# HENDRICKS REGIONAL HEATLH

DANVILLE, INDIANA

**PROVIDER NUMBERS**

15-0005 AND 15-S005

HOSPITAL STATEMENT OF REIMBURSABLE COST

YEAR ENDED DECEMBER 31, 2008

CPAS / ADVISORS

blue

IN LIEU OF FORM CMS-2552-96(04/2005)
PREPARED 5/19/2009 16:36
FORM APPROVED
OMB NO. 0938-0050

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)). FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395g).

WORKSHEET S
PARTS I & II

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | PROVIDER NO: 15-0005 | PERIOD FROM 1/ 1/2008 TO 12/31/2008 | INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS | DATE RECEIVED: / / INTERMEDIARY NO: |
|---|---|---|---|---|

ELECTRONICALLY FILED COST REPORT DATE: 5/19/2009 TIME 16:36

## PART I - 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 BY 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 IMPRISIONMENT 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: HENDRICKS REGIONAL HEALTH 15-0005 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
DATE: 5/19/2009 TIME 16:36

PJpXlGxJWDwpa3IfcfnrreGQ2VdkV0
g6mDw0LS9yiiG24cU7jXiWuGtJURBs
lhUn0dGiGh0gaaWv

PI ENCRYPTION INFORMATION
DATE: 5/19/2009 TIME 16:36

u8O6jokUb5p:GY1p4LHPTDjoV6ho60
an7xv0hkxt7mlT1VLgc6lEX6prisjh
WK3z5cVms005STiZ

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

## PART II - SETTLEMENT SUMMARY

| | | TITLE V | TITLE XVIII A | TITLE XVIII B | TITLE XIX |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 |
| 1 | HOSPITAL | 0 | 27,882 | 46,383 | 2,538,231 |
| 2 | SUBPROVIDER | 0 | 1 | 0 | 178,317 |
| 100 | TOTAL | 0 | 27,883 | 46,383 | 2,716,548 |

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 662 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: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
1 STREET: 1000 EAST MAIN STREET P.O. BOX:
1.01 CITY: DANVILLE STATE: IN ZIP CODE: 46122-1409 COUNTY: HENDRICKS

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

| COMPONENT 0 | COMPONENT NAME 1 | PROVIDER NO. 2 | NPI NUMBER 2.01 | DATE CERTIFIED 3 | PAYMENT SYSTEM (P,T,O OR N) V 4 | XVIII 5 | XIX 6 |
|---|---|---|---|---|---|---|---|
| 02.00 HOSPITAL | HENDRICKS REGIONAL HEALTH | 15-0005 | | 7/ 1/1966 | N | P | O |
| 03.00 SUBPROVIDER | HENDRICKS REGIONAL HEALTH | 15-S005 | | 1/ 1/1988 | N | P | O |

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2008 TO: 12/31/2008

| | | 1 | 2 |
|---|---|---|---|
| 18 | TYPE OF CONTROL | 2 | |

TYPE OF HOSPITAL/SUBPROVIDER

| | | | |
|---|---|---|---|
| 19 | HOSPITAL | 1 | |
| 20 | SUBPROVIDER | 4 | |

OTHER INFORMATION

| | | | | |
|---|---|---|---|---|
| 21 | INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. | | | |
| 21.01 | DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? | N | | |
| 21.02 | HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS). | | | |
| 21.03 | ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. | 1 | N | N |
| 21.04 | FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL | 1 | | |
| 21.05 | FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL | 1 | | |
| 21.06 | DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. | N | | |
| 22 | ARE YOU CLASSIFIED AS A REFERRAL CENTER? | N | | |
| 23 | DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. | N | | |
| 23.01 | IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. | | / / | / / |
| 23.02 | IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. | | / / | / / |
| 23.03 | IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. | | / / | / / |
| 23.04 | IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. | | / / | / / |
| 23.05 | IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. | | / / | / / |
| 23.06 | IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. | | / / | / / |
| 23.07 | IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. | | / / | / / |
| 24 | IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) in column 3 (mm/dd/yyyy) | | | / / |
| 24.01 | IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). | | | / / |
| 25 | IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? | N | | |
| 25.01 | IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? | N | | |
| 25.02 | IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. | | | |
| 25.03 | AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. | N | | |
| 25.04 | ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. | N | | |
| 25.05 | HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) | N | N | |

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH),ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)

| 1 | 2 | 3 | 4 |
|---|---|---|---|
| 0 | 0.0000 | 0.0000 | |

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 0

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

| | | % | Y/N |
|---|---|---|---|
| 28.03 | STAFFING | 0.00% | |
| 28.04 | RECRUITMENT | 0.00% | |
| 28.05 | RETENTION | 0.00% | |
| 28.06 | TRAINING | 0.00% | |

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

| | | V 1 | XVIII 2 | XIX 3 |
|---|---|---|---|---|
| 36 | DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) | N | Y | N |
| 36.01 | DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) | N | Y | N |
| 37 | DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) | N | N | N |

37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE N
40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
40.02 STREET: P.O. BOX:
40.03 CITY: STATE: ZIP CODE: -
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

| | PART A | PART B | OUTPATIENT ASC | OUTPATIENT RADIOLOGY | OUTPATIENT DIAGNOSTIC |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| 47.00 HOSPITAL | N | N | N | N | N |
| 48.00 SUBPROVIDER | N | N | N | N | N |

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 0
PAID LOSSES: 0
AND/OR SELF INSURANCE: 0
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

| | DATE 0 | Y OR N 1 | LIMIT 2 | Y OR N 3 | FEES 4 |
|---|---|---|---|---|---|
| 56 | | N | 0.00 | | 0 |
| 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. | | | 0.00 | | 0 |
| 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. | | | 0.00 | | 0 |
| 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. | | | 0.00 | | 0 |

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS) N N 0

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

| | NAME | COUNTY | STATE | ZIP CODE | CBSA | FTE/CAMPUS |
|---|---|---|---|---|---|---|
| 62.00 | | | | | | 0.00 |
| 62.01 | | | | | | 0.00 |
| 62.02 | | | | | | 0.00 |
| 62.03 | | | | | | 0.00 |
| 62.04 | | | | | | 0.00 |
| 62.05 | | | | | | 0.00 |
| 62.06 | | | | | | 0.00 |
| 62.07 | | | | | | 0.00 |
| 62.08 | | | | | | 0.00 |
| 62.09 | | | | | | 0.00 |

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). / /

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0005 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/19/2009 | WORKSHEET S-3 PART I

| | COMPONENT | NO. OF BEDS 1 | BED DAYS AVAILABLE 2 | CAH N/A 2.01 | I/P DAYS / O/P VISITS / TRIPS: TITLE V 3 | TITLE XVIII 4 | NOT LTCH N/A 4.01 | TOTAL TITLE XIX 5 |
|---|---|---|---|---|---|---|---|---|
| 1 | ADULTS & PEDIATRICS | 113 | 41,358 | | | 9,157 | | 1,488 |
| 2 | HMO | | | | | | | |
| 2 01 | HMO - (IRF PPS SUBPROVIDER) | | | | | | | |
| 3 | ADULTS & PED-SB SNF | | | | | | | |
| 4 | ADULTS & PED-SB NF | | | | | | | |
| 5 | TOTAL ADULTS AND PEDS | 113 | 41,358 | | | 9,157 | | 1,488 |
| 6 | INTENSIVE CARE UNIT | 12 | 4,392 | | | 1,383 | | 270 |
| 11 | NURSERY | | | | | | | 542 |
| 12 | TOTAL | 125 | 45,750 | | | 10,540 | | 2,300 |
| 13 | RPCH VISITS | | | | | | | |
| 14 | SUBPROVIDER | 12 | 4,392 | | | 384 | | 213 |
| 25 | TOTAL | 137 | | | | | | |
| 26 | OBSERVATION BED DAYS | | | | | | | |
| 26 01 | OBSERVATION BED DAYS-SUB I | | | | | | | |
| 27 | AMBULANCE TRIPS | | | | | | | |
| 28 | EMPLOYEE DISCOUNT DAYS | | | | | | | |
| 28 01 | EMP DISCOUNT DAYS -IRF | | | | | | | |

