

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE	
		1	2	
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N		
		Y/N	DATE	V/I
		1	2	3
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N		2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE
		1	2	3
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	N		4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5
APPROVED EDUCATIONAL ACTIVITIES		Y/N	Y/N	
		1	2	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11
			Y/N	Y/N
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.		Y	12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.		N	13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.		N	14
BED COMPLEMENT				
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		N	15
		Y/N	DATE	
		1	2	
PS&R REPORT DATA		Y/N	DATE	
		1	2	
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	08/29/2012	17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
 ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

CAPITAL RELATED COST

22	HAVE ASSETS BEEN RELIEFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS.	22
23	HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	23
24	WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	24
25	HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	25
26	WERE ASSETS SUBJECT TO SEC. 2314 OF DEBRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	26
27	HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	27

INTEREST EXPENSE

28	WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	28
29	DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (DEBT SERVICE RESERVE FUND) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS.	29
30	HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS.	30
31	HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS.	31

PURCHASED SERVICES

32	HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS.	32
33	IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS.	33

PROVIDER-BASED PHYSICIANS

34	ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS.	34
35	IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	35

HOME OFFICE COSTS

		Y/N	DATE	
		1	2	
36	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?			36
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.			37
38	IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE.	N		38
39	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.			39
40	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.			40

COST REPORT PREPARER CONTACT INFORMATION

41	FIRST NAME: CAROLYN	LAST NAME: CEKAL	TITLE: MANAGER REIMBURSEMEN	41
42	EMPLOYER: SHERMAN HOSPITAL			42
43	PHONE NUMBER: 224-783-1217	E-MAIL ADDRESS: CAROLYN.CEKAL@SHERMANHOSPITAL.		43

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	93,864,302	93,864,302	3,086,222.00	30.41	1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B						3
4	PHYSICIAN-PART A	47,400		47,400	667.00	71.06	4
4.01	PHYSICIAN-PART A - TEACHING						4.01
5	PHYSICIAN-PART B						5
6	NON-PHYSICIAN-PART B						6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7.01
8	HOME OFFICE PERSONNEL	2,697,707		2,697,707	34,462.00	78.28	8
9	SNF	44					9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	424,628	44,720	469,348	12,657.00	37.08	10
	OTHER WAGES & RELATED COSTS						
11	CONTRACT LABOR (SEE INSTRUCTIONS)	980,619		980,619	16,599.00	59.08	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE						13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS	3,988,355		3,988,355	68,236.00	58.45	14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING						16
	WAGE-RELATED COSTS						
17	WAGE-RELATED COSTS (CORE)	17,754,534		17,754,534			17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS	89,269		89,269			19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A - ADMINISTRATIVE	9,015		9,015			22
22.01	PHYSICIAN PART A - TEACHING						22.01
23	PHYSICIAN PART B						23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS	1,842,254	-1,141,176	701,078	26,240.00	26.72	26
27	ADMINISTRATIVE & GENERAL	14,459,410	143,127	14,602,537	475,670.00	30.70	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)	860,939		860,939	2,784.00	309.25	28
29	MAINTENANCE & REPAIRS		818,061	818,061	15,988.00	51.17	29
30	OPERATION OF PLANT	2,538,566	-786,023	1,752,543	90,812.00	19.30	30
31	LAUNDRY & LINEN SERVICE	139,804	1,764	141,568	9,232.00	15.33	31
32	HOUSEKEEPING	1,791,250	22,607	1,813,857	133,756.00	13.56	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY	1,875,239	-639,388	1,235,851	69,376.00	17.81	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA		639,011	639,011	45,811.00	13.95	36
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION	1,069,856	13,502	1,083,358	26,621.00	40.70	38
39	CENTRAL SERVICES AND SUPPLY	709,216	-246,575	462,641	27,844.00	16.62	39
40	PHARMACY	2,532,416	31,961	2,564,377	70,378.00	36.44	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,137,825	14,360	1,152,185	54,934.00	20.97	41
42	SOCIAL SERVICE	1,414,442	17,851	1,432,293	41,533.00	34.49	42
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	92,027,534		92,027,534	3,054,544.0	30.13	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	424,628	44,720	469,348	12,657.00	37.08	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	91,602,906	-44,720	91,558,186	3,041,887.0	30.10	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	4,968,974		4,968,974	84,835.00	58.57	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	17,763,549		17,763,549		19.40	5
6	TOTAL (SUM OF LINES 3 THRU 5)	114,335,429	-44,720	114,290,709	3,126,722.0	36.55	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	30,371,217	-1,110,918	29,260,299	1,090,979.0	26.82	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
 PART IV

PART A - CORE LIST

	AMOUNT REPORTED
RETIREMENT COST	
1 401K EMPLOYER CONTRIBUTIONS	3,204,646 1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	3
4 PRIOR YEAR PENSION SERVICE COST	4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)	
5 401K/TSA PLAN ADMINISTRATION FEES	5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN	6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES	7
HEALTH AND INSURANCE COST	
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	6,740,826 8
9 PRESCRIPTION DRUG PLAN	9
10 DENTAL, HEARING AND VISION PLAN	421,642 10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	146,838 12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	133,856 13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	14
15 WORKERS' COMPENSATION INSURANCE	366,935 15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)	16
TAXES	
17 FICA-EMPLOYERS PORTION ONLY	6,088,320 17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY	18
19 UNEMPLOYMENT INSURANCE	339,734 19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES	20
OTHER	
21 EXECUTIVE DEFERRED COMPENSATION	21
22 DAY CARE COSTS AND ALLOWANCES	22
23 TUITION REIMBURSEMENT	410,022 23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	17,852,819 24
PART B - OTHER THAN CORE RELATED COST	
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)	25

PROVIDER CCN: 14-0030 SHERMAN HOSPITAL
PERIOD FROM 05/01/2011 TO 04/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
09/20/2012 11:06

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

	COMPONENT	CONTRACT LABOR 1	BENEFIT COST 2	1
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST			2
2	HOSPITAL			3
3	SUBPROVIDER - IPF			4
4	SUBPROVIDER - IRF			5
5	SUBPROVIDER - (OTHER)			6
6	SWING BEDS - SNF			7
7	SWING BEDS - NF			8
8	HOSPITAL-BASED SNF			9
9	HOSPITAL-BASED NF			10
10	HOSPITAL-BASED OLTC			11
11	HOSPITAL-BASED HHA			12
12	SEPARATELY CERTIFIED ASC			13
13	HOSPITAL-BASED HOSPICE			14
14	HOSPITAL-BASED HEALTH CLINIC - RHC			15
15	HOSPITAL-BASED HEALTH CLINIC - FQHC			16
16	HOSPITAL-BASED (CMHC)			17
17	RENAL DIALYSIS			18
18	OTHER			

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)		0.245382	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)				
2	NET REVENUE FROM MEDICAID		17,113,388	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?		N	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?			4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID			5
6	MEDICAID CHARGES		125,902,859	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)		30,894,295	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)		13,780,907	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP) (SEE INSTRUCTIONS FOR EACH LINE)				
9	NET REVENUE FROM STAND-ALONE SCHIP			9
10	STAND-ALONE SCHIP CHARGES			10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)			11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)			12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)				
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)			13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)			14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)			15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)			16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)				
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE			17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS			18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)		13,780,907	19

		UNINSURED PATIENTS 1	INSURED PATIENTS 2	TOTAL 3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	10,614,295		10,614,295	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	2,604,557		2,604,557	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE			0	22
23	COST OF CHARITY CARE	2,604,557		2,604,557	23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM				24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)				25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			25,710,083	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			710,846	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			24,999,237	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			6,134,363	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			8,738,920	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			22,519,827	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS					18,767,967	1
1	00100				414,183	1.01
1.01	00101				6,751,703	1.02
1.02	00102				13,055,415	2
2	00200					3
3	00300					4
4	00400	1,842,254	17,377,349	19,219,603	-97,643	5.01
5.01	00540	425,753	974,514	1,400,267	5,373	5.02
5.02	00550	2,384,208	6,492,322	8,876,530	30,090	5.03
5.03	00560	506,801	224,670	731,471	6,396	5.04
5.04	00570	1,758,192	252,875	2,011,067	22,190	5.05
5.05	00580	1,513,830	1,755,910	3,269,740	19,106	5.06
5.06	00590	7,870,626	79,979,661	87,850,287	-23,828,273	6
6	00600				4,421,301	7
7	00700	2,077,776	5,642,169	7,719,945	-4,377,547	7.01
7.01	00701	460,790	3,477,957	3,938,747	-1,614,542	8
8	00800	139,804	744,921	884,725	1,764	9
9	00900	1,791,250	439,418	2,230,668	22,607	10
10	01000	1,875,239	2,398,292	4,273,531	-1,118,889	11
11	01100				1,103,675	12
12	01200					13
13	01300	1,069,856	88,757	1,158,613	13,502	14
14	01400	709,216	2,231,216	2,940,432	-1,924,157	15
15	01500	2,532,416	11,823,093	14,355,509	-10,783,428	16
16	01600	1,137,825	1,498,508	2,636,333	14,360	17
17	01700	1,414,442	456,729	1,871,171	17,851	19
19	01900					20
20	02000					21
21	02100					22
22	02200					23
23	02300					
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	17,396,801	1,987,171	19,383,972	11,107	30
31	03100	4,567,477	834,336	5,401,813	20,736	31
43	04300	1,851,616	270,652	2,122,268	-6,053	43
ANCILLARY SERVICE COST CENTERS						
50	05000	6,787,063	18,717,540	25,504,603	-14,406,957	50
51	05100	2,121,758	381,205	2,502,963	-68,290	51
52	05200	3,990,237	1,496,891	5,487,128	-134,138	52
54	05400	5,305,723	3,523,884	8,829,607	-804,046	54
55	05500	344,250	993,518	1,337,768	-13,108	55
57	05700	880,249	606,913	1,487,162	-235,276	57
58	05800	350,931	423,603	774,534	-106,711	58
59	05900	1,200,913	3,014,452	4,215,365	-2,577,750	59
60	06000	2,926,785	4,957,905	7,884,690	-2,902,370	60
62.30	06250					62.30
64	06400	1,344,667	370,322	1,714,989	-163,190	64
65	06500	1,496,615	397,560	1,894,175	-180,647	65
66	06600	2,519,276	203,785	2,723,061	33,068	66
67	06700	420,712	56,048	476,760	1,153	67
68	06800	161,585	3,845	165,430	1,588	68
69	06900	2,002,088	3,769,630	5,771,718	-3,153,892	69
70	07000	279,512	60,323	339,835	-8,910	70
71	07100					71
72	07200					72
73	07300					73
74	07400	2,323	699,798	702,121	-85	74
76	03950	234,224	105,314	339,538	-58,386	76
76.01	03951	189,987	87,855	277,842	1,788	76.01
76.02	03952				24,044	76.02
76.97	07697	231,304	192,310	423,614	2,017	76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	7,323,300	3,321,910	10,645,210	269,026	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113	11300		14,640,787	14,640,787	-14,640,787	113
118		93,439,674	196,975,918	290,415,592	-329,463	118
NONREIMBURSABLE COST CENTERS						
190	19000					190
194	07950	71,478	14,483	85,961	67,432	194
194.01	07951	353,150	200,571	553,721	262,031	194.01
200		93,864,302	197,190,972	291,055,274		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
GENERAL SERVICE COST CENTERS					
1	00100	18,767,967	1,036,646	19,804,613	1
1.01	00101	414,183	-9,492	404,691	1.01
1.02	00102	6,751,703	-294,747	6,456,956	1.02
2 00200 CAP REL COSTS-MVBLE EQUIP				13,055,415	2
3	00300				3
3	00300				4
4	00400	19,121,960	-206,040	18,915,920	5.01
5.01	00540	1,405,640	-213,385	1,192,255	5.02
5.02	00550	8,906,620	-3,024,981	5,881,639	5.03
5.03	00560	737,867		737,867	5.04
5.04	00570	2,033,257		2,033,257	5.05
5.05	00580	3,288,846	-773,001	2,515,845	5.06
5.06	00590	64,022,014	-33,176,707	30,845,307	6
6	00600	4,421,301		4,421,301	7
7	00700	3,342,398	-44,469	3,297,929	7.01
7.01	00701	2,324,205	-245,018	2,079,187	8
8	00800	886,489		886,489	9
9	00900	2,253,275		2,253,275	10
10	01000	3,154,642	-2,218,992	935,650	11
11	01100	1,103,675		1,103,675	12
12	01200				13
13	01300	1,172,115		1,172,115	14
14	01400	1,016,275		1,016,275	15
15	01500	3,572,081	-20	3,572,061	16
16	01600	2,650,693	-106,547	2,544,146	17
17	01700	1,889,022	-123,915	1,765,107	19
19	01900				20
20	02000				21
21	02100				22
22	02200				23
23	02300				
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	19,395,079	-391,256	19,003,823	30
31	03100	5,422,549	-39,332	5,383,217	31
43	04300	2,116,215	-122,683	1,993,532	43
ANCILLARY SERVICE COST CENTERS					
50	05000	11,097,646	-969,711	10,127,935	50
51	05100	2,434,673	-3,820	2,430,853	51
52	05200	5,352,990	-698,605	4,654,385	52
54	05400	8,025,561	-456,539	7,569,022	54
55	05500	1,324,660	-4,892	1,319,768	55
57	05700	1,251,886	-10,042	1,241,844	57
58	05800	667,823		667,823	58
59	05900	1,637,615	-14,892	1,622,723	59
60	06000	4,982,320	-1,047,608	3,934,712	60
62.30	06250				62.30
64	06400	1,551,799	-44,535	1,507,264	64
65	06500	1,713,528	-7,415	1,706,113	65
66	06600	2,756,129	-8,396	2,747,733	66
67	06700	477,913		477,913	67
68	06800	167,018		167,018	68
69	06900	2,617,826	-33,146	2,584,680	69
70	07000	330,925		330,925	70
71	07100	16,469,359		16,469,359	71
72	07200	10,561,490		10,561,490	72
73	07300	10,812,753		10,812,753	73
74	07400	702,036		702,036	74
76	03950	281,152		281,152	76
76.01	03951	279,630	-27,081	252,549	76.01
76.02	03952	24,044		24,044	76.02
76.97	07697	425,631	-20,187	405,444	76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
91	09100	10,914,236	-1,703,327	9,210,909	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
113	11300				113
118		290,086,129	-45,004,135	245,081,994	118
NONREIMBURSABLE COST CENTERS					
190	19000				190
194	07950	153,393	-30,500	122,893	194
194.01	07951	815,752		815,752	194.01
200		291,055,274	-45,034,635	246,020,639	200

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER	
			LINE #				
	1	2	3	4	5		
1 COST OF BILLABLE MEICAL SUPPLIES	A	MEDICAL SUPPLIES CHRGED TO PA	71			16,469,359	1
2		OTHER ADMINISTRATIVE COSTS	5.06			421,086	2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
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21							21
22							22
23							23
24							24
25							25
26							26
27							27
500 TOTAL RECLASSIFICATIONS						16,890,445	500
CODE LETTER - A							
1 RECLASS DRUGS CHARGED TO PATIENTS	B	DRUGS CHARGED TO PATIENTS	73			10,812,753	1
500 TOTAL RECLASSIFICATIONS						10,812,753	500
CODE LETTER - B							
1 RECLASS IMPLANTABLE DEVICES	C	IMPL. DEV. CHARGED TO PATIENT	72			10,561,490	1
2							2
3							3
4							4
500 TOTAL RECLASSIFICATIONS						10,561,490	500
CODE LETTER - C							
1 RECLASS MAINTENANCE & REPAIRS	D	MAINTENANCE & REPAIRS	6		807,865	3,603,240	1
500 TOTAL RECLASSIFICATIONS					807,865	3,603,240	500
CODE LETTER - D							
1 STERILIZATION COSTS	E	OPERATING ROOM	50		123,112	461,573	1
2		DELIVERY ROOM & LABOR ROOM	52		14,496	54,348	2
3		ELECTROCARDIOLOGY	69		59,991	224,917	3
4		CENTRAL SERVICES & SUPPLY	14		16,476	61,773	4
5		EMERGENCY	91		54,742	205,238	5
500 TOTAL RECLASSIFICATIONS					268,817	1,007,849	500
CODE LETTER - E							
1 CLINICAL NUTRITIONAL SALARIES	F	CLINICAL NUTRITION	76.02		24,044		1
500 TOTAL RECLASSIFICATIONS					24,044		500
CODE LETTER - F							
1 RECLASS CAFETERIA COSTS	G	CAFETERIA	11		631,047	464,664	1
500 TOTAL RECLASSIFICATIONS					631,047	464,664	500
CODE LETTER - G							
1 RECLASS EMP BEN FROM ADMN GEN	H	EMPLOYEE BENEFITS	4			1,043,533	1
500 TOTAL RECLASSIFICATIONS						1,043,533	500
CODE LETTER - H							
1 INSURANCE EXPENSE	I	CAP REL COSTS-BLDG & FIXT	1			198,393	1
500 TOTAL RECLASSIFICATIONS						198,393	500
CODE LETTER - I							