| | COMPONENT | I/P DAYS / TITLE XIX ADMITTED 5.01 | OBSERVATION BEDS NOT ADMITTED 5.02 | O/P VISITS / TOTAL ALL PATS 6 | TRIPS: TOTAL OBSERVATION BEDS ADMITTED 6.01 | NOT ADMITTED 6.02 | INTERNS & RES. FTES: TOTAL 7 | LESS I&R REPL NON-PHYS ANES 8 |
|---|---|---|---|---|---|---|---|---|
| 1 | ADULTS & PEDIATRICS | | | 19,047 | | | | |
| 2 | HMO | | | | | | | |
| 2 01 | HMO - (IRF PPS SUBPROVIDER) | | | | | | | |
| 3 | ADULTS & PED-SB SNF | | | | | | | |
| 4 | ADULTS & PED-SB NF | | | | | | | |
| 5 | TOTAL ADULTS AND PEDS | | | 19,047 | | | | |
| 6 | INTENSIVE CARE UNIT | | | 2,243 | | | | |
| 11 | NURSERY | | | 2,438 | | | | |
| 12 | TOTAL | | | 23,728 | | | | |
| 13 | RPCH VISITS | | | | | | | |
| 14 | SUBPROVIDER | | | 1,365 | | | | |
| 25 | TOTAL | | | | | | | |
| 26 | OBSERVATION BED DAYS | | | 3,095 | | 3,095 | | |
| 26 01 | OBSERVATION BED DAYS-SUB I | | | 216 | | | | |
| 27 | AMBULANCE TRIPS | | | | | | | |
| 28 | EMPLOYEE DISCOUNT DAYS | | | | | | | |
| 28 01 | EMP DISCOUNT DAYS -IRF | | | | | | | |

| | COMPONENT | I & R FTES NET 9 | FULL TIME EQUIV: EMPLOYEES ON PAYROLL 10 | NONPAID WORKERS 11 | DISCHARGES: TITLE V 12 | TITLE XVIII 13 | TITLE XIX 14 | TOTAL ALL PATIENTS 15 |
|---|---|---|---|---|---|---|---|---|
| 1 | ADULTS & PEDIATRICS | | | | | 2,260 | 756 | 5,400 |
| 2 | HMO | | | | | | | |
| 2 01 | HMO - (IRF PPS SUBPROVIDER) | | | | | | | |
| 3 | ADULTS & PED-SB SNF | | | | | | | |
| 4 | ADULTS & PED-SB NF | | | | | | | |
| 5 | TOTAL ADULTS AND PEDS | | | | | | | |
| 6 | INTENSIVE CARE UNIT | | | | | | | |
| 11 | NURSERY | | | | | | | |
| 12 | TOTAL | | 1,203.83 | | | 2,260 | 756 | 5,400 |
| 13 | RPCH VISITS | | | | | | | |
| 14 | SUBPROVIDER | | 11.57 | | | 82 | 55 | 394 |
| 25 | TOTAL | | 1,215.40 | | | | | |
| 26 | OBSERVATION BED DAYS | | | | | | | |
| 26 01 | OBSERVATION BED DAYS-SUB I | | | | | | | |
| 27 | AMBULANCE TRIPS | | | | | | | |
| 28 | EMPLOYEE DISCOUNT DAYS | | | | | | | |
| 28 01 | EMP DISCOUNT DAYS -IRF | | | | | | | |

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: 15-0005 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/19/2009 I WORKSHEET S-3 I PARTS II & III

| PART II - WAGE DATA | AMOUNT REPORTED 1 | RECLASS OF SALARIES 2 | ADJUSTED SALARIES 3 | PAID HOURS RELATED TO SALARY 4 | AVERAGE HOURLY WAGE 5 | DATA SOURCE 6 |
|---|---|---|---|---|---|---|
| SALARIES | | | | | | |
| 1 TOTAL SALARY | 69,877,377 | | 69,877,377 | 2,514,109.00 | 27.79 | |
| 2 NON-PHYSICIAN ANESTHETIST PART A | | | | | | |
| 3 NON-PHYSICIAN ANESTHETIST PART B | | | | | | |
| 4 PHYSICIAN - PART A | | | | | | |
| 4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS) | | | | | | |
| 5 PHYSICIAN - PART B | | | | | | |
| 5.01 NON-PHYSICIAN - PART B | | | | | | |
| 6 INTERNS & RESIDENTS (APPRVD) | | | | | | |
| 6.01 CONTRACT SERVICES, I&R | | | | | | |
| 7 HOME OFFICE PERSONNEL | | | | | | |
| 8 SNF | | | | | | |
| 8.01 EXCLUDED AREA SALARIES | 15,700,017 | 431,922 | 16,131,939 | 435,874.00 | 37.01 | |
| OTHER WAGES & RELATED COSTS | | | | | | |
| 9 CONTRACT LABOR: | 1,644,520 | | 1,644,520 | 34,362.00 | 47.86 | |
| 9.01 PHARMACY SERVICES UNDER CONTRACT | | | | | | |
| 9.02 LABORATORY SERVICES UNDER CONTRACT | | | | | | |
| 9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONRACT | | | | | | |
| 10 CONTRACT LABOR: PHYS PART A | 216,388 | | 216,388 | 2,381.00 | 90.88 | |
| 10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS) | | | | | | |
| 11 HOME OFFICE SALARIES & WAGE RELATED COSTS | | | | | | |
| 12 HOME OFFICE: PHYS PART A | | | | | | |
| 12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS) | | | | | | |
| WAGE RELATED COSTS | | | | | | |
| 13 WAGE-RELATED COSTS (CORE) | 15,176,424 | | 15,176,424 | | | CMS 339 |
| 14 WAGE-RELATED COSTS (OTHER) | | | | | | CMS 339 |
| 15 EXCLUDED AREAS | 3,843,670 | | 3,843,670 | | | CMS 339 |
| 16 NON-PHYS ANESTHETIST PART A | | | | | | CMS 339 |
| 17 NON-PHYS ANESTHETIST PART B | | | | | | CMS 339 |
| 18 PHYSICIAN PART A | | | | | | CMS 339 |
| 18.01 PART A TEACHING PHYSICIANS | | | | | | CMS 339 |
| 19 PHYSICIAN PART B | | | | | | CMS 339 |
| 19.01 WAGE-RELATD COSTS (RHC/FQHC) | | | | | | CMS 339 |
| 20 INTERNS & RESIDENTS (APPRVD) | | | | | | CMS 339 |
| OVERHEAD COSTS - DIRECT SALARIES | | | | | | |
| 21 EMPLOYEE BENEFITS | 2,405,794 | -1,856,204 | 549,590 | 15,087.00 | 36.43 | |
| 22 ADMINISTRATIVE & GENERAL | 6,110,964 | 168,118 | 6,279,082 | 253,257.00 | 24.79 | |
| 22.01 A & G UNDER CONTRACT | 150,584 | | 150,584 | 595.00 | 253.08 | |
| 23 MAINTENANCE & REPAIRS | | | | | | |
| 24 OPERATION OF PLANT | 1,901,131 | 52,302 | 1,953,433 | 99,972.00 | 19.54 | |
| 25 LAUNDRY & LINEN SERVICE | 257,050 | 7,072 | 264,122 | 20,757.00 | 12.72 | |
| 26 HOUSEKEEPING | 1,769,934 | 48,692 | 1,818,626 | 131,752.00 | 13.80 | |
| 26.01 HOUSEKEEPING UNDER CONTRACT | | | | | | |
| 27 DIETARY | 1,675,958 | -1,201,911 | 474,047 | 31,219.00 | 15.18 | |
| 27.01 DIETARY UNDER CONTRACT | | | | | | |
| 28 CAFETERIA | | 1,248,018 | 1,248,018 | 83,904.00 | 14.87 | |
| 29 MAINTENANCE OF PERSONNEL | | | | | | |
| 30 NURSING ADMINISTRATION | 2,242,189 | 61,685 | 2,303,874 | 79,268.00 | 29.06 | |
| 31 CENTRAL SERVICE AND SUPPLY | 539,284 | 14,836 | 554,120 | 30,427.00 | 18.21 | |
| 32 PHARMACY | 1,255,493 | 34,540 | 1,290,033 | 42,465.00 | 30.38 | |
| 33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY | 1,347,569 | 37,073 | 1,384,642 | 70,685.00 | 19.59 | |
| 34 SOCIAL SERVICE | 1,359,058 | 37,389 | 1,396,447 | 40,900.00 | 34.14 | |
| 35 OTHER GENERAL SERVICE | | | | | | |

PART III - HOSPITAL WAGE INDEX SUMMARY

| | | | | | |
|---|---|---|---|---|---|
| 1 NET SALARIES | 70,027,961 | | 70,027,961 | 2,514,704.00 | 27.85 |
| 2 EXCLUDED AREA SALARIES | 15,700,017 | 431,922 | 16,131,939 | 435,874.00 | 37.01 |
| 3 SUBTOTAL SALARIES | 54,327,944 | -431,922 | 53,896,022 | 2,078,830.00 | 25.93 |
| 4 SUBTOTAL OTHER WAGES & RELATED COSTS | 1,860,908 | | 1,860,908 | 36,743.00 | 50.65 |
| 5 SUBTOTAL WAGE-RELATED COSTS | 15,176,424 | | 15,176,424 | | 28.16 |
| 6 TOTAL | 71,365,276 | -431,922 | 70,933,354 | 2,115,573.00 | 33.53 |
| 7 NET SALARIES | | | | | |
| 8 EXCLUDED AREA SALARIES | | | | | |
| 9 SUBTOTAL SALARIES | | | | | |
| 10 SUBTOTAL OTHER WAGES & RELATED COSTS | | | | | |
| 11 SUBTOTAL WAGE-RELATED COSTS | | | | | |
| 12 TOTAL | | | | | |

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: 15-0005 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/19/2009 I WORKSHEET S-3 I PARTS II & III

| PART II - WAGE DATA | AMOUNT REPORTED 1 | RECLASS OF SALARIES 2 | ADJUSTED SALARIES 3 | PAID HOURS RELATED TO SALARY 4 | AVERAGE HOURLY WAGE 5 | DATA SOURCE 6 |
|---|---|---|---|---|---|---|
| 13 TOTAL OVERHEAD COSTS | 21,015,008 | -1,348,390 | 19,666,618 | 900,288.00 | 21.84 | |

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

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

UNCOMPENSATED CARE REVENUES

17 REVENUE FROM UNCOMPENSATED CARE
17.01 GROSS MEDICAID REVENUES
18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20 RESTRICTED GRANTS
21 NON-RESTRICTED GRANTS
22 TOTAL GROSS UNCOMPENSATED CARE REVENUES

UNCOMPENSATED CARE COST

23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .421373
25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

DESCRIPTION

27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS
29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)
32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0005 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/19/2009 I WORKSHEET A

| | COST CENTER | COST CENTER DESCRIPTION | SALARIES | OTHER | TOTAL | RECLASS-IFICATIONS | RECLASSIFIED TRIAL BALANCE |
|---|---|---|---|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| | | GENERAL SERVICE COST CNTR | | | | | |
| 1 | 0100 | OLD CAP REL COSTS-BLDG & FIXT | | 2,591,627 | 2,591,627 | | 2,591,627 |
| 3 | 0300 | NEW CAP REL COSTS-BLDG & FIXT | | 12,060,953 | 12,060,953 | | 12,060,953 |
| 5 | 0500 | EMPLOYEE BENEFITS | 2,405,794 | 2,726,154 | 5,131,948 | -1,856,204 | 3,275,744 |
| 6 | 0600 | ADMINISTRATIVE & GENERAL | 6,110,964 | 10,033,180 | 16,144,144 | 184,856 | 16,329,000 |
| 8 | 0800 | OPERATION OF PLANT | 1,901,131 | 3,105,682 | 5,006,813 | 56,339 | 5,063,152 |
| 9 | 0900 | LAUNDRY & LINEN SERVICE | 257,050 | 213,990 | 471,040 | 17,014 | 488,054 |
| 10 | 1000 | HOUSEKEEPING | 1,769,934 | 973,756 | 2,743,690 | 48,692 | 2,792,382 |
| 11 | 1100 | DIETARY | 1,675,958 | 1,686,763 | 3,362,721 | -2,424,344 | 938,377 |
| 12 | 1200 | CAFETERIA | | | | 2,470,451 | 2,470,451 |
| 14 | 1400 | NURSING ADMINISTRATION | 2,242,189 | 906,630 | 3,148,819 | 61,685 | 3,210,504 |
| 15 | 1500 | CENTRAL SERVICES & SUPPLY | 539,284 | 603,858 | 1,143,142 | 14,836 | 1,157,978 |
| 16 | 1600 | PHARMACY | 1,255,493 | 5,341,247 | 6,596,740 | -3,819,948 | 2,776,792 |
| 17 | 1700 | MEDICAL RECORDS & LIBRARY | 1,347,569 | 883,110 | 2,230,679 | 37,073 | 2,267,752 |
| 18 | 1800 | SOCIAL SERVICE | 1,359,058 | 441,714 | 1,800,772 | 37,389 | 1,838,161 |
| | | INPAT ROUTINE SRVC CNTRS | | | | | |
| 25 | 2500 | ADULTS & PEDIATRICS | 9,581,658 | 3,963,204 | 13,544,862 | 263,600 | 13,808,462 |
| 26 | 2600 | INTENSIVE CARE UNIT | 1,802,974 | 642,006 | 2,444,980 | 49,601 | 2,494,581 |
| 31 | 3100 | SUBPROVIDER | 750,317 | 233,509 | 983,826 | 20,642 | 1,004,468 |
| 33 | 3300 | NURSERY | 371,762 | 103,709 | 475,471 | 10,227 | 485,698 |
| | | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | 3700 | OPERATING ROOM | 2,027,470 | 4,951,665 | 6,979,135 | 55,777 | 7,034,912 |
| 37.01 | 3330 | ENDOSCOPY | 494,025 | 402,160 | 896,185 | 13,591 | 909,776 |
| 38 | 3800 | RECOVERY ROOM | 667,659 | 219,995 | 887,654 | 18,368 | 906,022 |
| 39 | 3900 | DELIVERY ROOM & LABOR ROOM | 1,265,866 | 147,221 | 1,413,087 | 34,825 | 1,447,912 |
| 40 | 4000 | ANESTHESIOLOGY | | 231,311 | 231,311 | | 231,311 |
| 41 | 4100 | RADIOLOGY-DIAGNOSTIC | 3,513,846 | 3,530,541 | 7,044,387 | 128,295 | 7,172,682 |
| 41.01 | 3480 | RADIATION-ONCOLOGY | 606,308 | 6,655,000 | 7,261,308 | 66,325 | 7,327,633 |
| 44 | 4400 | LABORATORY | 2,312,999 | 4,059,675 | 6,372,674 | 71,364 | 6,444,038 |
| 48 | 4800 | INTRAVENOUS THERAPY | 920,772 | 319,009 | 1,239,781 | 83,669 | 1,323,450 |
| 49 | 4900 | RESPIRATORY THERAPY | 1,456,409 | 876,755 | 2,333,164 | 40,067 | 2,373,231 |
| 50 | 5000 | PHYSICAL THERAPY | 2,275,351 | 1,099,314 | 3,374,665 | 98,205 | 3,472,870 |
| 51 | 5100 | OCCUPATIONAL THERAPY | 257,156 | 78,260 | 335,416 | 10,023 | 345,439 |
| 52 | 5200 | SPEECH PATHOLOGY | 163,259 | 39,320 | 202,579 | 4,491 | 207,070 |
| 53 | 5300 | ELECTROCARDIOLOGY | 975,096 | 1,244,706 | 2,219,802 | 26,826 | 2,246,628 |
| 54 | 5400 | ELECTROENCEPHALOGRAPHY | 111,838 | 46,688 | 158,526 | 3,077 | 161,603 |
| 55 | 5500 | MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | | |
| 56 | 5600 | DRUGS CHARGED TO PATIENTS | | | | 3,796,150 | 3,796,150 |
| 56.01 | 3630 | ULTRA SOUND | 420,660 | 123,035 | 543,695 | 11,573 | 555,268 |
| 59 | 3450 | NUCLEAR MEDICINE | 215,206 | 300,852 | 516,058 | 5,921 | 521,979 |
| | | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | 6000 | CLINIC | 1,070,447 | 3,073,646 | 4,144,093 | 105,952 | 4,250,045 |
| 61 | 6100 | EMERGENCY | 2,802,175 | 1,665,825 | 4,468,000 | 77,090 | 4,545,090 |
| 62 | 6200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | |
| | | SPEC PURPOSE COST CENTERS | | | | | |
| 95 | | SUBTOTALS | 54,927,677 | 75,576,070 | 130,503,747 | -176,502 | 130,327,245 |
| | | NONREIMBURS COST CENTERS | | | | | |
| 98 | 9800 | PHYSICIANS' PRIVATE OFFICES | 11,823,978 | 9,077,054 | 20,901,032 | 90,510 | 20,991,542 |
| 98.01 | 9801 | HEALTH TRACKS | 2,385,815 | 865,908 | 3,251,723 | 65,636 | 3,317,359 |
| 100 | 7950 | PRIMARY CARE CLINIC | 136,975 | 45,830 | 182,805 | 3,768 | 186,573 |
| 100.01 | 7951 | PARTNERS IN CARE | 448,859 | 234,580 | 683,439 | 12,349 | 695,788 |
| 100.02 | 7952 | OCCUPATIONAL MEDICINE | 154,073 | 557,531 | 711,604 | 4,239 | 715,843 |
| 101 | | TOTAL | 69,877,377 | 86,356,973 | 156,234,350 | -0- | 156,234,350 |