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER	
			LINE #	SALARY		
	1	2	3	4	5	
1 RECLASS NONREIMBURSABLE PORTION	J	COMMUNITY WELLNESS/EDUCATION	194	38,870	27,169	1
500 TOTAL RECLASSIFICATIONS				38,870	27,169	500
CODE LETTER - J						
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1 RECLASS DEPRECIATION EXPENSE	K	CAP REL COSTS-BLDG & FIXT	1		9,476,793	1
2		CAP REL COSTS-BLDG & FIXT-CAN	1.01		247,272	2
3		CAP REL COSTS-BLDG & FIXT-CEN	1.02		1,569,001	3
4		CAP REL COSTS-MVBLE EQUIP	2		13,055,415	4
5		OTHER ADMINISTRATIVE COSTS	5.06		37,764	5
6		OPERATION OF PLANT	7		17,531	6
7		RADIOLOGY-DIAGNOSTIC	54		88,205	7
8		PHYSICAL THERAPY	66		12,249	8
9		EMERGENCY	91		134,946	9
10		PHYSICIAN REFERRAL	194.01		257,574	10
500 TOTAL RECLASSIFICATIONS					24,896,750	500
CODE LETTER - K						
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1 RECLASS VACATION ACCRUALS	L	NON PATIENT TELECOMMUNICATION	5.01	5,373		1
2		DATA PROCESSING	5.02	30,090		2
3		PURCHASING	5.03	6,396		3
4		ADMITTING	5.04	22,190		4
5		PATIENT ACCOUNTING	5.05	19,106		5
6		OTHER ADMINISTRATIVE COSTS	5.06	98,842		6
7		MAINTENANCE & REPAIRS	6	10,196		7
8		OPERATION OF PLANT	7	16,027		8
9		OPERATION OF PLANT-CENTER STR	7.01	5,815		9
10		LAUNDRY & LINEN SERVICE	8	1,764		10
11		HOUSEKEEPING	9	22,607		11
12		DIETARY	10	15,703		12
13		CAFETERIA	11	7,964		13
14		NURSING ADMINISTRATION	13	13,502		14
15		CENTRAL SERVICES & SUPPLY	14	5,766		15
16		PHARMACY	15	31,961		16
17		MEDICAL RECORDS & LIBRARY	16	14,360		17
18		SOCIAL SERVICE	17	17,851		18
19		ADULTS & PEDIATRICS	30	219,560		19
20		INTENSIVE CARE UNIT	31	57,645		20
21		NURSERY	43	23,369		21
22		OPERATING ROOM	50	87,211		22
23		RECOVERY ROOM	51	26,778		23
24		DELIVERY ROOM & LABOR ROOM	52	50,543		24
25		RADIOLOGY-DIAGNOSTIC	54	66,962		25
26		RADIOLOGY-THERAPEUTIC	55	4,345		26
27		COMPUTED TOMOGRAPHY (CT) SCAN	57	11,109		27
28		MAGNETIC RESONANCE IMAGING (M	58	4,429		28
29		CARDIAC CATHETERIZATION	59	15,156		29
30		LABORATORY	60	36,938		30
31		INTRAVENOUS THERAPY	64	16,971		31
32		RESPIRATORY THERAPY	65	18,888		32
33		PHYSICAL THERAPY	66	31,795		33
34		OCCUPATIONAL THERAPY	67	5,310		34
35		SPEECH PATHOLOGY	68	2,039		35
36		ELECTROCARDIOLOGY	69	26,025		36
37		CARDIAC REHABILITATION	76.97	2,919		37
38		ELECTROENCEPHALOGRAPHY	70	3,528		38
39		RENAL DIALYSIS	74	29		39
40		WOUND CARE CENTER	76	2,956		40
41		DIABETES CENTER	76.01	2,398		41
42		EMERGENCY	91	72,910		42
43		COMMUNITY WELLNESS/EDUCATION	194	1,393		43
44		PHYSICIAN REFERRAL	194.01	4,457		44
500 TOTAL RECLASSIFICATIONS				1,141,176		500
CODE LETTER - L						
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1 RECLASS INTEREST EXPENSE	M	CAP REL COSTS-BLDG & FIXT	1		9,291,174	1
2		CAP REL COSTS-BLDG & FIXT-CAN	1.01		166,911	2
3		CAP REL COSTS-BLDG & FIXT-CEN	1.02		5,182,702	3
500 TOTAL RECLASSIFICATIONS					14,640,787	500
CODE LETTER - M						
GRAND TOTAL (INCREASES)				2,911,819	84,147,073	

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 COST OF BILLABLE MEICAL SUPPLIES	A	DIETARY	10		14,837	1
2		CENTRAL SERVICES & SUPPLY	14		731,506	2
3		PHARMACY	15		2,636	3
4		ADULTS & PEDIATRICS	30		208,453	4
5		INTENSIVE CARE UNIT	31		36,909	5
6		NURSERY	43		29,422	6
7		OPERATING ROOM	50		8,053,030	7
8		RECOVERY ROOM	51		95,068	8
9		DELIVERY ROOM & LABOR ROOM	52		253,525	9
10		RADIOLOGY-DIAGNOSTIC	54		944,264	10
11		RADIOLOGY-THERAPEUTIC	55		17,453	11
12		COMPUTED TOMOGRAPHY (CT) SCAN	57		246,385	12
13		MAGNETIC RESONANCE IMAGING (M	58		111,140	13
14		CARDIAC CATHETERIZATION	59		1,637,663	14
15		LABORATORY	60		2,939,308	15
16		INTRAVENOUS THERAPY	64		180,161	16
17		RESPIRATORY THERAPY	65		199,535	17
18		PHYSICAL THERAPY	66		10,976	18
19		OCCUPATIONAL THERAPY	67		4,157	19
20		SPEECH PATHOLOGY	68		451	20
21		ELECTROCARDIOLOGY	69		899,350	21
22		ELECTROENCEPHALOGRAPHY	70		12,438	22
23		RENAL DIALYSIS	74		114	23
24		WOUND CARE CENTER	76		61,342	24
25		DIABETES CENTER	76.01		610	25
26		CARDIAC REHABILITATION	76.97		902	26
27		EMERGENCY	91		198,810	27
500 TOTAL RECLASSIFICATIONS					16,890,445	500
CODE LETTER - A						
1 RECLASS DRUGS CHARGED TO PATIENTS	B	PHARMACY	15		10,812,753	1
500 TOTAL RECLASSIFICATIONS					10,812,753	500
CODE LETTER - B						
1 RECLASS IMPLANTABLE DEVICES	C	OPERATING ROOM	50		7,025,823	1
2		RADIOLOGY-DIAGNOSTIC	54		14,949	2
3		CARDIAC CATHETERIZATION	59		955,243	3
4		ELECTROCARDIOLOGY	69		2,565,475	4
500 TOTAL RECLASSIFICATIONS					10,561,490	500
CODE LETTER - C						
1 RECLASS MAINTENANCE & REPAIRS	D	OPERATION OF PLANT	7	807,865	3,603,240	1
500 TOTAL RECLASSIFICATIONS				807,865	3,603,240	500
CODE LETTER - D						
1 STERILIZATION COSTS	E	CENTRAL SERVICES & SUPPLY	14	268,817	1,007,849	1
2						2
3						3
4						4
5						5
500 TOTAL RECLASSIFICATIONS				268,817	1,007,849	500
CODE LETTER - E						
1 CLINICAL NUTRITIONAL SALARIES	F	DIETARY	10	24,044		1
500 TOTAL RECLASSIFICATIONS				24,044		500
CODE LETTER - F						
1 RECLASS CAFETERIA COSTS	G	DIETARY	10	631,047	464,664	1
500 TOTAL RECLASSIFICATIONS				631,047	464,664	500
CODE LETTER - G						
1 RECLASS EMP BEN FROM ADMN GEN	H	OTHER ADMINISTRATIVE COSTS	5.06		1,043,533	1
500 TOTAL RECLASSIFICATIONS					1,043,533	500
CODE LETTER - H						
1 INSURANCE EXPENSE	I	CAP REL COSTS-BLDG & FIXT	1		198,393	12 1
500 TOTAL RECLASSIFICATIONS					198,393	500
CODE LETTER - I						

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7	
			LINE #	SALARY	OTHER	REF.	
	1	6	7	8	9	10	
1 RECLASS NONREIMBURSABLE PORTION	J	OTHER ADMINISTRATIVE COSTS	5.06	38,870	27,169		1
500 TOTAL RECLASSIFICATIONS				38,870	27,169		500
CODE LETTER - J							
<hr/>							
1 RECLASS DEPRECIATION EXPENSE	K	OTHER ADMINISTRATIVE COSTS	5.06		23,276,393		9 1
2		OPERATION OF PLANT-CENTER STR	7.01		1,620,357		9 2
3							9 3
4							9 4
5							5
6							6
7							7
8							8
9							9
10							10
500 TOTAL RECLASSIFICATIONS					24,896,750		500
CODE LETTER - K							
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1 RECLASS VACATION ACCRUALS	L	EMPLOYEE BENEFITS	4	1,141,176			1
2							2
3							3
4							4
5							5
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7							7
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10							10
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41							41
42							42
43							43
44							44
500 TOTAL RECLASSIFICATIONS					1,141,176		500
CODE LETTER - L							
<hr/>							
1 RECLASS INTEREST EXPENSE	M	INTEREST EXPENSE	113		14,640,787		11 1
2							11 2
3							11 3
500 TOTAL RECLASSIFICATIONS					14,640,787		500
CODE LETTER - M							
GRAND TOTAL (DECREASES)					2,911,819	84,147,073	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN 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	15,177,056					15,177,056	1
2 LAND IMPROVEMENTS	4,875					4,875	2
3 BUILDINGS AND FIXTURES	424,709,096	4,292,063		4,292,063	4,873,846	424,127,313	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	185,558,914	2,666,033		2,666,033	16,686,573	171,538,374	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	625,449,941	6,958,096		6,958,096	21,560,419	610,847,618	8
9 RECONCILING ITEMS	3,056,531	981,426		981,426	3,734,393	303,564	9
10 TOTAL (LINE 7 MINUS LINE 9)	622,393,410	5,976,670		5,976,670	17,826,026	610,544,054	10

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 AND 2

DESCRIPTION	DEPREC-IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL-RELATED COSTS (SEE INSTR.) 14	TOTAL(1) (SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT							1
1.01 CAP REL COSTS-BLDG & FIXT-CANCER C							1.01
1.02 CAP REL COSTS-BLDG & FIXT-CENTER S							1.02
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)							3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL-RELATED COSTS 7	TOTAL (SUM OF COLS. 5-7) 8
1 CAP REL COSTS-BLDG & FIXT								1
1.01 CAP REL COSTS-BLDG & FIXT-CAN								1.01
1.02 CAP REL COSTS-BLDG & FIXT-CEN								1.02
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)								3

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC-IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL-RELATED COSTS (SEE INSTR.) 14	TOTAL(2) (SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	9,476,793			8,762,773		1,565,047	19,804,613 1
1.01 CAP REL COSTS-BLDG & FIXT-CANCER	247,272			157,419			404,691 1.01
1.02 CAP REL COSTS-BLDG & FIXT-CENTER	1,569,001			4,887,955			6,456,956 1.02
2 CAP REL COSTS-MVBLE EQUIP	13,055,415						13,055,415 2
3 TOTAL	24,348,481			13,808,147		1,565,047	39,721,675 3

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
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	A	-528,401	CAP REL COSTS-BLDG & FIXT	1	11 1
1.01 INV INC-BLDGS AND FIXT	A	-9,492	CAP REL COSTS-BLDG & FIXT-CANCE	1.01	11 1.01
1.02 INV INC-BLDGS AND FIXT	A	-294,747	CAP REL COSTS-BLDG & FIXT-CENTE	1.02	11 1.02
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-3,654,556			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST				
	A-8-1	2,004,088			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS					14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				
	A-8-3				23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				
	A-8-3				24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				
	A-8-3				30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				
	A-8-3				31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 REMOVE BAD DEBT EXPENSE	A	-25,710,082	OTHER ADMINISTRATIVE COSTS	5.06	33
34 REMOVE EMPLOYEE HEALTH BENEFITS NA	A	-206,040	EMPLOYEE BENEFITS	4	34
35 REMOVE COST OF PATIENT PHONES	A	-44,518	NON PATIENT TELECOMMUNICATIONS	5.01	35
36 REMOVE COST OF PATIENT TELEVISIONS	A	-43,569	OPERATION OF PLANT	7	36
37 REMOVE NONALLOWABLE LOBBY EXPENSES	A	-23,618	OTHER ADMINISTRATIVE COSTS	5.06	37
38 TO REMOVE (LOSS)/GAIN ON ASSET DIS	A	256,716	OTHER ADMINISTRATIVE COSTS	5.06	38
39 TO REMOVE IL MEDICAID TAX EXPENSE	A	-7,637,398	OTHER ADMINISTRATIVE COSTS	5.06	39
40 OFFSET OTHER OPERATING INCOME	B	-168,867	NON PATIENT TELECOMMUNICATIONS	5.01	40
41 DATA PROCESSING MISC INCOME	B	-3,024,981	DATA PROCESSING	5.02	41
42 PATIENT ACCOUNTING MISC INCOME	B	-773,001	PATIENT ACCOUNTING	5.05	42
43 OTHER MISC INCOME	B	-663,980	OTHER ADMINISTRATIVE COSTS	5.06	43
44 OPERATION OF PLANT MISC INCOME	B	-900	OPERATION OF PLANT	7	44
45 OPERATION OF PLANT OTHER INCOME	B	-245,018	OPERATION OF PLANT-CENTER STREE	7.01	45
46 DIETARY OTHER INCOME	B	-2,218,992	DIETARY	10	46
47 PHARMACY OTHER INCOME	B	-20	PHARMACY	15	47
48 MEDICAL RECORDS OTHER INCOME	B	-106,547	MEDICAL RECORDS & LIBRARY	16	48
49 ADULTS AND PEDS OTHER INCOME	B	-48,899	ADULTS & PEDIATRICS	30	49
49.01 ICU OTHER INCOME	B	-3,788	INTENSIVE CARE UNIT	31	49.01
49.02 OPERATING ROOM OTHER INCOME	B	-267,990	OPERATING ROOM	50	49.02
49.03 RECOVERY ROOM OTHER INCOME	B	-3,820	RECOVERY ROOM	51	49.03
49.04 RADIOLOGY MISC INCOME	B	-167,694	RADIOLOGY-DIAGNOSTIC	54	49.04
49.05 LABORATORY MISC INCOME	B	-1,028,299	LABORATORY	60	49.05
49.06 IV MISC INCOME	B	-44,535	INTRAVENOUS THERAPY	64	49.06
49.07 PHYSICAL THERAPY MISC INCOME	B	-8,396	PHYSICAL THERAPY	66	49.07
49.08 DIABETES CENTER MISC INCOME	B	-3,166	DIABETES CENTER	76.01	49.08
49.09 CARDIAC REHABILITATION MISC INCOME	B	-20,187	CARDIAC REHABILITATION	76.97	49.09
49.10 EMERGENCY ROOM MISC INCOME	B	-313,438	EMERGENCY	91	49.10

PROVIDER CCN: 14-0030 SHERMAN HOSPITAL
PERIOD FROM 05/01/2011 TO 04/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
09/20/2012 11:06

ADJUSTMENTS TO EXPENSES

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WORKSHEET A-8	
			COST CENTER 3	LINE NO. 4	WKST A-7 REF 5	
49.11 CHILDBIRTH EDUCATION MISC INCOME	B	-30,500	COMMUNITY WELLNESS/EDUCATION	194	49.11	
50 TOTAL (SUM OF LINES 1 THRU 49)		-45,034,635			50	
TRANSFER TO WKST A, COL. 6, LINE 200)						

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A. COL. 5)	NET ADJUSTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1	54	RADIOLOGY-DIAGNOSTIC	32,479	220,186	-187,707	1
2	91	EMERGENCY	124,988	559,123	434,135	2
3	5.06	OTHER ADMINISTRATIVE COSTS	7,441,687	6,380,804	1,060,883	3
4	1	CAP REL COSTS-BLDG & FIXT	1,565,047		1,565,047	14 4
5		TOTALS (SUM OF LINES 1-4)	9,164,201	7,160,113	2,004,088	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.				