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0005 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/19/2009 I WORKSHEET A

| | COST CENTER | COST CENTER DESCRIPTION | ADJUSTMENTS 6 | NET EXPENSES FOR ALLOC 7 |
|---|---|---|---|---|
| | | GENERAL SERVICE COST CNTR | | |
| 1 | 0100 | OLD CAP REL COSTS-BLDG & FIXT | -1,106,952 | 1,484,675 |
| 3 | 0300 | NEW CAP REL COSTS-BLDG & FIXT | -6,497 | 12,054,456 |
| 5 | 0500 | EMPLOYEE BENEFITS | -20,519 | 3,255,225 |
| 6 | 0600 | ADMINISTRATIVE & GENERAL | -3,376,213 | 12,952,787 |
| 8 | 0800 | OPERATION OF PLANT | | 5,063,152 |
| 9 | 0900 | LAUNDRY & LINEN SERVICE | | 488,054 |
| 10 | 1000 | HOUSEKEEPING | | 2,792,382 |
| 11 | 1100 | DIETARY | -208,802 | 729,575 |
| 12 | 1200 | CAFETERIA | -674,547 | 1,795,904 |
| 14 | 1400 | NURSING ADMINISTRATION | -4,324 | 3,206,180 |
| 15 | 1500 | CENTRAL SERVICES & SUPPLY | -4,822 | 1,153,156 |
| 16 | 1600 | PHARMACY | | 2,776,792 |
| 17 | 1700 | MEDICAL RECORDS & LIBRARY | -58,121 | 2,209,631 |
| 18 | 1800 | SOCIAL SERVICE | | 1,838,161 |
| | | INPAT ROUTINE SRVC CNTRS | | |
| 25 | 2500 | ADULTS & PEDIATRICS | -947,600 | 12,860,862 |
| 26 | 2600 | INTENSIVE CARE UNIT | | 2,494,581 |
| 31 | 3100 | SUBPROVIDER | -11,791 | 992,677 |
| 33 | 3300 | NURSERY | | 485,698 |
| | | ANCILLARY SRVC COST CNTRS | | |
| 37 | 3700 | OPERATING ROOM | | 7,034,912 |
| 37.01 | 3330 | ENDOSCOPY | | 909,776 |
| 38 | 3800 | RECOVERY ROOM | | 906,022 |
| 39 | 3900 | DELIVERY ROOM & LABOR ROOM | | 1,447,912 |
| 40 | 4000 | ANESTHESIOLOGY | | 231,311 |
| 41 | 4100 | RADIOLOGY-DIAGNOSTIC | -89,108 | 7,083,574 |
| 41.01 | 3480 | RADIATION-ONCOLOGY | -550 | 7,327,083 |
| 44 | 4400 | LABORATORY | -4,356 | 6,439,682 |
| 48 | 4800 | INTRAVENOUS THERAPY | | 1,323,450 |
| 49 | 4900 | RESPIRATORY THERAPY | -5,636 | 2,367,595 |
| 50 | 5000 | PHYSICAL THERAPY | -162,558 | 3,310,312 |
| 51 | 5100 | OCCUPATIONAL THERAPY | -196 | 345,243 |
| 52 | 5200 | SPEECH PATHOLOGY | -190 | 206,880 |
| 53 | 5300 | ELECTROCARDIOLOGY | -109,631 | 2,136,997 |
| 54 | 5400 | ELECTROENCEPHALOGRAPHY | | 161,603 |
| 55 | 5500 | MEDICAL SUPPLIES CHARGED TO PATIENTS | | |
| 56 | 5600 | DRUGS CHARGED TO PATIENTS | -9,321 | 3,786,829 |
| 56.01 | 3630 | ULTRA SOUND | | 555,268 |
| 59 | 3450 | NUCLEAR MEDICINE | | 521,979 |
| | | OUTPAT SERVICE COST CNTRS | | |
| 60 | 6000 | CLINIC | | 4,250,045 |
| 61 | 6100 | EMERGENCY | -80,280 | 4,464,810 |
| 62 | 6200 | OBSERVATION BEDS (NON-DISTINCT PART) | | |
| | | SPEC PURPOSE COST CENTERS | | |
| 95 | | SUBTOTALS | -6,882,014 | 123,445,231 |
| | | NONREIMBURS COST CENTERS | | |
| 98 | 9800 | PHYSICIANS' PRIVATE OFFICES | | 20,991,542 |
| 98.01 | 9801 | HEALTH TRACKS | | 3,317,359 |
| 100 | 7950 | PRIMARY CARE CLINIC | | 186,573 |
| 100.01 | 7951 | PARTNERS IN CARE | | 695,788 |
| 100.02 | 7952 | OCCUPATIONAL MEDICINE | | 715,843 |
| 101 | | TOTAL | -6,882,014 | 149,352,336 |

COST CENTERS USED IN COST REPORT

I PROVIDER NO: 15-0005 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/19/2009 I NOT A CMS WORKSHEET

| LINE NO. | COST CENTER DESCRIPTION | CMS CODE | STANDARD LABEL FOR NON-STANDARD CODES |
|---|---|---|---|
| | GENERAL SERVICE COST | | |
| 1 | OLD CAP REL COSTS-BLDG & FIXT | 0100 | |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 0300 | |
| 5 | EMPLOYEE BENEFITS | 0500 | |
| 6 | ADMINISTRATIVE & GENERAL | 0600 | |
| 8 | OPERATION OF PLANT | 0800 | |
| 9 | LAUNDRY & LINEN SERVICE | 0900 | |
| 10 | HOUSEKEEPING | 1000 | |
| 11 | DIETARY | 1100 | |
| 12 | CAFETERIA | 1200 | |
| 14 | NURSING ADMINISTRATION | 1400 | |
| 15 | CENTRAL SERVICES & SUPPLY | 1500 | |
| 16 | PHARMACY | 1600 | |
| 17 | MEDICAL RECORDS & LIBRARY | 1700 | |
| 18 | SOCIAL SERVICE | 1800 | |
| | INPAT ROUTINE SRVC C | | |
| 25 | ADULTS & PEDIATRICS | 2500 | |
| 26 | INTENSIVE CARE UNIT | 2600 | |
| 31 | SUBPROVIDER | 3100 | |
| 33 | NURSERY | 3300 | |
| | ANCILLARY SRVC COST | | |
| 37 | OPERATING ROOM | 3700 | |
| 37.01 | ENDOSCOPY | 3330 | ENDOSCOPY |
| 38 | RECOVERY ROOM | 3800 | |
| 39 | DELIVERY ROOM & LABOR ROOM | 3900 | |
| 40 | ANESTHESIOLOGY | 4000 | |
| 41 | RADIOLOGY-DIAGNOSTIC | 4100 | |
| 41.01 | RADIATION-ONCOLOGY | 3480 | ONCOLOGY |
| 44 | LABORATORY | 4400 | |
| 48 | INTRAVENOUS THERAPY | 4800 | |
| 49 | RESPIRATORY THERAPY | 4900 | |
| 50 | PHYSICAL THERAPY | 5000 | |
| 51 | OCCUPATIONAL THERAPY | 5100 | |
| 52 | SPEECH PATHOLOGY | 5200 | |
| 53 | ELECTROCARDIOLOGY | 5300 | |
| 54 | ELECTROENCEPHALOGRAPHY | 5400 | |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 5500 | |
| 56 | DRUGS CHARGED TO PATIENTS | 5600 | |
| 56.01 | ULTRA SOUND | 3630 | ULTRA SOUND |
| 59 | NUCLEAR MEDICINE | 3450 | NUCLEAR MEDICINE-DIAGNOSTIC |
| | OUTPAT SERVICE COST | | |
| 60 | CLINIC | 6000 | |
| 61 | EMERGENCY | 6100 | |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | 6200 | |
| | SPEC PURPOSE COST CE | | |
| 95 | SUBTOTALS | 0000 | |
| | NONREIMBURS COST CEN | | |
| 98 | PHYSICIANS' PRIVATE OFFICES | 9800 | |
| 98.01 | HEALTH TRACKS | 9801 | PHYSICIANS' PRIVATE OFFICES |
| 100 | PRIMARY CARE CLINIC | 7950 | OTHER NONREIMBURSABLE COST CENTERS |
| 100.01 | PARTNERS IN CARE | 7951 | OTHER NONREIMBURSABLE COST CENTERS |
| 100.02 | OCCUPATIONAL MEDICINE | 7952 | OTHER NONREIMBURSABLE COST CENTERS |
| 101 | TOTAL | 0000 | |