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
B			SHERMAN HEALTH SYSTEM		

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

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	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2	3	4	5	6	7	8	9	
1	5.06 OTHER ADMINISTRATIVE COS	MEDICAL STAFF	459,313		459,313	177,200	1	85	4 1
2	17 SOCIAL SERVICE	OUTCOME MANAGEM	124,000		124,000	177,200	1	85	4 2
3	30 ADULTS & PEDIATRICS	ADULTS & PEDI	342,442		342,442	177,200	1	85	4 3
4	31 INTENSIVE CARE UNIT	ICU	35,629		35,629	177,200	1	85	4 4
5	43 NURSERY	NURSERY	122,768		122,768	177,200	1	85	4 5
6	50 OPERATING ROOM	SURGERY	701,821		701,821	208,000	1	100	5 6
7	52 DELIVERY ROOM & LABOR RO	LABOR & DELIVER	698,699		698,699	196,400	1	94	5 7
8	54 RADIOLOGY-DIAGNOSTIC	RADIOLOGY	101,246		101,246	225,300	1	108	5 8
9	55 RADIOLOGY-THERAPEUTIC	RADIOLOGY	5,000		5,000	225,300	1	108	5 9
10	57 COMPUTED TOMOGRAPHY (CT)	CT SCAN	10,150		10,150	225,300	1	108	5 10
11	59 CARDIAC CATHETERIZATION	CARDIAC	15,000		15,000	225,300	1	108	5 11
12	60 LABORATORY	LAB	19,413		19,413	215,700	1	104	5 12
13	65 RESPIRATORY THERAPY	RESPIRATORY THE	7,500		7,500	177,200	1	85	4 13
14	69 ELECTROCARDIOLOGY	EKG	33,231		33,231	177,200	1	85	4 14
15	76.97 CARDIAC REHABILITATION	CARDIAC REHAB	47,400		47,400	177,200	667	56,823	2,841 15
16	76.01 DIABETES CENTER	DIABETES	24,000		24,000	177,200	1	85	4 16
17	91 EMERGENCY	EMERGENCY	955,839		955,839	177,200	1	85	4 17
200	TOTAL		3,703,451		3,703,451		683	58,318	2,912 200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP REL CANCER CTR 1.01	CAP REL CENTER ST 1.02	CAP MOVABLE EQUIPMENT 2	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	19,804,613	19,804,613				1
1.01 CAP REL COSTS-BLDG & FIXT-CANCER CTR	404,691		404,691			1.01
1.02 CAP REL COSTS-BLDG & FIXT-CENTER ST	6,456,956			6,456,956		1.02
2 CAP REL COSTS-MVBLE EQUIP	13,055,415				13,055,415	2
4 EMPLOYEE BENEFITS	18,915,920	123,779			4,812	4
5.01 NON PATIENT TELECOMMUNICATIONS	1,192,255	37,093			394,501	5.01
5.02 DATA PROCESSING	5,881,639	364,542			3,255,208	5.02
5.03 PURCHASING	737,867	339,440			78,787	5.03
5.04 ADMITTING	2,033,257	142,223			1,342	5.04
5.05 PATIENT ACCOUNTING	2,515,845				3,592	5.05
5.06 OTHER ADMINISTRATIVE COSTS	30,845,307	380,507		3,906,819	248,355	5.06
6 MAINTENANCE & REPAIRS	4,421,301	341,648				6
7 OPERATION OF PLANT	3,297,929	3,970,359			426,177	7
7.01 OPERATION OF PLANT-CENTER STREET	2,079,187			2,527,966	54,394	7.01
8 LAUNDRY & LINEN SERVICE	886,489	174,153			4,447	8
9 HOUSEKEEPING	2,253,275	216,103			58,884	9
10 DIETARY	935,650	332,103			195,472	10
11 CAFETERIA	1,103,675	441,785				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,172,115	47,147			11,636	13
14 CENTRAL SERVICES & SUPPLY	1,016,275	116,170			268,425	14
15 PHARMACY	3,572,061	194,058			30,345	15
16 MEDICAL RECORDS & LIBRARY	2,544,146	247,353			3,762	16
17 SOCIAL SERVICE	1,765,107	57,440			284	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	19,003,823	5,739,268			386,319	30
31 INTENSIVE CARE UNIT	5,383,217	741,381			291,653	31
43 NURSERY	1,993,532	166,035			82,525	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	10,127,935	975,011			1,607,118	50
51 RECOVERY ROOM	2,430,853	736,727			107,985	51
52 DELIVERY ROOM & LABOR ROOM	4,654,385	224,085			211,072	52
54 RADIOLOGY-DIAGNOSTIC	7,569,022	561,691			2,130,837	54
55 RADIOLOGY-THERAPEUTIC	1,319,768		173,251		453,201	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,241,844	223,950			485,622	57
58 MAGNETIC RESONANCE IMAGING (MRI)	667,823	123,914			432,835	58
59 CARDIAC CATHETERIZATION	1,622,723	529,252			766,360	59
60 LABORATORY	3,934,712	486,860			138,464	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64 INTRAVENOUS THERAPY	1,507,264	61,719	231,440		25,682	64
65 RESPIRATORY THERAPY	1,706,113	98,642			72,447	65
66 PHYSICAL THERAPY	2,747,733	109,376			35,276	66
67 OCCUPATIONAL THERAPY	477,913	27,514			3,510	67
68 SPEECH PATHOLOGY	167,018	29,348			771	68
69 ELECTROCARDIOLOGY	2,584,680	226,124			313,421	69
70 ELECTROENCEPHALOGRAPHY	330,925	236,314			40,062	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	16,469,359					71
72 IMPL. DEV. CHARGED TO PATIENT	10,561,490					72
73 DRUGS CHARGED TO PATIENTS	10,812,753					73
74 RENAL DIALYSIS	702,036				5,871	74
76 WOUND CARE CENTER	281,152	23,098			2,589	76
76.01 DIABETES CENTER	252,549				4,845	76.01
76.02 CLINICAL NUTRITION	24,044					76.02
76.97 CARDIAC REHABILITATION	405,444				9,489	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	9,210,909	912,069		22,171	403,886	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	245,081,994	19,758,281	404,691	6,456,956	13,052,263	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		46,332				190
194 COMMUNITY WELLNESS/EDUCATION	122,893				434	194
194.01 PHYSICIAN REFERRAL	815,752				2,718	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	246,020,639	19,804,613	404,691	6,456,956	13,055,415	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	EMPLOYEE	NONPATIENT	DATA	PURCHASING	ADMITTING	
	BENEFITS	TELEPHONES	PROCESSING			
	4	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-BLDG & FIXT-CANCER CTR						1.01
1.02 CAP REL COSTS-BLDG & FIXT-CENTER ST						1.02
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	19,044,511					4
5.01 NON PATIENT TELECOMMUNICATIONS	88,131	1,711,980				5.01
5.02 DATA PROCESSING	493,533	53,529	10,048,451			5.02
5.03 PURCHASING	104,908	14,338	168,111	1,443,451		5.03
5.04 ADMITTING	363,947	36,323	320,939	2,816	2,900,847	5.04
5.05 PATIENT ACCOUNTING	313,364	28,676	313,298	377		5.05
5.06 OTHER ADMINISTRATIVE COSTS	1,621,181	178,749	1,383,095	3,528		5.06
6 MAINTENANCE & REPAIRS	167,229	18,162	53,490	5,335		6
7 OPERATION OF PLANT	262,873	22,941	76,414	6,799		7
7.01 OPERATION OF PLANT-CENTER STREET	95,384		38,207	444		7.01
8 LAUNDRY & LINEN SERVICE	28,939	1,912	7,641	5,599		8
9 HOUSEKEEPING	370,790	8,603	22,924	8,653		9
10 DIETARY	252,634	2,868	30,566	6,657		10
11 CAFETERIA	130,627	12,426	91,697			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	221,461	9,559	30,566	332		13
14 CENTRAL SERVICES & SUPPLY	94,574	10,515	30,566	32,246		14
15 PHARMACY	524,213	23,897	152,828	341,230		15
16 MEDICAL RECORDS & LIBRARY	235,531	32,500	290,373	576		16
17 SOCIAL SERVICE	292,791	22,941	145,187	292		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
30 INPATIENT ROUTINE SERV COST CENTERS						
ADULTS & PEDIATRICS	3,601,147	373,749	1,566,488	46,063	466,161	30
31 INTENSIVE CARE UNIT	945,472	60,220	343,863	19,428	127,139	31
43 NURSERY	383,286	8,603	191,035	2,616	35,865	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,430,413	65,956	1,016,307	514,476	249,984	50
51 RECOVERY ROOM	439,206	51,617	435,560	11,680	50,573	51
52 DELIVERY ROOM & LABOR ROOM	828,984	43,970	489,050	22,728	62,075	52
54 RADIOLOGY-DIAGNOSTIC	1,098,290	133,823	313,298	33,814	203,978	54
55 RADIOLOGY-THERAPEUTIC	71,260	21,029	244,525	1,160	26,361	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	182,212	3,824	30,566	8,525	190,581	57
58 MAGNETIC RESONANCE IMAGING (MRI)	72,643	4,779	7,641	3,656	57,226	58
59 CARDIAC CATHETERIZATION	248,590	25,809	183,394	79,767	73,113	59
60 LABORATORY	605,847	58,309	366,788	100,816	295,865	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64 INTRAVENOUS THERAPY	278,347	47,794	122,263	9,700	17,014	64
65 RESPIRATORY THERAPY	309,801	8,603	68,773	8,347	44,243	65
66 PHYSICAL THERAPY	521,492	36,323	198,677	830	42,485	66
67 OCCUPATIONAL THERAPY	87,088	11,471		153	7,503	67
68 SPEECH PATHOLOGY	33,448	3,824		55	2,370	68
69 ELECTROCARDIOLOGY	426,852	42,059	244,525	111,389	101,564	69
70 ELECTROENCEPHALOGRAPHY	57,859	10,515	30,566	529	7,237	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					185,441	71
72 IMPL. DEV. CHARGED TO PATIENT					83,362	72
73 DRUGS CHARGED TO PATIENTS					358,836	73
74 RENAL DIALYSIS	481	2,868	7,641	342	4,600	74
76 WOUND CARE CENTER	48,485	4,779	30,566	3,088	2,216	76
76.01 DIABETES CENTER	39,328	8,603	45,848	111	1,235	76.01
76.02 CLINICAL NUTRITION	4,915				282	76.02
76.97 CARDIAC REHABILITATION	47,880	6,691	22,924	331	2,371	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
91 OUTPATIENT SERVICE COST CENTERS						
EMERGENCY	1,523,131	198,823	878,762	48,122	201,167	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	18,948,567	1,711,980	9,994,962	1,442,610	2,900,847	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			7,641			190
194 COMMUNITY WELLNESS/EDUCATION	22,842		7,641	223		194
194.01 PHYSICIAN REFERRAL	73,102		38,207	618		194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	19,044,511	1,711,980	10,048,451	1,443,451	2,900,847	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PATIENT	SUBTOTAL	OTHER	MAIN-	OPERATION
	ACCOUNTING				
	5.05	(COLS. 0-4)	COSTS	REPAIRS	
		4A	5.06	6	7
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 CAP REL COSTS-BLDG & FIXT-CANCER CTR					1.01
1.02 CAP REL COSTS-BLDG & FIXT-CENTER ST					1.02
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 NON PATIENT TELECOMMUNICATIONS					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 PATIENT ACCOUNTING	3,175,152				5.05
5.06 OTHER ADMINISTRATIVE COSTS		38,567,541	38,567,541		5.06
6 MAINTENANCE & REPAIRS		5,007,165	930,882	5,938,047	6
7 OPERATION OF PLANT		8,063,492	1,499,084	2,107,588	11,670,164
7.01 OPERATION OF PLANT-CENTER STREET		4,795,582	891,547	1,093,878	7.01
8 LAUNDRY & LINEN SERVICE		1,109,180	206,208	13,361	140,545
9 HOUSEKEEPING		2,939,232	546,433	35,286	174,400
10 DIETARY		1,755,950	326,449	89,072	268,014
11 CAFETERIA		1,780,210	330,959	118,192	356,530
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION		1,492,816	277,529	15,416	38,049
14 CENTRAL SERVICES & SUPPLY		1,568,771	291,650	31,861	93,751
15 PHARMACY		4,838,632	899,550	34,944	156,609
16 MEDICAL RECORDS & LIBRARY		3,354,241	623,587	41,453	199,619
17 SOCIAL SERVICE		2,284,042	424,626	11,991	46,355
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
30 INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	510,387	31,693,405	5,892,058	872,910	4,631,705
31 INTENSIVE CARE UNIT	139,154	8,051,527	1,496,859	109,628	598,310
43 NURSERY	39,254	2,902,751	539,650	74,684	133,993
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	273,608	16,260,808	3,023,047	257,282	786,854
51 RECOVERY ROOM	55,353	4,319,554	803,048	61,323	594,554
52 DELIVERY ROOM & LABOR ROOM	67,942	6,604,291	1,227,804	143,201	180,842
54 RADIOLOGY-DIAGNOSTIC	223,254	12,268,007	2,280,745	110,655	453,296
55 RADIOLOGY-THERAPEUTIC	28,852	2,339,407	434,919	6,852	122,919
57 COMPUTED TOMOGRAPHY (CT) SCAN	208,591	2,575,715	478,851	18,157	180,732
58 MAGNETIC RESONANCE IMAGING (MRI)	62,634	1,433,151	266,437	16,102	100,002
59 CARDIAC CATHETERIZATION	80,022	3,609,030	670,955	17,814	427,117
60 LABORATORY	323,824	6,311,485	1,173,368	82,563	392,906
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
64 INTRAVENOUS THERAPY	18,622	2,319,845	431,282	125,387	214,011
65 RESPIRATORY THERAPY	48,424	2,365,393	439,750	16,102	79,606
66 PHYSICAL THERAPY	46,500	3,738,692	695,060	31,175	88,269
67 OCCUPATIONAL THERAPY	8,212	623,364	115,890	4,111	22,204
68 SPEECH PATHOLOGY	2,594	239,428	44,512	685	23,685
69 ELECTROCARDIOLOGY	111,162	4,161,776	773,716	58,582	182,486
70 ELECTROENCEPHALOGRAPHY	7,920	721,927	134,213	2,741	190,710
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	202,965	16,857,765	3,134,027		
72 IMPL. DEV. CHARGED TO PATIENT	91,240	10,736,092	1,995,947		
73 DRUGS CHARGED TO PATIENTS	392,746	11,564,335	2,149,926		
74 RENAL DIALYSIS	5,034	728,873	135,505	21,926	
76 WOUND CARE CENTER	2,426	398,399	74,066	19,185	18,641
76.01 DIABETES CENTER	1,352	353,871	65,788		76.01
76.02 CLINICAL NUTRITION	308	29,549	5,493		76.02
76.97 CARDIAC REHABILITATION	2,595	497,725	92,532	16,787	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
91 OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	220,177	13,619,217	2,531,949	255,227	736,059
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)	3,175,152	244,882,236	38,355,901	5,916,121	11,632,773
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		53,973	10,034	21,583	37,391
194 COMMUNITY WELLNESS/EDUCATION		154,033	28,636		194
194.01 PHYSICIAN REFERRAL		930,397	172,970	343	194.01
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	3,175,152	246,020,639	38,567,541	5,938,047	11,670,164

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPER OF PLANT CENTER ST 7.01	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	
GENERAL SERVICE COST CENTERS						1
1 CAP REL COSTS-BLDG & FIXT						1.01
1.01 CAP REL COSTS-BLDG & FIXT-CANCER CTR						1.02
1.02 CAP REL COSTS-BLDG & FIXT-CENTER ST						2
2 CAP REL COSTS-MVBLE EQUIP						4
4 EMPLOYEE BENEFITS						5.01
5.01 NON PATIENT TELECOMMUNICATIONS						5.02
5.02 DATA PROCESSING						5.03
5.03 PURCHASING						5.04
5.04 ADMITTING						5.05
5.05 PATIENT ACCOUNTING						5.06
5.06 OTHER ADMINISTRATIVE COSTS						6
6 MAINTENANCE & REPAIRS						7
7 OPERATION OF PLANT						7.01
7.01 OPERATION OF PLANT-CENTER STREET	6,781,007					8
8 LAUNDRY & LINEN SERVICE		1,469,294				9
9 HOUSEKEEPING			3,695,351			10
10 DIETARY			2,701	2,442,186		11
11 CAFETERIA			12,237		2,598,128	12
12 MAINTENANCE OF PERSONNEL						13
13 NURSING ADMINISTRATION			1,965		14,284	14
14 CENTRAL SERVICES & SUPPLY		106	8,595		54,141	15
15 PHARMACY		1,730	42,360		80,813	16
16 MEDICAL RECORDS & LIBRARY			3,929		70,835	17
17 SOCIAL SERVICE			3,356		53,566	19
19 NONPHYSICIAN ANESTHETISTS						20
20 NURSING SCHOOL						21
21 I&R SRVCES-SALARY & FRINGES APPRVD						22
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						23
23 PARAMED ED PRGM-(SPECIFY)						30
30 INPATIENT ROUTINE SERV COST CENTERS						31
ADULTS & PEDIATRICS		523,769	1,507,441	2,262,288	721,504	30
31 INTENSIVE CARE UNIT		88,099	119,509	179,898	167,000	31
43 NURSERY		8,976	36,385		60,519	43
ANCILLARY SERVICE COST CENTERS						50
50 OPERATING ROOM		199,635	301,186		247,921	50
51 RECOVERY ROOM		55,258	134,324		79,282	51
52 DELIVERY ROOM & LABOR ROOM		112,520	407,925		142,956	52
54 RADIOLOGY-DIAGNOSTIC		95,236	134,529		157,504	54
55 RADIOLOGY-THERAPEUTIC		51	44,938		12,292	55
57 COMPUTED TOMOGRAPHY (CT) SCAN		49,293	15,020		30,920	57
58 MAGNETIC RESONANCE IMAGING (MRI)		13,730	15,020		12,877	58
59 CARDIAC CATHETERIZATION		34,063	53,288		35,975	59
60 LABORATORY		117	44,243		146,909	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64 INTRAVENOUS THERAPY		18,746	125,484			64
65 RESPIRATORY THERAPY			14,939		50,936	65
66 PHYSICAL THERAPY		19,514	21,978		65,659	66
67 OCCUPATIONAL THERAPY			14,939		26,833	67
68 SPEECH PATHOLOGY			14,939		8,215	68
69 ELECTROCARDIOLOGY		12,307	144,270		3,990	69
70 ELECTROENCEPHALOGRAPHY		4,641	14,939		68,406	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					11,428	71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 WOUND CARE CENTER			14,939		10,261	76
76.01 DIABETES CENTER			14,939		6,950	76.01
76.02 CLINICAL NUTRITION						76.02
76.97 CARDIAC REHABILITATION		732	1,965		9,475	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						91
91 EMERGENCY	6,781,007	230,771	401,786		224,643	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	6,781,007	1,469,294	3,674,068	2,442,186	2,596,094	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194 COMMUNITY WELLNESS/EDUCATION			6,344		2,034	194
194.01 PHYSICIAN REFERRAL			14,939			194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	6,781,007	1,469,294	3,695,351	2,442,186	2,598,128	202

WORKSHEET B
 PART I

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
GENERAL SERVICE COST CENTERS						1
1 CAP REL COSTS-BLDG & FIXT						1.01
1.01 CAP REL COSTS-BLDG & FIXT-CANCER CTR						1.02
1.02 CAP REL COSTS-BLDG & FIXT-CENTER ST						2
2 CAP REL COSTS-MVBLE EQUIP						4
4 EMPLOYEE BENEFITS						5.01
5.01 NON PATIENT TELECOMMUNICATIONS						5.02
5.02 DATA PROCESSING						5.03
5.03 PURCHASING						5.04
5.04 ADMITTING						5.05
5.05 PATIENT ACCOUNTING						5.06
5.06 OTHER ADMINISTRATIVE COSTS						6
6 MAINTENANCE & REPAIRS						7
7 OPERATION OF PLANT						7.01
7.01 OPERATION OF PLANT-CENTER STREET						8
8 LAUNDRY & LINEN SERVICE						9
9 HOUSEKEEPING						10
10 DIETARY						11
11 CAFETERIA						12
12 MAINTENANCE OF PERSONNEL						13
13 NURSING ADMINISTRATION	1,860,059					14
14 CENTRAL SERVICES & SUPPLY		2,048,875				15
15 PHARMACY		5,465	6,060,103			16
16 MEDICAL RECORDS & LIBRARY		91		4,293,755		17
17 SOCIAL SERVICE		325	3,118		2,827,379	19
19 NONPHYSICIAN ANESTHETISTS						20
20 NURSING SCHOOL						21
21 I&R SRVCES-SALARY & FRINGES APPRVD						22
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						23
23 PARAMED ED PRGM-(SPECIFY)						30
30 INPATIENT ROUTINE SERV COST CENTERS						31
ADULTS & PEDIATRICS	779,593	508,228	5,080	689,418	2,642,556	31
31 INTENSIVE CARE UNIT	187,153	266,797	428	188,218	127,715	43
43 NURSERY	67,822	22,600	659	53,095	38,418	50
ANCILLARY SERVICE COST CENTERS						51
50 OPERATING ROOM	252,827	328,859	905	370,079		52
51 RECOVERY ROOM	88,849	125,228	398	74,869	1,038	54
52 DELIVERY ROOM & LABOR ROOM	160,208	182,318	1,369	91,897	12,460	55
54 RADIOLOGY-DIAGNOSTIC		20,538	490	301,971		57
55 RADIOLOGY-THERAPEUTIC	13,775	1,725	437	39,025		58
57 COMPUTED TOMOGRAPHY (CT) SCAN		10,468		282,138		59
58 MAGNETIC RESONANCE IMAGING (MRI)		1,827		84,719		60
59 CARDIAC CATHETERIZATION			16	108,237		62.30
60 LABORATORY		101,171		438,002		64
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						65
64 INTRAVENOUS THERAPY	57,083	42,752	2,822	25,188		66
65 RESPIRATORY THERAPY		7,807	267	65,498		67
66 PHYSICAL THERAPY		1,496	37	62,895		68
67 OCCUPATIONAL THERAPY		47	127	11,107		69
68 SPEECH PATHOLOGY			4	3,509		70
69 ELECTROCARDIOLOGY		39,151	3	150,357		71
70 ELECTROENCEPHALOGRAPHY		417		10,713		72
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				274,529		73
72 IMPL. DEV. CHARGED TO PATIENT				123,410		74
73 DRUGS CHARGED TO PATIENTS			5,910,290	531,225		76
74 RENAL DIALYSIS		5,341		6,809		76.01
76 WOUND CARE CENTER	11,499	12,623	4,382	3,281		76.02
76.01 DIABETES CENTER	7,789	67		1,829		76.97
76.02 CLINICAL NUTRITION				417		76.98
76.97 CARDIAC REHABILITATION		1,533	4	3,510		76.99
76.98 HYPERBARIC OXYGEN THERAPY						91
76.99 LITHOTRIPSY						92
91 OUTPATIENT SERVICE COST CENTERS	233,461	362,001	129,267	297,810	5,192	113
92 EMERGENCY						118
OBSERVATION BEDS						190
OTHER REIMBURSABLE COST CENTERS						194
SPECIAL PURPOSE COST CENTERS						194.01
113 INTEREST EXPENSE						200
118 SUBTOTALS (SUM OF LINES 1-117)	1,860,059	2,048,875	6,060,103	4,293,755	2,827,379	201
NONREIMBURSABLE COST CENTERS						202
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						202
194 COMMUNITY WELLNESS/EDUCATION						202
194.01 PHYSICIAN REFERRAL						202
200 CROSS FOOT ADJUSTMENTS						202
201 NEGATIVE COST CENTER						202
202 TOTAL (SUM OF LINES 118-201)	1,860,059	2,048,875	6,060,103	4,293,755	2,827,379	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
1 GENERAL SERVICE COST CENTERS				1
1 CAP REL COSTS-BLDG & FIXT				1.01
1.01 CAP REL COSTS-BLDG & FIXT-CANCER CTR				1.02
1.02 CAP REL COSTS-BLDG & FIXT-CENTER ST				2
2 CAP REL COSTS-MVBLE EQUIP				4
4 EMPLOYEE BENEFITS				5.01
5.01 NON PATIENT TELECOMMUNICATIONS				5.02
5.02 DATA PROCESSING				5.03
5.03 PURCHASING				5.04
5.04 ADMITTING				5.05
5.05 PATIENT ACCOUNTING				5.06
5.06 OTHER ADMINISTRATIVE COSTS				6
6 MAINTENANCE & REPAIRS				7
7 OPERATION OF PLANT				7.01
7.01 OPERATION OF PLANT-CENTER STREET				8
8 LAUNDRY & LINEN SERVICE				9
9 HOUSEKEEPING				10
10 DIETARY				11
11 CAFETERIA				12
12 MAINTENANCE OF PERSONNEL				13
13 NURSING ADMINISTRATION				14
14 CENTRAL SERVICES & SUPPLY				15
15 PHARMACY				16
16 MEDICAL RECORDS & LIBRARY				17
17 SOCIAL SERVICE				19
19 NONPHYSICIAN ANESTHETISTS				20
20 NURSING SCHOOL				21
21 I&R SRVCES-SALARY & FRINGES APPRVD				22
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				23
23 PARAMED ED PRGM-(SPECIFY)				
30 INPATIENT ROUTINE SERV COST CENTERS				30
30 ADULTS & PEDIATRICS	52,729,955		52,729,955	31
31 INTENSIVE CARE UNIT	11,581,141		11,581,141	43
43 NURSERY	3,939,552		3,939,552	
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	22,029,403		22,029,403	50
51 RECOVERY ROOM	6,337,725		6,337,725	51
52 DELIVERY ROOM & LABOR ROOM	9,267,791		9,267,791	52
54 RADIOLOGY-DIAGNOSTIC	15,822,971		15,822,971	54
55 RADIOLOGY-THERAPEUTIC	3,016,340		3,016,340	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,641,294		3,641,294	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,943,865		1,943,865	58
59 CARDIAC CATHETERIZATION	4,956,495		4,956,495	59
60 LABORATORY	8,690,764		8,690,764	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64 INTRAVENOUS THERAPY	3,362,600		3,362,600	64
65 RESPIRATORY THERAPY	3,040,298		3,040,298	65
66 PHYSICAL THERAPY	4,724,775		4,724,775	66
67 OCCUPATIONAL THERAPY	818,622		818,622	67
68 SPEECH PATHOLOGY	334,977		334,977	68
69 ELECTROCARDIOLOGY	5,526,638		5,526,638	69
70 ELECTROENCEPHALOGRAPHY	1,148,707		1,148,707	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	20,277,749		20,277,749	71
72 IMPL. DEV. CHARGED TO PATIENT	12,855,449		12,855,449	72
73 DRUGS CHARGED TO PATIENTS	20,155,776		20,155,776	73
74 RENAL DIALYSIS	898,454		898,454	74
76 WOUND CARE CENTER	567,276		567,276	76
76.01 DIABETES CENTER	451,233		451,233	76.01
76.02 CLINICAL NUTRITION	35,459		35,459	76.02
76.97 CARDIAC REHABILITATION	624,263		624,263	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
91 OUTPATIENT SERVICE COST CENTERS				91
91 EMERGENCY	25,808,390		25,808,390	92
92 OBSERVATION BEDS				
OTHER REIMBURSABLE COST CENTERS				
SPECIAL PURPOSE COST CENTERS				
113 INTEREST EXPENSE				113
118 SUBTOTALS (SUM OF LINES 1-117)	244,587,962		244,587,962	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	122,981		122,981	190
194 COMMUNITY WELLNESS/EDUCATION	191,047		191,047	194
194.01 PHYSICIAN REFERRAL	1,118,649		1,118,649	194.01
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINES 118-201)	246,020,639		246,020,639	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP REL CANCER CTR 1.01	CAP REL CENTER ST 1.02	CAP MOVABLE EQUIPMENT 2	
1 GENERAL SERVICE COST CENTERS						1
1.01 CAP REL COSTS-BLDG & FIXT-CANCER CTR						1.01
1.02 CAP REL COSTS-BLDG & FIXT-CENTER ST						1.02
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	3,315	123,779			4,812	4
5.01 NON PATIENT TELECOMMUNICATIONS	67,566	37,093			394,501	5.01
5.02 DATA PROCESSING	2,616	364,542			3,255,208	5.02
5.03 PURCHASING	3,090	339,440			78,787	5.03
5.04 ADMITTING	59,548	142,223			1,342	5.04
5.05 PATIENT ACCOUNTING	154,705				3,592	5.05
5.06 OTHER ADMINISTRATIVE COSTS	1,835,975	380,507		3,906,819	248,355	5.06
6 MAINTENANCE & REPAIRS		341,648				6
7 OPERATION OF PLANT	21,278	3,970,359			426,177	7
7.01 OPERATION OF PLANT-CENTER STREET	20			2,527,966	54,394	7.01
8 LAUNDRY & LINEN SERVICE		174,153			4,447	8
9 HOUSEKEEPING		216,103			58,884	9
10 DIETARY	3,875	332,103			195,472	10
11 CAFETERIA		441,785				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	36	47,147			11,636	13
14 CENTRAL SERVICES & SUPPLY	184,399	116,170			268,425	14
15 PHARMACY	782,719	194,058			30,345	15
16 MEDICAL RECORDS & LIBRARY	6,517	247,353			3,762	16
17 SOCIAL SERVICE	3,616	57,440			284	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SVCS-SALARY & FRINGES APPRVD						21
22 I&R SVCS-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
30 INPATIENT ROUTINE SERV COST CENTERS						
ADULTS & PEDIATRICS	66,274	5,739,268			386,319	30
31 INTENSIVE CARE UNIT	840	741,381			291,653	31
43 NURSERY	672	166,035			82,525	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	78,770	975,011			1,607,118	50
51 RECOVERY ROOM	703	736,727			107,985	51
52 DELIVERY ROOM & LABOR ROOM	6,032	224,085			211,072	52
54 RADIOLOGY-DIAGNOSTIC	208,204	561,691			2,130,837	54
55 RADIOLOGY-THERAPEUTIC	3,863		173,251		453,201	55
57 COMPUTED TOMOGRAPHY (CT) SCAN		223,950			485,622	57
58 MAGNETIC RESONANCE IMAGING (MRI)		123,914			432,835	58
59 CARDIAC CATHETERIZATION	5,037	529,252			766,360	59
60 LABORATORY	6,750	486,860			138,464	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64 INTRAVENOUS THERAPY		61,719	231,440		25,682	64
65 RESPIRATORY THERAPY	79,543	98,642			72,447	65
66 PHYSICAL THERAPY	146,311	109,376			35,276	66
67 OCCUPATIONAL THERAPY		27,514			3,510	67
68 SPEECH PATHOLOGY		29,348			771	68
69 ELECTROCARDIOLOGY	13,497	226,124			313,421	69
70 ELECTROENCEPHALOGRAPHY	42,851	236,314			40,062	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	61				5,871	74
76 WOUND CARE CENTER	6,191	23,098			2,589	76
76.01 DIABETES CENTER	58,882				4,845	76.01
76.02 CLINICAL NUTRITION						76.02
76.97 CARDIAC REHABILITATION	134,384				9,489	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
91 OUTPATIENT SERVICE COST CENTERS						
EMERGENCY	218,893	912,069		22,171	403,886	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	4,207,033	19,758,281	404,691	6,456,956	13,052,263	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEN		46,332				190
194 COMMUNITY WELLNESS EDUCATION					434	194
194.01 PHYSICIAN REFERRAL	299,666				2,718	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,506,699	19,804,613	404,691	6,456,956	13,055,415	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	NONPATIENT TELEPHONES 5.01	DATA PROCESSING 5.02	PURCHASING 5.03	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-BLDG & FIXT-CANCER CTR						1.01
1.02 CAP REL COSTS-BLDG & FIXT-CENTER ST						1.02
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	131,906	131,906				4
5.01 NON PATIENT TELECOMMUNICATIONS	499,160	610	499,770			5.01
5.02 DATA PROCESSING	3,622,366	3,419	15,627	3,641,412		5.02
5.03 PURCHASING	421,317	727	4,186	60,921	487,151	5.03
5.04 ADMITTING	203,113	2,521	10,604	116,304	950	5.04
5.05 PATIENT ACCOUNTING	158,297	2,171	8,371	113,535	127	5.05
5.06 OTHER ADMINISTRATIVE COSTS	6,371,656	11,230	52,181	501,213	1,191	5.06
6 MAINTENANCE & REPAIRS	341,648	1,158	5,302	19,384	1,800	6
7 OPERATION OF PLANT	4,417,814	1,821	6,697	27,691	2,295	7
7.01 OPERATION OF PLANT-CENTER STREET	2,582,380	661		13,846	150	7.01
8 LAUNDRY & LINEN SERVICE	178,600	200	558	2,769	1,890	8
9 HOUSEKEEPING	274,987	2,568	2,511	8,307	2,920	9
10 DIETARY	531,450	1,750	837	11,077	2,246	10
11 CAFETERIA	441,785	905	3,628	33,230		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	58,819	1,534	2,790	11,077	112	13
14 CENTRAL SERVICES & SUPPLY	568,994	655	3,069	11,077	10,882	14
15 PHARMACY	1,007,122	3,631	6,976	55,383	115,157	15
16 MEDICAL RECORDS & LIBRARY	257,632	1,631	9,488	105,227	194	16
17 SOCIAL SERVICE	61,340	2,028	6,697	52,614	99	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	6,191,861	24,933	109,111	567,671	15,545	30
31 INTENSIVE CARE UNIT	1,033,874	6,549	17,580	124,611	6,557	31
43 NURSERY	249,232	2,655	2,511	69,228	883	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,660,899	9,908	19,254	368,295	173,642	50
51 RECOVERY ROOM	845,415	3,042	15,068	157,841	3,942	51
52 DELIVERY ROOM & LABOR ROOM	441,189	5,742	12,836	177,225	7,670	52
54 RADIOLOGY-DIAGNOSTIC	2,900,732	7,608	39,066	113,535	11,411	54
55 RADIOLOGY-THERAPEUTIC	630,315	494	6,139	88,612	391	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	709,572	1,262	1,116	11,077	2,877	57
58 MAGNETIC RESONANCE IMAGING (MRI)	556,749	503	1,395	2,769	1,234	58
59 CARDIAC CATHETERIZATION	1,300,649	1,722	7,534	66,459	26,919	59
60 LABORATORY	632,074	4,197	17,022	132,918	34,023	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64 INTRAVENOUS THERAPY	318,841	1,928	13,952	44,306	3,274	64
65 RESPIRATORY THERAPY	250,632	2,146	2,511	24,922	2,817	65
66 PHYSICAL THERAPY	290,963	3,612	10,604	71,997	280	66
67 OCCUPATIONAL THERAPY	31,024	603	3,349		52	67
68 SPEECH PATHOLOGY	30,119	232	1,116		19	68
69 ELECTROCARDIOLOGY	553,042	2,957	12,278	88,612	37,591	69
70 ELECTROENCEPHALOGRAPHY	319,227	401	3,069	11,077	179	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	5,932	3	837	2,769	116	74
76 WOUND CARE CENTER	31,878	336	1,395	11,077	1,042	76
76.01 DIABETES CENTER	63,727	272	2,511	16,615	38	76.01
76.02 CLINICAL NUTRITION		34				76.02
76.97 CARDIAC REHABILITATION	143,873	332	1,953	8,307	112	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	1,557,019	10,551	58,041	318,450	16,240	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	43,879,224	131,242	499,770	3,622,028	486,867	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	46,332			2,769		190
194 COMMUNITY WELLNESS/EDUCATION	434	158		2,769	75	194
194.01 PHYSICIAN REFERRAL	302,384	506		13,846	209	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	44,228,374	131,906	499,770	3,641,412	487,151	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMITTING 5.04	PATIENT ACCOUNTING 5.05	OTHER ADMIN COSTS 5.06	MAIN- TENANCE + REPAIRS 6	OPERATION OF PLANT 7	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-BLDG & FIXT-CANCER CTR						1.01
1.02 CAP REL COSTS-BLDG & FIXT-CENTER ST						1.02
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON PATIENT TELECOMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING	333,492					5.04
5.05 PATIENT ACCOUNTING		282,501				5.05
5.06 OTHER ADMINISTRATIVE COSTS			6,937,471			5.06
6 MAINTENANCE & REPAIRS			167,445	536,737		6
7 OPERATION OF PLANT			269,651	190,503	4,916,472	7
7.01 OPERATION OF PLANT-CENTER STREET			160,369	98,875		7.01
8 LAUNDRY & LINEN SERVICE			37,092	1,208	59,210	8
9 HOUSEKEEPING			98,291	3,190	73,472	9
10 DIETARY			58,721	8,051	112,910	10
11 CAFETERIA			59,532	10,683	150,201	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			49,921	1,393	16,029	13
14 CENTRAL SERVICES & SUPPLY			52,461	2,880	39,496	14
15 PHARMACY			161,809	3,159	65,977	15
16 MEDICAL RECORDS & LIBRARY			112,169	3,747	84,097	16
17 SOCIAL SERVICE			76,381	1,084	19,529	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	53,210	45,725	1,059,891	78,902	1,951,273	30
31 INTENSIVE CARE UNIT	14,636	12,364	269,251	9,909	252,059	31
43 NURSERY	4,129	3,488	97,071	6,751	56,449	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	28,778	24,311	543,778	23,256	331,490	50
51 RECOVERY ROOM	5,822	4,918	144,450	5,543	250,477	51
52 DELIVERY ROOM & LABOR ROOM	7,146	6,037	220,854	12,944	76,186	52
54 RADIOLOGY-DIAGNOSTIC	23,482	19,837	410,254	10,002	190,967	54
55 RADIOLOGY-THERAPEUTIC	3,035	2,564	78,232	619	51,784	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	21,940	18,534	86,134	1,641	76,140	57
58 MAGNETIC RESONANCE IMAGING (MRI)	6,588	5,565	47,926	1,455	42,129	58
59 CARDIAC CATHETERIZATION	8,417	7,110	120,690	1,610	179,938	59
60 LABORATORY	34,060	28,773	211,062	7,463	165,526	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64 INTRAVENOUS THERAPY	1,959	1,655	77,578	11,334	90,160	64
65 RESPIRATORY THERAPY	5,093	4,303	79,101	1,455	33,537	65
66 PHYSICAL THERAPY	4,891	4,132	125,026	2,818	37,186	66
67 OCCUPATIONAL THERAPY	864	730	20,846	372	9,354	67
68 SPEECH PATHOLOGY	273	231	8,007	62	9,978	68
69 ELECTROCARDIOLOGY	11,692	9,877	139,174	5,295	76,879	69
70 ELECTROENCEPHALOGRAPHY	833	704	24,142	248	80,343	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	21,348	18,034	563,741			71
72 IMPL. DEV. CHARGED TO PATIENT	9,597	8,107	359,026			72
73 DRUGS CHARGED TO PATIENTS	41,309	34,897	386,723			73
74 RENAL DIALYSIS	530	447	24,374	1,982		74
76 WOUND CARE CENTER	255	216	13,323	1,734	7,853	76
76.01 DIABETES CENTER	142	120	11,834			76.01
76.02 CLINICAL NUTRITION	32	27	988			76.02
76.97 CARDIAC REHABILITATION	273	231	16,644	1,517		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	23,158	19,564	455,440	23,070	310,091	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	333,492	282,501	6,899,402	534,755	4,900,720	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			1,805	1,951	15,752	190
194 COMMUNITY WELLNESS/EDUCATION			5,151			194
194.01 PHYSICIAN REFERRAL			31,113	31		194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	333,492	282,501	6,937,471	536,737	4,916,472	202