| | EXPLANATION OF RECLASSIFICATION | CODE (1) 1 | COST CENTER 2 | INCREASE LINE NO 3 | SALARY 4 | OTHER 5 |
|---|---|---|---|---|---|---|
| 1 | DRUG RECLASS | A | DRUGS CHARGED TO PATIENTS | 56 | | 3,796,150 |
| 2 | | | INTRAVENOUS THERAPY | 48 | | 58,338 |
| 3 | MOB PLANT RECLASS | B | ADMINISTRATIVE & GENERAL | 6 | | 16,738 |
| 4 | | | OPERATION OF PLANT | 8 | | 4,037 |
| 5 | | | LAUNDRY & LINEN SERVICE | 9 | | 9,942 |
| 6 | | | RADIOLOGY-DIAGNOSTIC | 41 | | 31,626 |
| 7 | | | RADIATION-ONCOLOGY | 41.01 | | 49,645 |
| 8 | | | LABORATORY | 44 | | 7,731 |
| 9 | | | PHYSICAL THERAPY | 50 | | 35,608 |
| 10 | | | OCCUPATIONAL THERAPY | 51 | | 2,948 |
| 11 | | | CLINIC | 60 | | 76,503 |
| 12 | CAFETERIA RECLASS | C | CAFETERIA | 12 | 1,214,603 | 1,222,433 |
| 13 | BONUS RECLASS | D | ADMINISTRATIVE & GENERAL | 6 | 168,118 | |
| 14 | | | OPERATION OF PLANT | 8 | 52,302 | |
| 15 | | | LAUNDRY & LINEN SERVICE | 9 | 7,072 | |
| 16 | | | HOUSEKEEPING | 10 | 48,692 | |
| 17 | | | DIETARY | 11 | 12,692 | |
| 18 | | | CAFETERIA | 12 | 33,415 | |
| 19 | | | NURSING ADMINISTRATION | 14 | 61,685 | |
| 20 | | | CENTRAL SERVICES & SUPPLY | 15 | 14,836 | |
| 21 | | | PHARMACY | 16 | 34,540 | |
| 22 | | | MEDICAL RECORDS & LIBRARY | 17 | 37,073 | |
| 23 | | | SOCIAL SERVICE | 18 | 37,389 | |
| 24 | | | ADULTS & PEDIATRICS | 25 | 263,600 | |
| 25 | | | INTENSIVE CARE UNIT | 26 | 49,601 | |
| 26 | | | SUBPROVIDER | 31 | 20,642 | |
| 27 | | | NURSERY | 33 | 10,227 | |
| 28 | | | OPERATING ROOM | 37 | 55,777 | |
| 29 | | | ENDOSCOPY | 37.01 | 13,591 | |
| 30 | | | RECOVERY ROOM | 38 | 18,368 | |
| 31 | | | DELIVERY ROOM & LABOR ROOM | 39 | 34,825 | |
| 32 | | | RADIOLOGY-DIAGNOSTIC | 41 | 96,669 | |
| 33 | | | RADIATION-ONCOLOGY | 41.01 | 16,680 | |
| 34 | | | LABORATORY | 44 | 63,633 | |
| 35 | | | INTRAVENOUS THERAPY | 48 | 25,331 | |
| 1 | BONUS RECLASS | D | RESPIRATORY THERAPY | 49 | 40,067 | |
| 2 | | | PHYSICAL THERAPY | 50 | 62,597 | |
| 3 | | | OCCUPATIONAL THERAPY | 51 | 7,075 | |
| 4 | | | SPEECH PATHOLOGY | 52 | 4,491 | |
| 5 | | | ELECTROCARDIOLOGY | 53 | 26,826 | |
| 6 | | | ELECTROENCEPHALOGRAPHY | 54 | 3,077 | |
| 7 | | | ULTRA SOUND | 56.01 | 11,573 | |
| 8 | | | NUCLEAR MEDICINE | 59 | 5,921 | |
| 9 | | | CLINIC | 60 | 29,449 | |
| 10 | | | EMERGENCY | 61 | 77,090 | |
| 11 | | | PHYSICIANS' PRIVATE OFFICES | 98 | 325,288 | |
| 12 | | | HEALTH TRACKS | 98.01 | 65,636 | |
| 13 | | | PRIMARY CARE CLINIC | 100 | 3,768 | |
| 14 | | | PARTNERS IN CARE | 100.01 | 12,349 | |
| 15 | | | OCCUPATIONAL MEDICINE | 100.02 | 4,239 | |
| 36 | TOTAL RECLASSIFICATIONS | | | | 3,070,807 | 5,311,699 |

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

| | EXPLANATION OF RECLASSIFICATION | CODE (1) 1 | COST CENTER 6 | DECREASE LINE NO 7 | SALARY 8 | OTHER 9 | A-7 REF 10 |
|---|---|---|---|---|---|---|---|
| 1 | DRUG RECLASS | A | PHARMACY | 16 | | 3,854,488 | |
| 2 | | | | | | | |
| 3 | MOB PLANT RECLASS | B | PHYSICIANS' PRIVATE OFFICES | 98 | | 234,778 | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | CAFETERIA RECLASS | C | DIETARY | 11 | 1,214,603 | 1,222,433 | |
| 13 | BONUS RECLASS | D | EMPLOYEE BENEFITS | 5 | 1,856,204 | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
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| 31 | | | | | | | |
| 32 | | | | | | | |
| 33 | | | | | | | |
| 34 | | | | | | | |
| 35 | | | | | | | |
| 1 | BONUS RECLASS | D | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 36 | TOTAL RECLASSIFICATIONS | | | | 3,070,807 | 5,311,699 | |

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASS CODE: A
EXPLANATION : DRUG RECLASS

| INCREASE | | | | DECREASE | | |
|---|---|---|---|---|---|---|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT |
| 1.00 | DRUGS CHARGED TO PATIENTS | 56 | 3,796,150 | PHARMACY | 16 | 3,854,488 |
| 2.00 | INTRAVENOUS THERAPY | 48 | 58,338 | | | 0 |
| TOTAL RECLASSIFICATIONS FOR CODE A | | | 3,854,488 | | | 3,854,488 |

RECLASS CODE: B
EXPLANATION : MOB PLANT RECLASS

| INCREASE | | | | DECREASE | | |
|---|---|---|---|---|---|---|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT |
| 1.00 | ADMINISTRATIVE & GENERAL | 6 | 16,738 | PHYSICIANS' PRIVATE OFFICES | 98 | 234,778 |
| 2.00 | OPERATION OF PLANT | 8 | 4,037 | | | 0 |
| 3.00 | LAUNDRY & LINEN SERVICE | 9 | 9,942 | | | 0 |
| 4.00 | RADIOLOGY-DIAGNOSTIC | 41 | 31,626 | | | 0 |
| 5.00 | RADIATION-ONCOLOGY | 41.01 | 49,645 | | | 0 |
| 6.00 | LABORATORY | 44 | 7,731 | | | 0 |
| 7.00 | PHYSICAL THERAPY | 50 | 35,608 | | | 0 |
| 8.00 | OCCUPATIONAL THERAPY | 51 | 2,948 | | | 0 |
| 9.00 | CLINIC | 60 | 76,503 | | | 0 |
| TOTAL RECLASSIFICATIONS FOR CODE B | | | 234,778 | | | 234,778 |

RECLASS CODE: C
EXPLANATION : CAFETERIA RECLASS

| INCREASE | | | | DECREASE | | |
|---|---|---|---|---|---|---|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT |
| 1.00 | CAFETERIA | 12 | 2,437,036 | DIETARY | 11 | 2,437,036 |
| TOTAL RECLASSIFICATIONS FOR CODE C | | | 2,437,036 | | | 2,437,036 |

RECLASS CODE: D
EXPLANATION : BONUS RECLASS

| INCREASE | | | | DECREASE | | |
|---|---|---|---|---|---|---|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT |
| 1.00 | ADMINISTRATIVE & GENERAL | 6 | 168,118 | EMPLOYEE BENEFITS | 5 | 1,856,204 |
| 2.00 | OPERATION OF PLANT | 8 | 52,302 | | | 0 |
| 3.00 | LAUNDRY & LINEN SERVICE | 9 | 7,072 | | | 0 |
| 4.00 | HOUSEKEEPING | 10 | 48,692 | | | 0 |
| 5.00 | DIETARY | 11 | 12,692 | | | 0 |
| 6.00 | CAFETERIA | 12 | 33,415 | | | 0 |
| 7.00 | NURSING ADMINISTRATION | 14 | 61,685 | | | 0 |
| 8.00 | CENTRAL SERVICES & SUPPLY | 15 | 14,836 | | | 0 |
| 9.00 | PHARMACY | 16 | 34,540 | | | 0 |
| 10.00 | MEDICAL RECORDS & LIBRARY | 17 | 37,073 | | | 0 |
| 11.00 | SOCIAL SERVICE | 18 | 37,389 | | | 0 |
| 12.00 | ADULTS & PEDIATRICS | 25 | 263,600 | | | 0 |
| 13.00 | INTENSIVE CARE UNIT | 26 | 49,601 | | | 0 |
| 14.00 | SUBPROVIDER | 31 | 20,642 | | | 0 |
| 15.00 | NURSERY | 33 | 10,227 | | | 0 |
| 16.00 | OPERATING ROOM | 37 | 55,777 | | | 0 |
| 17.00 | ENDOSCOPY | 37.01 | 13,591 | | | 0 |
| 18.00 | RECOVERY ROOM | 38 | 18,368 | | | 0 |
| 19.00 | DELIVERY ROOM & LABOR ROOM | 39 | 34,825 | | | 0 |
| 20.00 | RADIOLOGY-DIAGNOSTIC | 41 | 96,669 | | | 0 |
| 21.00 | RADIATION-ONCOLOGY | 41.01 | 16,680 | | | 0 |
| 22.00 | LABORATORY | 44 | 63,633 | | | 0 |
| 23.00 | INTRAVENOUS THERAPY | 48 | 25,331 | | | 0 |
| 24.00 | RESPIRATORY THERAPY | 49 | 40,067 | | | 0 |
| 25.00 | PHYSICAL THERAPY | 50 | 62,597 | | | 0 |
| 26.00 | OCCUPATIONAL THERAPY | 51 | 7,075 | | | 0 |
| 27.00 | SPEECH PATHOLOGY | 52 | 4,491 | | | 0 |
| 28.00 | ELECTROCARDIOLOGY | 53 | 26,826 | | | 0 |
| 29.00 | ELECTROENCEPHALOGRAPHY | 54 | 3,077 | | | 0 |
| 30.00 | ULTRA SOUND | 56.01 | 11,573 | | | 0 |
| 31.00 | NUCLEAR MEDICINE | 59 | 5,921 | | | 0 |
| 32.00 | CLINIC | 60 | 29,449 | | | 0 |
| 33.00 | EMERGENCY | 61 | 77,090 | | | 0 |
| 34.00 | PHYSICIANS' PRIVATE OFFICES | 98 | 325,288 | | | 0 |
| 35.00 | HEALTH TRACKS | 98.01 | 65,636 | | | 0 |
| 36.00 | PRIMARY CARE CLINIC | 100 | 3,768 | | | 0 |
| 37.00 | PARTNERS IN CARE | 100.01 | 12,349 | | | 0 |

RECLASS CODE: D
EXPLANATION : BONUS RECLASS

| | INCREASE | | | DECREASE | | |
|---|---|---|---|---|---|---|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT |
| 38.00 | OCCUPATIONAL MEDICINE | 100.02 | 4,239 | | | 0 |
| TOTAL RECLASSIFICATIONS FOR CODE D | | | 1,856,204 | | | 1,856,204 |

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

| | DESCRIPTION | BEGINNING BALANCES | ACQUISITIONS PURCHASES | DONATION | TOTAL | DISPOSALS AND RETIREMENTS | ENDING BALANCE | FULLY DEPRECIATED ASSETS |
|---|---|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1 | LAND | | | | | | | |
| 2 | LAND IMPROVEMENTS | | | | | | | |
| 3 | BUILDINGS & FIXTURE | | | | | | | |
| 4 | BUILDING IMPROVEMEN | | | | | | | |
| 5 | FIXED EQUIPMENT | | | | | | | |
| 6 | MOVABLE EQUIPMENT | | | | | | | |
| 7 | SUBTOTAL | | | | | | | |
| 8 | RECONCILING ITEMS | | | | | | | |
| 9 | TOTAL | | | | | | | |

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

| | DESCRIPTION | BEGINNING BALANCES | ACQUISITIONS PURCHASES | DONATION | TOTAL | DISPOSALS AND RETIREMENTS | ENDING BALANCE | FULLY DEPRECIATED ASSETS |
|---|---|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1 | LAND | 7,321,310 | 10,507,456 | | 10,507,456 | | 17,828,766 | |
| 2 | LAND IMPROVEMENTS | 6,246,270 | 162,871 | | 162,871 | 319,964 | 6,089,177 | |
| 3 | BUILDINGS & FIXTURE | 157,306,759 | 16,530,988 | | 16,530,988 | 2,710,803 | 171,126,944 | |
| 4 | BUILDING IMPROVEMEN | | | | | | | |
| 5 | FIXED EQUIPMENT | | | | | | | |
| 6 | MOVABLE EQUIPMENT | 57,679,476 | 7,334,342 | | 7,334,342 | 4,778,492 | 60,235,326 | |
| 7 | SUBTOTAL | 228,553,815 | 34,535,657 | | 34,535,657 | 7,809,259 | 255,280,213 | |
| 8 | RECONCILING ITEMS | | | | | | | |
| 9 | TOTAL | 228,553,815 | 34,535,657 | | 34,535,657 | 7,809,259 | 255,280,213 | |

PART III - RECONCILIATION OF CAPITAL COST CENTERS

| | DESCRIPTION | GROSS ASSETS | COMPUTATION OF RATIOS CAPITLIZED GROSS ASSETS LEASES | FOR RATIO | RATIO | ALLOCATION OF OTHER CAPITAL INSURANCE | TAXES | OTHER CAPITAL RELATED COSTS | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| * | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 1 | OLD CAP REL COSTS-BL | | | | | | | | |
| 3 | NEW CAP REL COSTS-BL | 255,280,213 | | 255,280,213 | 1.000000 | | | | |
| 5 | TOTAL | 255,280,213 | | 255,280,213 | 1.000000 | | | | |

| | DESCRIPTION | SUMMARY OF OLD AND NEW CAPITAL DEPRECIATION | LEASE | INTEREST | INSURANCE | TAXES | OTHER CAPITAL RELATED COST | TOTAL (1) |
|---|---|---|---|---|---|---|---|---|
| * | | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 1 | OLD CAP REL COSTS-BL | 187,732 | | 1,166,221 | 130,722 | | | 1,484,675 |
| 3 | NEW CAP REL COSTS-BL | 12,054,456 | | | | | | 12,054,456 |
| 5 | TOTAL | 12,242,188 | | 1,166,221 | 130,722 | | | 13,539,131 |

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

| | DESCRIPTION | SUMMARY OF OLD AND NEW CAPITAL DEPRECIATION | LEASE | INTEREST | INSURANCE | TAXES | OTHER CAPITAL RELATED COST | TOTAL (1) |
|---|---|---|---|---|---|---|---|---|
| * | | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 1 | OLD CAP REL COSTS-BL | 187,732 | | 2,273,173 | 130,722 | | | 2,591,627 |
| 3 | NEW CAP REL COSTS-BL | 12,060,953 | | | | | | 12,060,953 |
| 5 | TOTAL | 12,248,685 | | 2,273,173 | 130,722 | | | 14,652,580 |