ALLOCATION OF CAPITAL-RELATED COSTS

COST CENTER DESCRIPTION	OPER OF	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	PLANT CENTER ST 7.01	& LINEN SERVICE 8	KEEPING 9	10	11	
GENERAL SERVICE COST CENTERS						1
1 CAP REL COSTS-BLDG & FIXT						1.01
1.01 CAP REL COSTS-BLDG & FIXT-CANCER CTR						1.02
1.02 CAP REL COSTS-BLDG & FIXT-CENTER ST						2
2 CAP REL COSTS-MVBLE EQUIP						4
4 EMPLOYEE BENEFITS						5.01
5.01 NON PATIENT TELECOMMUNICATIONS						5.02
5.02 DATA PROCESSING						5.03
5.03 PURCHASING						5.04
5.04 ADMITTING						5.05
5.05 PATIENT ACCOUNTING						5.06
5.06 OTHER ADMINISTRATIVE COSTS						6
6 MAINTENANCE & REPAIRS						7
7 OPERATION OF PLANT						7.01
7.01 OPERATION OF PLANT-CENTER STREET	2,856,281					8
8 LAUNDRY & LINEN SERVICE		281,527				9
9 HOUSEKEEPING			466,246			10
10 DIETARY			341	727,383		11
11 CAFETERIA			1,544		701,508	12
12 MAINTENANCE OF PERSONNEL						13
13 NURSING ADMINISTRATION			248		9,257	14
14 CENTRAL SERVICES & SUPPLY			1,084		14,618	15
15 PHARMACY		20	5,345		21,820	16
16 MEDICAL RECORDS & LIBRARY			496		19,126	17
17 SOCIAL SERVICE			423		14,463	19
19 NONPHYSICIAN ANESTHETISTS						20
20 NURSING SCHOOL						21
21 I&R SRVCES-SALARY & FRINGES APPRVD						22
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						23
23 PARAMED ED PRGM-(SPECIFY)						
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		100,358	190,194	673,802	194,812	30
31 INTENSIVE CARE UNIT		16,880	15,079	53,581	45,091	31
43 NURSERY		1,720	4,591		16,340	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		38,251	38,001		66,940	50
51 RECOVERY ROOM		10,588	16,948		21,406	51
52 DELIVERY ROOM & LABOR ROOM		21,560	51,468		38,599	52
54 RADIOLOGY-DIAGNOSTIC		18,248	16,974		42,527	54
55 RADIOLOGY-THERAPEUTIC		10	5,670		3,319	55
57 COMPUTED TOMOGRAPHY (CT) SCAN		9,445	1,895		8,348	57
58 MAGNETIC RESONANCE IMAGING (MRI)		2,631	1,895		3,477	58
59 CARDIAC CATHETERIZATION		6,527	6,723		9,713	59
60 LABORATORY		23	5,582		39,666	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64 INTRAVENOUS THERAPY		3,592	15,832			64
65 RESPIRATORY THERAPY			1,885		13,753	65
66 PHYSICAL THERAPY		3,739	2,773		17,728	66
67 OCCUPATIONAL THERAPY			1,885		7,245	67
68 SPEECH PATHOLOGY			1,885		2,218	68
69 ELECTROCARDIOLOGY		2,358	18,203		1,077	69
70 ELECTROENCEPHALOGRAPHY		889	1,885		18,470	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					3,086	71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS			1,885		2,770	74
76 WOUND CARE CENTER			1,885		1,877	76.01
76.01 DIABETES CENTER						76.02
76.02 CLINICAL NUTRITION		140	248		2,558	76.97
76.97 CARDIAC REHABILITATION						76.98
76.98 HYPERBARIC OXYGEN THERAPY						76.99
76.99 LITHOTRIPSY						
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	2,856,281	44,217	50,694		60,655	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	2,856,281	281,527	463,561	727,383	700,959	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				800	549	190
194 COMMUNITY WELLNESS/EDUCATION				1,885		194.01
194.01 PHYSICIAN REFERRAL						200
200 CROSS FOOT ADJUSTMENTS						201
201 NEGATIVE COST CENTER						202
202 TOTAL (SUM OF LINES 118-201)	2,856,281	281,527	466,246	727,383	701,508	

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
GENERAL SERVICE COST CENTERS						1
1 CAP REL COSTS-BLDG & FIXT						1.01
1.01 CAP REL COSTS-BLDG & FIXT-CANCER CTR						1.02
1.02 CAP REL COSTS-BLDG & FIXT-CENTER ST						2
2 CAP REL COSTS-MVBLE EQUIP						4
4 EMPLOYEE BENEFITS						5.01
5.01 NON PATIENT TELECOMMUNICATIONS						5.02
5.02 DATA PROCESSING						5.03
5.03 PURCHASING						5.04
5.04 ADMITTING						5.05
5.05 PATIENT ACCOUNTING						5.06
5.06 OTHER ADMINISTRATIVE COSTS						6
6 MAINTENANCE & REPAIRS						7
7 OPERATION OF PLANT						7.01
7.01 OPERATION OF PLANT-CENTER STREET						8
8 LAUNDRY & LINEN SERVICE						9
9 HOUSEKEEPING						10
10 DIETARY						11
11 CAFETERIA						12
12 MAINTENANCE OF PERSONNEL						13
13 NURSING ADMINISTRATION	151,180					14
14 CENTRAL SERVICES & SUPPLY		705,236				15
15 PHARMACY		1,881	1,448,591			16
16 MEDICAL RECORDS & LIBRARY		31		593,838		17
17 SOCIAL SERVICE		112	745		235,515	19
19 NONPHYSICIAN ANESTHETISTS						20
20 NURSING SCHOOL						21
21 I&R SRVCES-SALARY & FRINGES APPRVD						22
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						23
23 PARAMED ED PRGM-(SPECIFY)						30
30 INPATIENT ROUTINE SERV COST CENTERS						31
ADULTS & PEDIATRICS	63,363	174,937	1,214	95,191	220,121	31
31 INTENSIVE CARE UNIT	15,211	91,833	102	26,039	10,638	43
43 NURSERY	5,512	7,779	157	7,345	3,200	50
ANCILLARY SERVICE COST CENTERS						51
50 OPERATING ROOM	20,549	113,195	216	51,199		52
51 RECOVERY ROOM	7,221	43,104	95	10,358	86	54
52 DELIVERY ROOM & LABOR ROOM	13,021	62,755	327	12,714	1,038	55
54 RADIOLOGY-DIAGNOSTIC		7,069	117	41,777		57
55 RADIOLOGY-THERAPEUTIC	1,120	594	105	5,399		58
57 COMPUTED TOMOGRAPHY (CT) SCAN		3,603		39,033		59
58 MAGNETIC RESONANCE IMAGING (MRI)		629		11,721		60
59 CARDIAC CATHETERIZATION			4	14,974		62.30
60 LABORATORY		34,824		60,596		64
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			675	3,485		65
64 INTRAVENOUS THERAPY	4,640	14,715	64	9,061		66
65 RESPIRATORY THERAPY		2,687	9	8,701		67
66 PHYSICAL THERAPY		515	30	1,537		68
67 OCCUPATIONAL THERAPY		16	1	485		69
68 SPEECH PATHOLOGY			1	20,801		70
69 ELECTROCARDIOLOGY		13,476		1,482		71
70 ELECTROENCEPHALOGRAPHY		143		37,980		72
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				17,073		73
72 IMPL. DEV. CHARGED TO PATIENT				73,493		74
73 DRUGS CHARGED TO PATIENTS			1,412,781	942		76
74 RENAL DIALYSIS		1,839		454		76.01
76 WOUND CARE CENTER	935	4,345	1,047	253		76.02
76.01 DIABETES CENTER	633	23		58		76.97
76.02 CLINICAL NUTRITION				486		76.98
76.97 CARDIAC REHABILITATION		528	1			76.99
76.98 HYPERBARIC OXYGEN THERAPY						91
76.99 LITHOTRIPSY						92
91 OUTPATIENT SERVICE COST CENTERS	18,975	124,603	30,900	41,201	432	113
92 EMERGENCY						118
OBSERVATION BEDS						190
OTHER REIMBURSABLE COST CENTERS						194
SPECIAL PURPOSE COST CENTERS						194.01
113 INTEREST EXPENSE						200
118 SUBTOTALS (SUM OF LINES 1-117)	151,180	705,236	1,448,591	593,838	235,515	201
NONREIMBURSABLE COST CENTERS						202
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						201
194 COMMUNITY WELLNESS/EDUCATION						202
194.01 PHYSICIAN REFERRAL						151,180
200 CROSS FOOT ADJUSTMENTS						705,236
201 NEGATIVE COST CENTER						1,448,591
202 TOTAL (SUM OF LINES 118-201)	151,180	705,236	1,448,591	593,838	235,515	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
1 GENERAL SERVICE COST CENTERS				1
1.01 CAP REL COSTS-BLDG & FIXT				1.01
1.02 CAP REL COSTS-BLDG & FIXT-CANCER CTR				1.02
2 CAP REL COSTS-BLDG & FIXT-CENTER ST				2
4 CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5.01
5.01 NON PATIENT TELECOMMUNICATIONS				5.02
5.02 DATA PROCESSING				5.03
5.03 PURCHASING				5.04
5.04 ADMITTING				5.05
5.05 PATIENT ACCOUNTING				5.06
5.06 OTHER ADMINISTRATIVE COSTS				6
6 MAINTENANCE & REPAIRS				7
7 OPERATION OF PLANT				7.01
7.01 OPERATION OF PLANT-CENTER STREET				8
8 LAUNDRY & LINEN SERVICE				9
9 HOUSEKEEPING				10
10 DIETARY				11
11 CAFETERIA				12
12 MAINTENANCE OF PERSONNEL				13
13 NURSING ADMINISTRATION				14
14 CENTRAL SERVICES & SUPPLY				15
15 PHARMACY				16
16 MEDICAL RECORDS & LIBRARY				17
17 SOCIAL SERVICE				19
19 NONPHYSICIAN ANESTHETISTS				20
20 NURSING SCHOOL				21
21 I&R SRVCES-SALARY & FRINGES APPRVD				22
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				23
23 PARAMED ED PRGM-(SPECIFY)				
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	11,812,114		11,812,114	30
31 INTENSIVE CARE UNIT	2,021,844		2,021,844	31
43 NURSERY	539,041		539,041	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	4,511,962		4,511,962	50
51 RECOVERY ROOM	1,546,324		1,546,324	51
52 DELIVERY ROOM & LABOR ROOM	1,169,311		1,169,311	52
54 RADIOLOGY-DIAGNOSTIC	3,853,606		3,853,606	54
55 RADIOLOGY-THERAPEUTIC	878,402		878,402	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	992,617		992,617	57
58 MAGNETIC RESONANCE IMAGING (MRI)	686,666		686,666	58
59 CARDIAC CATHETERIZATION	1,758,989		1,758,989	59
60 LABORATORY	1,407,809		1,407,809	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64 INTRAVENOUS THERAPY	607,926		607,926	64
65 RESPIRATORY THERAPY	433,967		433,967	65
66 PHYSICAL THERAPY	584,974		584,974	66
67 OCCUPATIONAL THERAPY	77,907		77,907	67
68 SPEECH PATHOLOGY	54,626		54,626	68
69 ELECTROCARDIOLOGY	993,313		993,313	69
70 ELECTROENCEPHALOGRAPHY	463,092		463,092	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	644,189		644,189	71
72 IMPL. DEV. CHARGED TO PATIENT	393,803		393,803	72
73 DRUGS CHARGED TO PATIENTS	1,949,203		1,949,203	73
74 RENAL DIALYSIS	39,771		39,771	74
76 WOUND CARE CENTER	80,545		80,545	76
76.01 DIABETES CENTER	99,930		99,930	76.01
76.02 CLINICAL NUTRITION	1,139		1,139	76.02
76.97 CARDIAC REHABILITATION	177,203		177,203	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	6,019,582		6,019,582	91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
SPECIAL PURPOSE COST CENTERS				
113 INTEREST EXPENSE				113
118 SUBTOTALS (SUM OF LINES 1-117)	43,799,855		43,799,855	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	68,609		68,609	190
194 COMMUNITY WELLNESS/EDUCATION	9,936		9,936	194
194.01 PHYSICIAN REFERRAL	349,974		349,974	194.01
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINES 118-201)	44,228,374		44,228,374	202

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP REL CANCER CTR SQUARE FEET	CAP REL CENTER ST SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS	GROSS SALARIES
	1	1.01	1.02	2		4
GENERAL SERVICE COST CENTERS						
1	593,041					1
1.01		10,474				1.01
1.02			520,433			1.02
2				13,055,415		2
4	3,644			4,812	93,163,224	4
5.01	1,092			394,501	431,126	5.01
5.02	10,732			3,255,208	2,414,298	5.02
5.03	9,993			78,787	513,197	5.03
5.04	4,187			1,342	1,780,382	5.04
5.05				3,592	1,532,936	5.05
5.06	11,202		314,891	248,355	7,930,598	5.06
6	10,058				818,061	6
7	116,886				426,177	7
7.01			203,755	54,394	466,605	7.01
8	5,127			4,447	141,568	8
9	6,362			58,884	1,813,857	9
10	9,777			195,472	1,235,851	10
11	13,006				639,011	11
12						12
13	1,388			11,636	1,083,358	13
14	3,420			268,425	462,641	14
15	5,713			30,345	2,564,377	15
16	7,282			3,762	1,152,185	16
17	1,691			284	1,432,293	17
19						19
20						20
21						21
22						22
23						23
30	168,962			386,319	17,616,361	30
31	21,826			291,653	4,625,122	31
43	4,888			82,525	1,874,985	43
50	28,704			1,607,118	6,997,386	50
51	21,689			107,985	2,148,536	51
52	6,597			211,072	4,055,276	52
54	16,536			2,130,837	5,372,685	54
55		4,484		453,201	348,595	55
57	6,593			485,622	891,358	57
58	3,648			432,835	355,360	58
59	15,581			766,360	1,216,069	59
60	14,333			138,464	2,963,723	60
62.30						62.30
64	1,817	5,990		25,682	1,361,638	64
65	2,904			72,447	1,515,503	65
66	3,220			35,276	2,551,071	66
67	810			3,510	426,022	67
68	864			771	163,624	68
69	6,657			313,421	2,088,104	69
70	6,957			40,062	283,040	70
71						71
72						72
73						73
74				5,871	2,352	74
76	680			2,589	237,180	76
76.01				4,845	192,385	76.01
76.02					24,044	76.02
76.97				9,489	234,223	76.97
76.98						76.98
76.99						76.99
91	26,851		1,787	403,886	7,450,952	91
92						92
118	581,677	10,474	520,433	13,052,263	92,693,876	118
190	1,364			434	111,741	190
194				2,718	357,607	194
194.01						194.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP REL CANCER CTR SQUARE FEET 1.01	CAP REL CENTER ST SQUARE FEET 1.02	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	19,804,613	404,691	6,456,956	13,055,415	19,044,511 202
203 UNIT COST MULT-WS B PT I	33.967788	38.637674	12.406892	1.000000	0.204421 203
204 COST TO BE ALLOC PER B PT II					131.906 204
205 UNIT COST MULT-WS B PT II					0.001416 205

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING	ADMITTING	PATIENT ACCOUNTING
	# INSTRUMENT 5.01	# OF TERMINALS 5.02	COSTED REQ'S 5.03	GROSS REVENUE 5.04	GROSS REVENUE 5.05
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1.01
1.01 CAP REL COSTS-BLDG & FIXT-CANCER CTR					1.02
1.02 CAP REL COSTS-BLDG & FIXT-CENTER ST					2
2 CAP REL COSTS-MVBLE EQUIP					4
4 EMPLOYEE BENEFITS					5.01
5.01 NON PATIENT TELECOMMUNICATIONS	1,791				5.02
5.02 DATA PROCESSING	56	1,315			5.03
5.03 PURCHASING	15	22	46,230,260		5.04
5.04 ADMITTING	38	42	90,202	996,763,173	5.05
5.05 PATIENT ACCOUNTING	30	41	12,074		5.06
5.06 OTHER ADMINISTRATIVE COSTS	187	181	112,997		6
6 MAINTENANCE & REPAIRS	19	7	170,852		7
7 OPERATION OF PLANT	24	10	217,765		7.01
7.01 OPERATION OF PLANT-CENTER STREET		5	14,235		8
8 LAUNDRY & LINEN SERVICE	2	1	179,335		9
9 HOUSEKEEPING	9	3	277,128		10
10 DIETARY	3	4	213,200		11
11 CAFETERIA	13	12			12
12 MAINTENANCE OF PERSONNEL					13
13 NURSING ADMINISTRATION	10	4	10,638		14
14 CENTRAL SERVICES & SUPPLY	11	4	1,032,755		15
15 PHARMACY	25	20	10,928,791		16
16 MEDICAL RECORDS & LIBRARY	34	38	18,434		17
17 SOCIAL SERVICE	24	19	9,353		19
19 NONPHYSICIAN ANESTHETISTS					20
20 NURSING SCHOOL					21
21 I&R SRVCES-SALARY & FRINGES APPRVD					22
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					23
23 PARAMED ED PRGM-(SPECIFY)					30
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	391	205	1,475,287	160,101,559	160,101,559
31 INTENSIVE CARE UNIT	63	45	622,236	43,690,373	43,690,373
43 NURSERY	9	25	83,777	12,324,650	12,324,650
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	69	133	16,477,293	85,905,135	85,905,135
51 RECOVERY ROOM	54	57	374,088	17,379,176	17,379,176
52 DELIVERY ROOM & LABOR ROOM	46	64	727,916	21,331,771	21,331,771
54 RADIOLOGY-DIAGNOSTIC	140	41	1,082,985	70,095,481	70,095,481
55 RADIOLOGY-THERAPEUTIC	22	32	37,141	9,058,812	9,058,812
57 COMPUTED TOMOGRAPHY (CT) SCAN	4	4	273,023	65,491,665	65,491,665
58 MAGNETIC RESONANCE IMAGING (MRI)	5	1	117,089	19,665,420	19,665,420
59 CARDIAC CATHETERIZATION	27	24	2,554,749	25,124,652	25,124,652
60 LABORATORY	61	48	3,228,914	101,671,671	101,671,671
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					64
64 INTRAVENOUS THERAPY	50	16	310,677	5,846,894	5,846,894
65 RESPIRATORY THERAPY	9	9	267,336	15,203,842	15,203,842
66 PHYSICAL THERAPY	38	26	26,589	14,599,626	14,599,626
67 OCCUPATIONAL THERAPY	12		4,902	2,578,247	2,578,247
68 SPEECH PATHOLOGY	4		1,776	814,540	814,540
69 ELECTROCARDIOLOGY	44	32	3,567,528	34,901,816	34,901,816
70 ELECTROENCEPHALOGRAPHY	11	4	16,949	2,486,807	2,486,807
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				63,725,417	63,725,417
72 IMPL. DEV. CHARGED TO PATIENT				28,646,694	28,646,694
73 DRUGS CHARGED TO PATIENTS				123,311,182	123,311,182
74 RENAL DIALYSIS	3	1	10,963	1,580,646	1,580,646
76 WOUND CARE CENTER	5	4	98,915	761,597	761,597
76.01 DIABETES CENTER	9	6	3,559	424,502	424,502
76.02 CLINICAL NUTRITION				96,776	96,776
76.97 CARDIAC REHABILITATION	7	3	10,615	814,771	814,771
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	208	115	1,541,242	69,129,451	69,129,451
92 OBSERVATION BEDS					91
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	1,791	1,308	46,203,308	996,763,173	996,763,173
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		1			190
194 COMMUNITY WELLNESS/EDUCATION		1		7,143	194
194.01 PHYSICIAN REFERRAL		5		19,809	194.01

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COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NONPATIENT	DATA	PURCHASING	ADMITTING	PATIENT		
	TELEPHONES	PROCESSING			ACCOUNTING		
	#	# OF	COSTED	GROSS	GROSS		
	INSTRUMENT	TERMINALS	REQ'S	REVENUE	REVENUE		
	5.01	5.02	5.03	5.04	5.05		
200	CROSS FOOT ADJUSTMENTS					200	
201	NEGATIVE COST CENTER					201	
202	COST TO BE ALLOC PER B PT I	1,711,980	10,048,451	1,443,451	2,900,847	3,175,152	202
203	UNIT COST MULT-WS B PT I	955.879397	7,641,407605	0.031223	0.002910	0.003185	203
204	COST TO BE ALLOC PER B PT II	499,770	3,641,412	487,151	333,492	282,501	204
205	UNIT COST MULT-WS B PT II	279.045226	2,769,134601	0.010537	0.000335	0.000283	205

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	RECON- CILIATION	OTHER ADMIN COSTS ACCUM COST	MAIN- TENANCE + REPAIRS WORK ORDERS	OPERATION OF PLANT SQUARE FEET	OPER OF PLANT CENTER ST SQUARE FEET	
	5A.06	5.06	6	7	7.01	
GENERAL SERVICE COST CENTERS						
1						1
1.01						1.01
1.02						1.02
2						2
4						4
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
12						12
13						13
14						14
15						15
16						16
17						17
19						19
20						20
21						21
22						22
23						23
30						30
31						31
43						43
50						50
51						51
52						52
54						54
55						55
57						57
58						58
59						59
60						60
62.30						62.30
64						64
65						65
66						66
67						67
68						68
69						69
70						70
71						71
72						72
73						73
74						74
76						76
76.01						76.01
76.02						76.02
76.97						76.97
76.98						76.98
76.99						76.99
91						91
92						92
118						118
190						190
194						194
194.01						194.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	OTHER ADMIN COSTS ACCUM COST	MAIN- TENANCE + REPAIRS WORK ORDERS	OPERATION OF PLANT SQUARE FEET	OPER OF PLANT CENTER ST SQUARE FEET	
	5A.06	5.06	6	7	7.01	
200 CROSS FOOT ADJUSTMENTS						200
201						201
202						202
203						203
204						204
205						205

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE-KEEPING HOURS OF SERVICE 9	DIETARY MEALS SERVED 10	CAFETERIA HOURS 11	NURSING ADMINISTRATION DIRECT NRSNG HRS 13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1.01
1.01 CAP REL COSTS-BLDG & FIXT-CANCER CTR						1.02
1.02 CAP REL COSTS-BLDG & FIXT-CENTER ST						2
2 CAP REL COSTS-MVBLE EQUIP						4
4 EMPLOYEE BENEFITS						5.01
5.01 NON PATIENT TELECOMMUNICATIONS						5.02
5.02 DATA PROCESSING						5.03
5.03 PURCHASING						5.04
5.04 ADMITTING						5.05
5.05 PATIENT ACCOUNTING						5.06
5.06 OTHER ADMINISTRATIVE COSTS						6
6 MAINTENANCE & REPAIRS						7
7 OPERATION OF PLANT						7.01
7.01 OPERATION OF PLANT-CENTER STREET						8
8 LAUNDRY & LINEN SERVICE	1,688,752					9
9 HOUSEKEEPING		90,290				10
10 DIETARY		66	181,679			11
11 CAFETERIA		299		2,016,853		12
12 MAINTENANCE OF PERSONNEL		48		26,614	1,288,425	13
13 NURSING ADMINISTRATION		210		42,028		14
14 CENTRAL SERVICES & SUPPLY	122	1,035		62,733		15
15 PHARMACY	1,988	96		54,987		16
16 MEDICAL RECORDS & LIBRARY		82		41,582		17
17 SOCIAL SERVICE						19
19 NONPHYSICIAN ANESTHETISTS						20
20 NURSING SCHOOL						21
21 I&R SRVCES-SALARY & FRINGES APPRVD						22
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						23
23 PARAMED ED PRGM-(SPECIFY)						
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	601,999	36,832	168,296	560,085	540,008	30
31 INTENSIVE CARE UNIT	101,258	2,920	13,383	129,637	129,637	31
43 NURSERY	10,317	889		46,979	46,979	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	229,453	7,359		192,454	175,128	50
51 RECOVERY ROOM	63,511	3,282		61,544	61,544	51
52 DELIVERY ROOM & LABOR ROOM	129,326	9,967		110,973	110,973	52
54 RADIOLOGY-DIAGNOSTIC	109,461	3,287		122,266		54
55 RADIOLOGY-THERAPEUTIC	59	1,098		9,542	9,542	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	56,656	367		24,002		57
58 MAGNETIC RESONANCE IMAGING (MRI)	15,781	367		9,996		58
59 CARDIAC CATHETERIZATION	39,151	1,302		27,926		59
60 LABORATORY	135	1,081		114,041		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					39,540	62.30
64 INTRAVENOUS THERAPY	21,546	3,066		39,540		64
65 RESPIRATORY THERAPY		365		50,969		65
66 PHYSICAL THERAPY	22,429	537		20,830		66
67 OCCUPATIONAL THERAPY		365		6,377		67
68 SPEECH PATHOLOGY		365		3,097		68
69 ELECTROCARDIOLOGY	14,145	3,525		53,102		69
70 ELECTROENCEPHALOGRAPHY	5,334	365		8,871		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS		365		7,965	7,965	74
76 WOUND CARE CENTER		365		5,395	5,395	76
76.01 DIABETES CENTER						76.01
76.02 CLINICAL NUTRITION						76.02
76.97 CARDIAC REHABILITATION	841	48		7,355		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	265,240	9,817		174,384	161,714	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,688,752	89,770	181,679	2,015,274	1,288,425	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		155		1,579		190
194 COMMUNITY WELLNESS/EDUCATION		365				194
194.01 PHYSICIAN REFERRAL						194.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING HOURS OF SERVICE 9	DIETARY MEALS SERVED 10	CAFETERIA HOURS 11	NURSING ADMINIS- TRATION DIRECT NRSING HRS 13	
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,469,294	3,695,351	2,442,186	2,598,128	1,860,059	202
203 UNIT COST MULT-WS B PT I	0.870047	40.927578	13.442313	1.288209	1.443669	203
204 COST TO BE ALLOC PER B PT II	281,527	466,246	727,383	701,508	151,180	204
205 UNIT COST MULT-WS B PT II	0.166707	5.163872	4.003671	0.347823	0.117337	205