* All lines numbers except line 5 are to be consistent with Workhseet A line numbers for capital cost centers.
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on Worksheet A, column 7, lines 1 thru 4.
Columns 9 through 14 should include related worksheet A-6 reclassifications and Worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: 15-0005 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/19/2009 I WORKSHEET A-8

| | DESCRIPTION (1) | (2) BASIS/CODE 1 | AMOUNT 2 | EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3 | LINE NO 4 | WKST. A-7 REF. 5 |
|---|---|---|---|---|---|---|
| 1 | INVST INCOME-OLD BLDGS AND FIXTURES | B | -1,106,952 | OLD CAP REL COSTS-BLDG & | 1 | 11 |
| 2 | INVESTMENT INCOME-OLD MOVABLE EQUIP | | | **COST CENTER DELETED** | 2 | |
| 3 | INVST INCOME-NEW BLDGS AND FIXTURES | | | NEW CAP REL COSTS-BLDG & | 3 | |
| 4 | INVESTMENT INCOME-NEW MOVABLE EQUIP | | | **COST CENTER DELETED** | 4 | |
| 5 | INVESTMENT INCOME-OTHER | | | | | |
| 6 | TRADE, QUANTITY AND TIME DISCOUNTS | | | | | |
| 7 | REFUNDS AND REBATES OF EXPENSES | | | | | |
| 8 | RENTAL OF PRVIDER SPACE BY SUPPLIERS | | | | | |
| 9 | TELEPHONE SERVICES | | | | | |
| 10 | TELEVISION AND RADIO SERVICE | | | | | |
| 11 | PARKING LOT | | | | | |
| 12 | PROVIDER BASED PHYSICIAN ADJUSTMENT | A-8-2 | -1,191,950 | | | |
| 13 | SALE OF SCRAP, WASTE, ETC. | | | | | |
| 14 | RELATED ORGANIZATION TRANSACTIONS | A-8-1 | | | | |
| 15 | LAUNDRY AND LINEN SERVICE | | | | | |
| 16 | CAFETERIA--EMPLOYEES AND GUESTS | B | -485,708 | CAFETERIA | 12 | |
| 17 | RENTAL OF QTRS TO EMPLYEE AND OTHRS | | | | | |
| 18 | SALE OF MED AND SURG SUPPLIES | | | | | |
| 19 | SALE OF DRUGS TO OTHER THAN PATIENTS | | | | | |
| 20 | SALE OF MEDICAL RECORDS & ABSTRACTS | | | | | |
| 21 | NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.) | | | | | |
| 22 | VENDING MACHINES | | | | | |
| 23 | INCOME FROM IMPOSITION OF INTEREST | | | | | |
| 24 | INTRST EXP ON MEDICARE OVERPAYMENTS | | | | | |
| 25 | ADJUSTMENT FOR RESPIRATORY THERAPY | A-8-3/A-8-4 | | RESPIRATORY THERAPY | 49 | |
| 26 | ADJUSTMENT FOR PHYSICAL THERAPY | A-8-3/A-8-4 | | PHYSICAL THERAPY | 50 | |
| 27 | ADJUSTMENT FOR HHA PHYSICAL THERAPY | A-8-3 | | | | |
| 28 | UTILIZATION REVIEW-PHYSIAN COMP | | | **COST CENTER DELETED** | 89 | |
| 29 | DEPRECIATION-OLD BLDGS AND FIXTURES | | | OLD CAP REL COSTS-BLDG & | 1 | |
| 30 | DEPRECIATION-OLD MOVABLE EQUIP | | | **COST CENTER DELETED** | 2 | |
| 31 | DEPRECIATION-NEW BLDGS AND FIXTURES | | | NEW CAP REL COSTS-BLDG & | 3 | |
| 32 | DEPRECIATION-NEW MOVABLE EQUIP | | | **COST CENTER DELETED** | 4 | |
| 33 | NON-PHYSICIAN ANESTHETIST | | | **COST CENTER DELETED** | 20 | |
| 34 | PHYSICIANS' ASSISTANT | | | | | |
| 35 | ADJUSTMENT FOR OCCUPATIONAL THERAPY | A-8-4 | | OCCUPATIONAL THERAPY | 51 | |
| 36 | ADJUSTMENT FOR SPEECH PATHOLOGY | A-8-4 | | SPEECH PATHOLOGY | 52 | |
| 37 | ADMITTING TELEPHONE (EQUIPMENT) | A | -24,341 | ADMINISTRATIVE & GENERAL | 6 | |
| 38 | ADMITTING TELEPHONE (SALARY) | A | -59,800 | ADMINISTRATIVE & GENERAL | 6 | |
| 39 | MARKETING DEPARTMENT | A | -2,569,039 | ADMINISTRATIVE & GENERAL | 6 | |
| 40 | STAFF EDUCATION ED DEPT COURSES | B | -4,324 | NURSING ADMINISTRATION | 14 | |
| 41 | CBC - OB UNIT ED DEPT COURSES | B | -80 | ADULTS & PEDIATRICS | 25 | |
| 42 | EMS PROGRAM ED DEPT COURSES | B | -53,430 | EMERGENCY | 61 | |
| 43 | LABORATORY MISC. SERVICES | B | -3,711 | LABORATORY | 44 | |
| 44 | LABORATORY ED DEPT COURSES | B | -645 | LABORATORY | 44 | |
| 45 | RADIOLOGY MISC./OTHER | B | -30 | RADIOLOGY-DIAGNOSTIC | 41 | |
| 46 | RADIOLOGY SALE OF X-RAYS | B | -4,760 | RADIOLOGY-DIAGNOSTIC | 41 | |
| 47 | RAD ONCOLOGY SALE OF X-RAYS | B | -550 | RADIATION-ONCOLOGY | 41.01 | |
| 48 | PHARMACY SUPPLIES SOLD TO OTHERS | B | -4,800 | DRUGS CHARGED TO PATIENTS | 56 | |
| 49 | RT ED DEPT. COURSES | B | -3,500 | RESPIRATORY THERAPY | 49 | |
| 49.01 | SPORTS MEDICINE ED DEPT. COURSES | B | -147,153 | PHYSICAL THERAPY | 50 | |
| 49.02 | PLAINFIELD PT SUPPLIES SOLD TO OTHER | B | -4,355 | PHYSICAL THERAPY | 50 | |
| 49.03 | SPEECH THERAPY ED DEPT COURSES | B | -190 | SPEECH PATHOLOGY | 52 | |
| 49.04 | DIETARY CATERING | B | -5,406 | CAFETERIA | 12 | |
| 49.05 | REGISTRATION ANSWERING SERVICE | B | -9,490 | ADMINISTRATIVE & GENERAL | 6 | |
| 49.06 | ACCOUNTING MISCELLANEOUS/OTHER | B | -6,683 | ADMINISTRATIVE & GENERAL | 6 | |
| 49.07 | ACCOUNTING INTEREST INCOME-MEDICARE | B | -5,293 | ADMINISTRATIVE & GENERAL | 6 | |
| 49.08 | HEALTH INFO MGMT MEDICAL RECORDS TRA | B | -1,468 | MEDICAL RECORDS & LIBRARY | 17 | |
| 49.09 | HEALTH INFO MGMT TRANSCRIPTION SERVI | B | -56,653 | MEDICAL RECORDS & LIBRARY | 17 | |
| 49.10 | HUMAN RESOURCES FITNESS CENTER | B | -20,251 | EMPLOYEE BENEFITS | 5 | |
| 49.11 | HUMAN RESOURCES JURY DUTY RECEIPTS | B | -268 | EMPLOYEE BENEFITS | 5 | |
| 49.12 | MATERIALS MGMT. SUPPLIES SOLD TO OTH | B | -4,822 | CENTRAL SERVICES & SUPPLY | 15 | |
| 49.13 | THE TERRACE CAFETERIA SALES | B | -183,433 | CAFETERIA | 12 | |
| 49.14 | PLAINFIELD PT ED DEPT COURSES | B | -1,150 | PHYSICAL THERAPY | 50 | |
| 49.15 | AVON ORTH/SPORT MISC./OTHER | B | -196 | PHYSICAL THERAPY | 50 | |
| 49.16 | OCC THERAPY REHAB SUPPLIES SOLD TO O | B | -196 | OCCUPATIONAL THERAPY | 51 | |
| 49.17 | PHARMACY SUPPLIES SOLD TO OTHERS | B | -4,521 | DRUGS CHARGED TO PATIENTS | 56 | |
| 49.18 | MEALS ON WHEELS | A | -208,802 | DIETARY | 11 | |
| 49.19 | 1993 CARRYFORWARD | A | -11,142 | NEW CAP REL COSTS-BLDG & | 3 | 9 |
| 49.20 | 1994 CARRYFORWARD | A | 4,645 | NEW CAP REL COSTS-BLDG & | 3 | 9 |
| 49.21 | PHYSICIAN RECRUITMENT | A | -692,666 | ADMINISTRATIVE & GENERAL | 6 | |
| 49.22 | LOBBYING EXPENSE | A | -8,901 | ADMINISTRATIVE & GENERAL | 6 | |
| 49.23 | | | | | | |
| 49.24 | | | | | | |
| 49.25 | | | | | | |
| 49.26 | | | | | | |
| 49.27 | | | | | | |
| 49.28 | | | | | | |
| 49.29 | | | | | | |
| 49.30 | | | | | | |
| 49.31 | | | | | | |
| 50 | TOTAL (SUM OF LINES 1 THRU 49) | | -6,882,014 | | | |