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 17	
GENERAL SERVICE COST CENTERS					1
1 CAP REL COSTS-BLDG & FIXT					1.01
1.01 CAP REL COSTS-BLDG & FIXT-CANCER CTR					1.02
1.02 CAP REL COSTS-BLDG & FIXT-CENTER ST					2
2 CAP REL COSTS-MVBLE EQUIP					4
4 EMPLOYEE BENEFITS					5.01
5.01 NON PATIENT TELECOMMUNICATIONS					5.02
5.02 DATA PROCESSING					5.03
5.03 PURCHASING					5.04
5.04 ADMITTING					5.05
5.05 PATIENT ACCOUNTING					5.06
5.06 OTHER ADMINISTRATIVE COSTS					6
6 MAINTENANCE & REPAIRS					7
7 OPERATION OF PLANT					7.01
7.01 OPERATION OF PLANT-CENTER STREET					8
8 LAUNDRY & LINEN SERVICE					9
9 HOUSEKEEPING					10
10 DIETARY					11
11 CAFETERIA					12
12 MAINTENANCE OF PERSONNEL					13
13 NURSING ADMINISTRATION					14
14 CENTRAL SERVICES & SUPPLY	4,263,465				15
15 PHARMACY	11,373	11,086,834			16
16 MEDICAL RECORDS & LIBRARY	189		996,763,173		17
17 SOCIAL SERVICE	677	5,704		2,723	19
19 NONPHYSICIAN ANESTHETISTS					20
20 NURSING SCHOOL					21
21 I&R SRVCES-SALARY & FRINGES APPRVD					22
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					23
23 PARAMED ED PRGM-(SPECIFY)					
INPATIENT ROUTINE SERV COST CENTERS					30
30 ADULTS & PEDIATRICS	1,057,560	9,293	160,101,559	2,545	31
31 INTENSIVE CARE UNIT	555,172	783	43,690,373	123	43
43 NURSERY	47,027	1,205	12,324,650	37	
ANCILLARY SERVICE COST CENTERS					50
50 OPERATING ROOM	684,316	1,656	85,905,135		51
51 RECOVERY ROOM	260,585	729	17,379,176	1	52
52 DELIVERY ROOM & LABOR ROOM	379,382	2,504	21,331,771	12	54
54 RADIOLOGY-DIAGNOSTIC	42,738	896	70,095,481		55
55 RADIOLOGY-THERAPEUTIC	3,590	800	9,058,812		57
57 COMPUTED TOMOGRAPHY (CT) SCAN	21,783		65,491,665		58
58 MAGNETIC RESONANCE IMAGING (MRI)	3,802		19,665,420		59
59 CARDIAC CATHETERIZATION		30	25,124,652		60
60 LABORATORY	210,525		101,671,671		62.30
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					64
64 INTRAVENOUS THERAPY	88,961	5,163	5,846,894		65
65 RESPIRATORY THERAPY	16,245	489	15,203,842		66
66 PHYSICAL THERAPY	3,114	67	14,599,626		67
67 OCCUPATIONAL THERAPY	97	233	2,578,247		68
68 SPEECH PATHOLOGY		7	814,540		69
69 ELECTROCARDIOLOGY	81,469	5	34,901,816		70
70 ELECTROENCEPHALOGRAPHY	867		2,486,807		71
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			63,725,417		72
72 IMPL. DEV. CHARGED TO PATIENT			28,646,694		73
73 DRUGS CHARGED TO PATIENTS		10,812,755	123,311,182		74
74 RENAL DIALYSIS	11,115		1,580,646		76
76 WOUND CARE CENTER	26,267	8,016	761,597		76.01
76.01 DIABETES CENTER	140		424,502		76.02
76.02 CLINICAL NUTRITION			96,776		76.97
76.97 CARDIAC REHABILITATION	3,191	8	814,771		76.98
76.98 HYPERBARIC OXYGEN THERAPY					76.99
76.99 LITHOTRIPSY					
OUTPATIENT SERVICE COST CENTERS					91
91 EMERGENCY	753,280	236,491	69,129,451	5	92
92 OBSERVATION BEDS					
OTHER REIMBURSABLE COST CENTERS					118
SPECIAL PURPOSE COST CENTERS					118
118 SUBTOTALS (SUM OF LINES 1-117)	4,263,465	11,086,834	996,763,173	2,723	190
NONREIMBURSABLE COST CENTERS					194
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					194
194 COMMUNITY WELLNESS/EDUCATION					194.01
194.01 PHYSICIAN REFERRAL					

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 17	
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	2,048,875	6,060,103	4,293,755	2,827,379	202
203 UNIT COST MULT-WS B PT I	0.480566	0.546604	0.004308	1,038.332354	203
204 COST TO BE ALLOC PER B PT II	705,236	1,448,591	593,838	235,515	204
205 UNIT COST MULT-WS B PT II	0.165414	0.130659	0.000596	86.491003	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	52,729,955		52,729,955	342,357	53,072,312	30
31 INTENSIVE CARE UNIT	11,581,141		11,581,141	35,544	11,616,685	31
43 NURSERY	3,939,552		3,939,552	122,683	4,062,235	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	22,029,403		22,029,403	701,721	22,731,124	50
51 RECOVERY ROOM	6,337,725		6,337,725		6,337,725	51
52 DELIVERY ROOM & LABOR ROOM	9,267,791		9,267,791	698,605	9,966,396	52
54 RADIOLOGY-DIAGNOSTIC	15,822,971		15,822,971	101,138	15,924,109	54
55 RADIOLOGY-THERAPEUTIC	3,016,340		3,016,340	4,892	3,021,232	55
57 COMPUTED TOMOGRAPHY (CT) SC	3,641,294		3,641,294	10,042	3,651,336	57
58 MAGNETIC RESONANCE IMAGING	1,943,865		1,943,865		1,943,865	58
59 CARDIAC CATHETERIZATION	4,956,495		4,956,495	14,892	4,971,387	59
60 LABORATORY	8,690,764		8,690,764	19,309	8,710,073	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
64 INTRAVENOUS THERAPY	3,362,600		3,362,600		3,362,600	64
65 RESPIRATORY THERAPY	3,040,298		3,040,298	7,415	3,047,713	65
66 PHYSICAL THERAPY	4,724,775		4,724,775		4,724,775	66
67 OCCUPATIONAL THERAPY	818,622		818,622		818,622	67
68 SPEECH PATHOLOGY	334,977		334,977		334,977	68
69 ELECTROCARDIOLOGY	5,526,638		5,526,638	33,146	5,559,784	69
70 ELECTROENCEPHALOGRAPHY	1,148,707		1,148,707		1,148,707	70
71 MEDICAL SUPPLIES CHRGD TO	20,277,749		20,277,749		20,277,749	71
72 IMPL. DEV. CHARGED TO PATIE	12,855,449		12,855,449		12,855,449	72
73 DRUGS CHARGED TO PATIENTS	20,155,776		20,155,776		20,155,776	73
74 RENAL DIALYSIS	898,454		898,454		898,454	74
76 WOUND CARE CENTER	567,276		567,276		567,276	76
76.01 DIABETES CENTER	451,233		451,233	23,915	475,148	76.01
76.02 CLINICAL NUTRITION	35,459		35,459		35,459	76.02
76.97 CARDIAC REHABILITATION	624,263		624,263		624,263	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	25,808,390		25,808,390	955,754	26,764,144	91
92 OBSERVATION BEDS	6,168,541		6,168,541		6,168,541	92
OTHER REIMBURSABLE COST CENTERS						
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	250,756,503		250,756,503	3,071,413	253,827,916	200
201 LESS OBSERVATION BEDS	6,168,541		6,168,541		6,168,541	201
202 TOTAL (SEE INSTRUCTIONS)	244,587,962		244,587,962		247,659,375	202

COMPUTATION OF RATIO OF COST TO CHARGES

COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	145,548,638		145,548,638			30
31 INTENSIVE CARE UNIT	43,690,373		43,690,373			31
43 NURSERY	12,324,650		12,324,650			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	37,536,104	48,369,031	85,905,135	0.256439	0.256439	0.264607 50
51 RECOVERY ROOM	5,549,893	11,829,283	17,379,176	0.364674	0.364674	0.364674 51
52 DELIVERY ROOM & LABOR ROOM	10,588,820	10,742,951	21,331,771	0.434460	0.434460	0.467209 52
54 RADIOLOGY-DIAGNOSTIC	15,340,179	54,755,302	70,095,481	0.225735	0.225735	0.227177 54
55 RADIOLOGY-THERAPEUTIC	549,054	8,509,758	9,058,812	0.332973	0.332973	0.333513 55
57 COMPUTED TOMOGRAPHY (CT) SC	18,384,268	47,107,397	65,491,665	0.055599	0.055599	0.055753 57
58 MAGNETIC RESONANCE IMAGING	5,167,308	14,498,112	19,665,420	0.098847	0.098847	0.098847 58
59 CARDIAC CATHETERIZATION	15,908,855	9,215,797	25,124,652	0.197276	0.197276	0.197869 59
60 LABORATORY	43,177,517	58,494,154	101,671,671	0.085479	0.085479	0.085669 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
64 INTRAVENOUS THERAPY	1,085,552	4,761,342	5,846,894	0.575109	0.575109	0.575109 64
65 RESPIRATORY THERAPY	13,805,610	1,398,232	15,203,842	0.199969	0.199969	0.200457 65
66 PHYSICAL THERAPY	4,038,036	10,561,590	14,599,626	0.323623	0.323623	0.323623 66
67 OCCUPATIONAL THERAPY	1,412,719	1,165,528	2,578,247	0.317511	0.317511	0.317511 67
68 SPEECH PATHOLOGY	610,714	203,826	814,540	0.411247	0.411247	0.411247 68
69 ELECTROCARDIOLOGY	16,195,108	18,706,708	34,901,816	0.158348	0.158348	0.159298 69
70 ELECTROENCEPHALOGRAPHY	366,643	2,120,164	2,486,807	0.461920	0.461920	0.461920 70
71 MEDICAL SUPPLIES CHRGD TO	40,114,585	23,610,832	63,725,417	0.318205	0.318205	0.318205 71
72 IMPL. DEV. CHARGED TO PATIE	18,977,658	9,669,036	28,646,694	0.448759	0.448759	0.448759 72
73 DRUGS CHARGED TO PATIENTS	73,653,773	49,657,409	123,311,182	0.163455	0.163455	0.163455 73
74 RENAL DIALYSIS	1,539,840	40,806	1,580,646	0.568409	0.568409	0.568409 74
76 WOUND CARE CENTER	178,291	583,306	761,597	0.744851	0.744851	0.744851 76
76.01 DIABETES CENTER	50,271	374,231	424,502	1.062970	1.062970	1.119307 76.01
76.02 CLINICAL NUTRITION	96,626	150	96,776	0.366403	0.366403	0.366403 76.02
76.97 CARDIAC REHABILITATION	5,554	809,217	814,771	0.766182	0.766182	0.766182 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	18,662,001	50,467,450	69,129,451	0.373334	0.373334	0.387160 91
92 OBSERVATION BEDS		14,552,921	14,552,921	0.423870	0.423870	0.423870 92
OTHER REIMBURSABLE COST CENTERS						
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	544,558,640	452,204,533	996,763,173			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	544,558,640	452,204,533	996,763,173			202

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT	PER DIEM	INPAT PGM	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL. 1 MINUS COL. 2)	DAYS	(COL. 3 + COL. 4)	DAYS	(COL. 5 x COL. 6)	
	1	2	3	4	5	6	7	
30 INPAT ROUTINE SERV COST CTRS								30
31 ADULTS & PEDIATRICS	11,812,114		11,812,114	53,859	219.32	21,094	4,626,336	31
32 INTENSIVE CARE UNIT	2,021,844		2,021,844	6,312	320.32	3,690	1,181,981	32
33 CORONARY CARE UNIT								33
34 BURN INTENSIVE CARE UNIT								34
35 SURGICAL INTENSIVE CARE UNIT								35
40 OTHER SPECIAL CARE (SPECIFY)								40
41 SUBPROVIDER - IPF								41
42 SUBPROVIDER - IRF								42
43 SUBPROVIDER I								43
44 NURSERY	539,041		539,041	7,860	68.58			44
45 SKILLED NURSING FACILITY								45
200 NURSING FACILITY						24,784	5,808,317	200
TOTAL (LINES 30-199)	14,372,999		14,372,999	68,031				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0030) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [] IRF

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL	
	(FROM WKST B, PT. II, COL. 26)	(FROM WKST C, PT. I, COL. 8)	(COL. 1 + COL. 2)	4	(COL. 3 + COL. 4)	5
	1	2	3			
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,511,962	85,905,135	0.052523	15,626,232	820,737	50
51 RECOVERY ROOM	1,546,324	17,379,176	0.088976	2,126,651	189,221	51
52 DELIVERY ROOM & LABOR ROOM	1,169,311	21,331,771	0.054815	35,559	1,949	52
54 RADIOLOGY-DIAGNOSTIC	3,853,606	70,095,481	0.054977	8,462,960	465,268	54
55 RADIOLOGY-THERAPEUTIC	878,402	9,058,812	0.096967	274,709	26,638	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	992,617	65,491,665	0.015156	9,903,474	150,097	57
58 MAGNETIC RESONANCE IMAGING (M	686,666	19,665,420	0.034917	2,595,924	90,642	58
59 CARDIAC CATHETERIZATION	1,758,989	25,124,652	0.070010	8,671,289	607,077	59
60 LABORATORY	1,407,809	101,671,671	0.013847	21,876,335	302,922	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
64 INTRAVENOUS THERAPY	607,926	5,846,894	0.103974	582,616	60,577	64
65 RESPIRATORY THERAPY	433,967	15,203,842	0.028543	7,370,939	210,389	65
66 PHYSICAL THERAPY	584,974	14,599,626	0.040068	2,511,322	100,624	66
67 OCCUPATIONAL THERAPY	77,907	2,578,247	0.030217	942,069	28,466	67
68 SPEECH PATHOLOGY	54,626	814,540	0.067064	413,143	27,707	68
69 ELECTROCARDIOLOGY	993,313	34,901,816	0.028460	8,618,848	245,292	69
70 ELECTROENCEPHALOGRAPHY	463,092	2,486,807	0.186220	194,460	36,212	70
71 MEDICAL SUPPLIES CHRGD TO PA	644,189	63,725,417	0.010109	16,483,326	166,630	71
72 IMPL. DEV. CHARGED TO PATIENT	393,803	28,646,694	0.013747	10,882,914	149,607	72
73 DRUGS CHARGED TO PATIENTS	1,949,203	123,311,182	0.015807	34,044,135	538,136	73
74 RENAL DIALYSIS	39,771	1,580,646	0.025161	946,806	23,823	74
76 WOUND CARE CENTER	80,545	761,597	0.105758	98,527	10,420	76
76.01 DIABETES CENTER	99,930	424,502	0.235405	17,189	4,046	76.01
76.02 CLINICAL NUTRITION	1,139	96,776	0.011769			76.02
76.97 CARDIAC REHABILITATION	177,203	814,771	0.217488	2,830	615	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	6,019,582	69,129,451	0.087077	8,874,231	772,741	91
92 OBSERVATION BEDS	1,372,907	14,552,921	0.094339			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	30,799,763	795,199,512		161,556,488	5,029,836	200

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL COSTS
	SCHOOL	HEALTH	MEDICAL	ADJUSTMENT	(SUM OF COLS.
	1	2	3	4	5
		COST	EDUCATION	AMOUNT	1-3 MINUS
			COST	(SEE INSTR.)	COL. 4)
INPAT ROUTINE SERV COST CTRS					30
30 ADULTS & PEDIATRICS					31
31 INTENSIVE CARE UNIT					32
32 CORONARY CARE UNIT					33
33 BURN INTENSIVE CARE UNIT					34
34 SURGICAL INTENSIVE CARE UNIT					35
35 OTHER SPECIAL CARE (SPECIFY)					40
40 SUBPROVIDER - IPF					41
41 SUBPROVIDER - IRF					42
42 SUBPROVIDER I					43
43 NURSERY					44
44 SKILLED NURSING FACILITY					45
45 NURSING FACILITY					200
200 TOTAL (SUM OF LINES 30-199)					

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL	PER DIEM	INPATIENT	INPAT PGM
	PATIENT	COL. 5 *	PROGRAM	PASS THRU
	DAYS	COL. 6)	DAYS	COSTS
	6	7	8	(COL. 7 x
				COL. 8)
				9
30 INPAT ROUTINE SERV COST CTRS				30
31 ADULTS & PEDIATRICS	53,859		21,094	31
32 INTENSIVE CARE UNIT	6,312		3,690	32
33 CORONARY CARE UNIT				33
34 BURN INTENSIVE CARE UNIT				34
35 SURGICAL INTENSIVE CARE UNIT				35
40 OTHER SPECIAL CARE (SPECIFY)				40
41 SUBPROVIDER - IPF				41
42 SUBPROVIDER - IRF				42
43 SUBPROVIDER I				43
44 NURSERY	7,860			44
45 SKILLED NURSING FACILITY				45
200 NURSING FACILITY				200
TOTAL (SUM OF LINES 30-199)	68,031		24,784	

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 PERIOD FROM 05/01/2011 TO 04/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 09/20/2012 11:06

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST-CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST					
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 WOUND CARE CENTER						76
76.01 DIABETES CENTER						76.01
76.02 CLINICAL NUTRITION						76.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF COST TO CHARGES	INPAT PGM PASS-THRU COSTS	O/P PGM PASS-THRU COSTS
	(COL. 8)	(COL. 7)	(COL. 7)	(COL. 10)	(COL. 12)
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	85,905,135			15,626,232	16,450,837
51 RECOVERY ROOM	17,379,176			2,126,651	2,693,876
52 DELIVERY ROOM & LABOR ROOM	21,331,771			35,559	58,274
54 RADIOLOGY-DIAGNOSTIC	70,095,481			8,462,960	13,527,828
55 RADIOLOGY-THERAPEUTIC	9,058,812			274,709	3,041,935
57 COMPUTED TOMOGRAPHY (CT) SCA	65,491,665			9,903,474	10,265,243
58 MAGNETIC RESONANCE IMAGING (19,665,420			2,595,924	3,356,004
59 CARDIAC CATHETERIZATION	25,124,652			8,671,289	4,920,235
60 LABORATORY	101,671,671			21,876,335	1,697,515
62.30 BLOOD CLOTTING FOR HEMOPHILI					62,300
64 INTRAVENOUS THERAPY	5,846,894			582,616	1,956,656
65 RESPIRATORY THERAPY	15,203,842			7,370,939	407,082
66 PHYSICAL THERAPY	14,599,626			2,511,322	58,208
67 OCCUPATIONAL THERAPY	2,578,247			942,069	
68 SPEECH PATHOLOGY	814,540			413,143	4,244
69 ELECTROCARDIOLOGY	34,901,816			8,618,848	6,899,487
70 ELECTROENCEPHALOGRAPHY	2,486,807			194,460	390,400
71 MEDICAL SUPPLIES CHRGED TO P	63,725,417			16,483,326	7,717,559
72 IMPL. DEV. CHARGED TO PATIEN	28,646,694			10,882,914	5,152,607
73 DRUGS CHARGED TO PATIENTS	123,311,182			34,044,135	16,704,136
74 RENAL DIALYSIS	1,580,646			946,806	11,428
76 WOUND CARE CENTER	761,597			98,527	417,006
76.01 DIABETES CENTER	424,502			17,189	8,664
76.02 CLINICAL NUTRITION	96,776				
76.97 CARDIAC REHABILITATION	814,771			2,830	380,217
76.98 HYPERBARIC OXYGEN THERAPY					
76.99 LITHOTRIPSY					
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	69,129,451			8,874,231	6,722,795
92 OBSERVATION BEDS	14,552,921				6,068,499
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	795,199,512			161,556,488	108,910,735

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0030) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO	COST REIMB.	COST REIMB.	COST	COST	COST	COST	
	CHARGE RATIO	PPS	SVCES NOT	SVCES	SVCES NOT	SVCES	SVCES NOT	
FROM WKST G.	REIMBURSED	SUBJECT TO	SUBJECT TO	PPS	SUBJECT TO	SUBJECT TO		
PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS		
	1	2	3	4	5	6	7	
50 ANCILLARY SERVICE COST CENTERS					4,218,636		50	
OPERATING ROOM	0.256439	16,450,837			982,387		51	
51 RECOVERY ROOM	0.364674	2,693,876			25,318		52	
52 DELIVERY ROOM & LABOR ROOM	0.434460	58,274			3,053,704		54	
54 RADIOLOGY-DIAGNOSTIC	0.225735	13,527,828			1,012,882		55	
55 RADIOLOGY-THERAPEUTIC	0.332973	3,041,935			570,737		57	
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.055599	10,265,243			331,731		58	
58 MAGNETIC RESONANCE IMAGING (MRI)	0.098847	3,356,004			970,644		59	
59 CARDIAC CATHETERIZATION	0.197276	4,920,235			145,102		60	
60 LABORATORY	0.085479	1,697,515					62.30	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					1,125,290		64	
64 INTRAVENOUS THERAPY	0.575109	1,956,656			81,404		65	
65 RESPIRATORY THERAPY	0.199969	407,082			18,837		66	
66 PHYSICAL THERAPY	0.323623	58,208					67	
67 OCCUPATIONAL THERAPY	0.317511				1,745		68	
68 SPEECH PATHOLOGY	0.411247	4,244			1,092,520		69	
69 ELECTROCARDIOLOGY	0.158348	6,899,487			180,334		70	
70 ELECTROENCEPHALOGRAPHY	0.461920	390,400			2,455,766	2,405	71	
71 MEDICAL SUPPLIES CHRGD TO PATI	0.318205	7,717,559	7,558		2,312,279		72	
72 IMPL. DEV. CHARGED TO PATIENT	0.448759	5,152,607			2,730,375		73	
73 DRUGS CHARGED TO PATIENTS	0.163455	16,704,136		65,160	6,496	10,651	74	
74 RENAL DIALYSIS	0.568409	11,428			310,607		76	
76 WOUND CARE CENTER	0.744851	417,006			9,210		76.01	
76.01 DIABETES CENTER	1.062970	8,664					76.02	
76.02 CLINICAL NUTRITION	0.366403						76.97	
76.97 CARDIAC REHABILITATION	0.766182	380,217			291,315		76.98	
76.98 HYPERBARIC OXYGEN THERAPY							76.99	
76.99 LITHOTRIPSY								
OUTPATIENT SERVICE COST CENTERS								
91 EMERGENCY	0.373334	6,722,795			2,509,848		91	
92 OBSERVATION BEDS	0.423870	6,068,499			2,572,255		92	
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		108,910,735	7,558	65,160	27,009,422	2,405	10,651 200	
201 LESS PBP CLINIC LAB SERVICES							201	
202 NET CHARGES (LINE 200 - LINE 201)		108,910,735	7,558	65,160	27,009,422	2,405	10,651 202	

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0030) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS		53,859	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)			
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	53,859	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	47,599	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	21,094	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	53,072,312	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	53,072,312	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	53,072,312	37

INPATIENT ANCILLARY COST APPORTIONMENT

CHECK [] TITLE V [XX] HOSPITAL (14-0030) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (COL.1 x COL.2)	
			1	2
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		65,536,041		30
31 INTENSIVE CARE UNIT		25,374,516		31
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.264607	15,626,232	4,134,810	50
51 RECOVERY ROOM	0.364674	2,126,651	775,534	51
52 DELIVERY ROOM & LABOR ROOM	0.467209	35,559	16,613	52
54 RADIOLOGY-DIAGNOSTIC	0.227177	8,462,960	1,922,590	54
55 RADIOLOGY-THERAPEUTIC	0.333513	274,709	91,619	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.055753	9,903,474	552,148	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.098847	2,595,924	256,599	58
59 CARDIAC CATHETERIZATION	0.197869	8,671,289	1,715,779	59
60 LABORATORY	0.085669	21,876,335	1,874,124	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64 INTRAVENOUS THERAPY	0.575109	582,616	335,068	64
65 RESPIRATORY THERAPY	0.200457	7,370,939	1,477,556	65
66 PHYSICAL THERAPY	0.323623	2,511,322	812,722	66
67 OCCUPATIONAL THERAPY	0.317511	942,069	299,117	67
68 SPEECH PATHOLOGY	0.411247	413,143	169,904	68
69 ELECTROCARDIOLOGY	0.159298	8,618,848	1,372,965	69
70 ELECTROENCEPHALOGRAPHY	0.461920	194,460	89,825	70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.318205	16,483,326	5,245,077	71
72 IMPL. DEV. CHARGED TO PATIENT	0.448759	10,882,914	4,883,806	72
73 DRUGS CHARGED TO PATIENTS	0.163455	34,044,135	5,564,684	73
74 RENAL DIALYSIS	0.568409	946,806	538,173	74
76 WOUND CARE CENTER	0.744851	98,527	73,388	76
76.01 DIABETES CENTER	1.119307	17,189	19,240	76.01
76.02 CLINICAL NUTRITION	0.366403			76.02
76.97 CARDIAC REHABILITATION	0.766182	2,830	2,168	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.387160	8,874,231	3,435,747	91
92 OBSERVATION BEDS	0.423870			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		161,556,488	35,659,256	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		161,556,488		202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (14-0030)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	43,053,136	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	2,139,622	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	1,817,221	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	237.90	4
5	INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)		5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR 412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR 412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.75(b), 413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)		9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR		13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO		14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3		15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)		22
23	INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
30	DISPROPORTIONATE SHARE ADJUSTMENT PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0249	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.1851	31
32	SUM OF LINES 30 AND 31	0.2100	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0654	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	2,815,675	34
40	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	48,008,433	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	48,008,433	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	4,535,290	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK HOSPITAL (14-0030)
 APPLICABLE BOX: SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	52,543,723	59
60	PRIMARY PAYER PAYMENTS	38,271	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	52,505,452	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,249,212	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	197,239	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	495,628	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	346,940	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	329,578	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	48,405,941	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	48,405,941	71
72	INTERIM PAYMENTS	48,927,946	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-522,005	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

PROVIDER CCN: 14-0030 SHERMAN HOSPITAL
 PERIOD FROM 05/01/2011 TO 04/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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WORKSHEET E-1
 PART I

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

CHECK [XX] HOSPITAL (14-0030) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A
 PART B
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT
 1 2 3 4

DESCRIPTION

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		49,742,303		15,237,472	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		NONE	02/10/2012	32,737	3.01
.02					3.02
.03					3.03
.04					3.04
.05					3.05
.06					3.06
.07					3.07
.08					3.08
.09					3.09
.50	02/10/2012	814,357		NONE	3.50
.51					3.51
.52					3.52
.53					3.53
.54					3.54
.55					3.55
.56					3.56
.57					3.57
.58					3.58
.59					3.59
.99		-814,357		32,737	3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		48,927,946		15,270,209	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
.01					5.01
.02					5.02
.03					5.03
.04					5.04
.05					5.05
.06					5.06
.07					5.07
.08					5.08
.09					5.09
.50					5.50
.51					5.51
.52					5.52
.53					5.53
.54					5.54
.55					5.55
.56					5.56
.57					5.57
.58					5.58
.59					5.59
.99					5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT					
.01					6.01
.02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7

8 NAME OF CONTRACTOR:

CONTRACTOR NUMBER:

DATE:

PROVIDER CCN: 14-0030 SHERMAN HOSPITAL
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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0030) [] CAH
APPLICABLE BOX

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA 54102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	14,506 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	24,784 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,061 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	53,911 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	996,763,173 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	10,614,295 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7 7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	1,697,681 8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 + LINE 31)	1,697,681 32

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	10,469,041			1
2	TEMPORARY INVESTMENTS	7,270,221			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	63,045,399			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-10,356,821			6
7	INVENTORY	4,481,921			7
8	PREPAID EXPENSES	2,928,442			8
9	OTHER CURRENT ASSETS	7,499,457			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	85,337,660			11
FIXED ASSETS					
12	LAND	15,177,056			12
13	LAND IMPROVEMENTS				13
14	ACCUMULATED DEPRECIATION				14
15	BUILDINGS	423,763,910			15
16	ACCUMULATED DEPRECIATION				16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	171,906,650			23
24	ACCUMULATED DEPRECIATION				24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION	-247,814,092			28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	363,033,524			30
OTHER ASSETS					
31	INVESTMENTS	5,989,020			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	33,799,262			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	39,788,282			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	488,159,466			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	7,511,468			37
38	SALARIES, WAGES & FEES PAYABLE	11,191,253			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	7,230,247			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS	25,455,631			43
44	OTHER CURRENT LIABILITIES	11,517,370			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	62,905,969			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE	257,020,545			46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	22,155,167			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	279,175,712			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	342,081,681			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	146,077,785			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	146,077,785			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	488,159,466			60

PROVIDER CCN: 14-0030 SHERMAN HOSPITAL
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WORKSHEET G-1

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		152,959,343							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		-5,119,645							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		147,839,698							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)									10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		147,839,698							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 CHANGE IN UNRESTRICTED ASSET		654,556							13
14 CHANGE IN TEMPORARY RESTRICT		1,107,357							14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		1,761,913							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		146,077,785							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	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	145,548,638		145,548,638	1
2 SUBPROVIDER IPF				2
3 SUBPROVIDER IRF				3
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	145,548,638		145,548,638	9
10 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				10
11 INTENSIVE CARE UNIT	43,690,373		43,690,373	11
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	43,690,373		43,690,373	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	189,239,011		189,239,011	17
18 ANCILLARY SERVICES	355,360,435		792,971,240	18
19 OUTPATIENT SERVICES		437,610,805	14,552,921	19
20 RHC		14,552,921		20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	544,599,446	452,163,726	996,763,172	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		291,055,274	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		291,055,274	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	996,763,172	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	719,181,758	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	277,581,414	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	291,055,274	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-13,473,860	5
<hr/>			
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	831,515	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (OTHER OPERATING INCOME)	7,637,765	24
24.01	OTHER (OTHER)	-115,065	24.01
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	8,354,215	25
26	TOTAL (LINE 5 PLUS LINE 25)	-5,119,645	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	-5,119,645	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-003) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT

1	CAPITAL DRG OTHER THAN OUTLIER	3,489,113	1
2	CAPITAL DRG OUTLIER PAYMENTS	894,749	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	147.30	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0249	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.1851	8
9	SUM OF LINES 7 AND 8	0.2100	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0434	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	151,428	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	4,535,290	12

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS)		2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2)		3
4	CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS)		4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		2
3	NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7)		8
9	CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE)		9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9)		10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14)		11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11)		12
13	CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE)		13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE)		14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)		15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)		16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)		17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI-	SUBTOTAL	I&R COST &	TOTAL
	NARY CAP- REL COSTS 0	(COLS.0-4) 2A	POST STEP- DOWN ADJS 24	25 26
GENERAL SERVICE COST CENTERS				1
1 CAP REL COSTS-BLDG & FIXT				1.01
1.01 CAP REL COSTS-BLDG & FIXT-CANC				1.02
1.02 CAP REL COSTS-BLDG & FIXT-CENT				2
2 CAP REL COSTS-MVBLE EQUIP				4
4 EMPLOYEE BENEFITS				5.01
5.01 NON PATIENT TELECOMMUNICATIONS				5.02
5.02 DATA PROCESSING				5.03
5.03 PURCHASING				5.04
5.04 ADMITTING				5.05
5.05 PATIENT ACCOUNTING				5.06
5.06 OTHER ADMINISTRATIVE COSTS				6
6 MAINTENANCE & REPAIRS				7
7 OPERATION OF PLANT				7.01
7.01 OPERATION OF PLANT-CENTER STRE				8
8 LAUNDRY & LINEN SERVICE				9
9 HOUSEKEEPING				10
10 DIETARY				11
11 CAFETERIA				12
12 MAINTENANCE OF PERSONNEL				13
13 NURSING ADMINISTRATION				14
14 CENTRAL SERVICES & SUPPLY				15
15 PHARMACY				16
16 MEDICAL RECORDS & LIBRARY				17
17 SOCIAL SERVICE				19
19 NONPHYSICIAN ANESTHETISTS				20
20 NURSING SCHOOL				21
21 I&R SRVCES-SALARY & FRINGES AP				22
22 I&R SRVCES-OTHER PRGM COSTS AP				23
23 PARAMED ED PRGM-(SPECIFY)				30
30 INPATIENT ROUTINE SERV COST CENTERS				31
31 ADULTS & PEDIATRICS				43
43 INTENSIVE CARE UNIT				
ANCILLARY SERVICE COST CENTERS				50
50 OPERATING ROOM				51
51 RECOVERY ROOM				52
52 DELIVERY ROOM & LABOR ROOM				54
54 RADIOLOGY-DIAGNOSTIC				55
55 RADIOLOGY-THERAPEUTIC				57
57 COMPUTED TOMOGRAPHY (CT) SCAN				58
58 MAGNETIC RESONANCE IMAGING (MR)				59
59 CARDIAC CATHETERIZATION				60
60 LABORATORY				62.30
62.30 BLOOD CLOTTING FOR HEMOPHILIAC				64
64 INTRAVENOUS THERAPY				65
65 RESPIRATORY THERAPY				66
66 PHYSICAL THERAPY				67
67 OCCUPATIONAL THERAPY				68
68 SPEECH PATHOLOGY				69
69 ELECTROCARDIOLOGY				70
70 ELECTROENCEPHALOGRAPHY				71
71 MEDICAL SUPPLIES CHRGD TO PAT				72
72 IMPL. DEV. CHARGED TO PATIENT				73
73 DRUGS CHARGED TO PATIENTS				74
74 RENAL DIALYSIS				76
76 WOUND CARE CENTER				76.01
76.01 DIABETES CENTER				76.02
76.02 CLINICAL NUTRITION				76.97
76.97 CARDIAC REHABILITATION				76.98
76.98 HYPERBARIC OXYGEN THERAPY				76.99
76.99 LITHOTRIPSY				91
91 OUTPATIENT SERVICE COST CENTERS				92
92 EMERGENCY				
OTHER REIMBURSABLE COST CENTERS				113
113 OBSERVATION BEDS				118
118 SPECIAL PURPOSE COST CENTERS				
INTEREST EXPENSE				190
190 SUBTOTALS (SUM OF LINES 1-117)				194
194 NONREIMBURSABLE COST CENTERS				194.01
194.01 GIFT, FLOWER, COFFEE SHOP & CA				
COMMUNITY WELLNESS/EDUCATION				
194.01 PHYSICIAN REFERRAL				

PROVIDER CCN: 14-0030 SHERMAN HOSPITAL
 PERIOD FROM 05/01/2011 TO 04/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 09/20/2012 11:06

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI-	SUBTOTAL	I&R COST &		TOTAL
	NARY CAP- REL COSTS	(COLS.0-4)	SUBTOTAL	POST STEP- DOWN ADJS	
	0	2A	24	25	26
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)					202
203 TOTAL STATISTICAL BASIS					203
204 UNIT COST MULTIPLIER					204
204 UNIT COST MULTIPLIER					204