| | DESCRIPTION (1) | (2) BASIS/CODE | AMOUNT | EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER | LINE NO | WKST. A-7 REF. |
|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 |
| 50 | TOTAL (SUM OF LINES 1 THRU 49) | | -6,882,014 | | | |

(1) Description - all chapter references in this columnpertain to CMS Pub. 15-I.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: 15-0005 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/19/2009 I WORKSHEET A-8-2 I GROUP 1

| | WKSHT A LINE NO. 1 | COST CENTER/ PHYSICIAN IDENTIFIER 2 | TOTAL REMUN-ERATION 3 | PROFES-SIONAL COMPONENT 4 | PROVIDER COMPONENT 5 | RCE AMOUNT 6 | PHYSICIAN/ PROVIDER COMPONENT HOURS 7 | UNADJUSTED RCE LIMIT 8 | 5 PERCENT OF UNADJUSTED RCE LIMIT 9 |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 31 | STRESS | 19,200 | | 19,200 | 154,100 | 100 | 7,409 | 370 |
| 2 | 61 | ER | 45,000 | | 45,000 | 177,200 | 360 | 30,669 | 1,533 |
| 3 | 61 | EMS | 44,125 | | 44,125 | 177,200 | 371 | 31,606 | 1,580 |
| 4 | 44 | LAB | 62,738 | | 62,738 | 215,700 | 1,080 | 111,998 | 5,600 |
| 5 | 50 | PHYSICAL THERAPY | 30,150 | | 30,150 | 177,200 | 240 | 20,446 | 1,022 |
| 6 | 53 | EKG | 118,235 | 103,235 | 15,000 | 177,200 | 101 | 8,604 | 430 |
| 7 | 53 | CARDIAC CATH LAB | 4,375 | | 4,375 | 177,200 | 79 | 6,730 | 337 |
| 8 | 41 | RADIOLOGY-DIAG | 84,318 | 84,318 | | | | | |
| 9 | 49 | RESPIRATORY THERAPY | 15,000 | | 15,000 | 177,200 | 151 | 12,864 | 643 |
| 10 | 25 | | 947,520 | 947,520 | | 177,200 | | | |
| 11 | | | | | | | | | |
| 12 | | | | | | | | | |
| 13 | | | | | | | | | |
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| 27 | | | | | | | | | |
| 28 | | | | | | | | | |
| 29 | | | | | | | | | |
| 30 | | | | | | | | | |
| 101 | | TOTAL | 1,370,661 | 1,135,073 | 235,588 | | 2,482 | 230,326 | 11,515 |

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: 15-0005 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/19/2009 I WORKSHEET A-8-2 I GROUP 1

| | WKSHT A LINE NO. 10 | COST CENTER/ PHYSICIAN IDENTIFIER 11 | COST OF MEMBERSHIPS & CONTINUING EDUCATION 12 | PROVIDER COMPONENT SHARE OF COL 12 13 | PHYSICIAN COST OF MALPRACTICE INSURANCE 14 | PROVIDER COMPONENT SHARE OF COL 14 15 | ADJUSTED RCE LIMIT 16 | RCE DIS-ALLOWANCE 17 | ADJUSTMENT 18 |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 31 | STRESS | | | | | 7,409 | 11,791 | 11,791 |
| 2 | 61 | ER | | | | | 30,669 | 14,331 | 14,331 |
| 3 | 61 | EMS | | | | | 31,606 | 12,519 | 12,519 |
| 4 | 44 | LAB | | | | | 111,998 | | |
| 5 | 50 | PHYSICAL THERAPY | | | | | 20,446 | 9,704 | 9,704 |
| 6 | 53 | EKG | | | | | 8,604 | 6,396 | 109,631 |
| 7 | 53 | CARDIAC CATH LAB | | | | | 6,730 | | |
| 8 | 41 | RADIOLOGY-DIAG | | | | | | | 84,318 |
| 9 | 49 | RESPIRATORY THERAPY | | | | | 12,864 | 2,136 | 2,136 |
| 10 | 25 | | | | | | | | 947,520 |
| 11 | | | | | | | | | |
| 12 | | | | | | | | | |
| 13 | | | | | | | | | |
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| 26 | | | | | | | | | |
| 27 | | | | | | | | | |
| 28 | | | | | | | | | |
| 29 | | | | | | | | | |
| 30 | | | | | | | | | |
| 101 | | TOTAL | | | | | 230,326 | 56,877 | 1,191,950 |

COST ALLOCATION STATISTICS

I PROVIDER NO: 15-0005 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/19/2009 I NOT A CMS WORKSHEET

| LINE NO. | COST CENTER DESCRIPTION | STATISTICS CODE | STATISTICS DESCRIPTION | |
|---|---|---|---|---|
| | GENERAL SERVICE COST | | | |
| 1 | OLD CAP REL COSTS-BLDG & FIXT | 1 | SQUARE FEET | ENTERED |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 1 | SQUARE FEET | ENTERED |
| 5 | EMPLOYEE BENEFITS | S | GROSS SALARIES | NOT ENTERED |
| 6 | ADMINISTRATIVE & GENERAL | # | ACCUM. COST | NOT ENTERED |
| 8 | OPERATION OF PLANT | 3 | SQUARE FEET | ENTERED |
| 9 | LAUNDRY & LINEN SERVICE | 8 | POUNDS OF LAUNDRY | ENTERED |
| 10 | HOUSEKEEPING | 9 | HOURS OF SERVICE | ENTERED |
| 11 | DIETARY | 10 | PATIENT DAYS | ENTERED |
| 12 | CAFETERIA | 11 | MANHOURS | ENTERED |
| 14 | NURSING ADMINISTRATION | 13 | DIRECT NRSING HRS | ENTERED |
| 15 | CENTRAL SERVICES & SUPPLY | 14 | 100% ALLOCATION | ENTERED |
| 16 | PHARMACY | 15 | 100% ALLOCATION | ENTERED |
| 17 | MEDICAL RECORDS & LIBRARY | 16 | GROSS CHARGES | ENTERED |
| 18 | SOCIAL SERVICE | 17 | TIME SPENT | ENTERED |

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0005 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/19/2009 | WORKSHEET B PART I

| | | COST CENTER DESCRIPTION | NET EXPENSES FOR COST ALLOCATION | OLD CAP REL COSTS-BLDG & | NEW CAP REL COSTS-BLDG & | EMPLOYEE BENEFITS | SUBTOTAL | ADMINISTRATIVE & GENERAL | OPERATION OF PLANT |
|---|---|---|---|---|---|---|---|---|---|
| | | | 0 | 1 | 3 | 5 | 5a.00 | 6 | 8 |
| | | GENERAL SERVICE COST CNTR | | | | | | | |
| 001 | | OLD CAP REL COSTS-BLDG & | 1,484,675 | 1,484,675 | | | | | |
| 003 | | NEW CAP REL COSTS-BLDG & | 12,054,456 | | 12,054,456 | | | | |
| 005 | | EMPLOYEE BENEFITS | 3,255,225 | 5,326 | 43,243 | 3,303,794 | | | |
| 006 | | ADMINISTRATIVE & GENERAL | 12,952,787 | 153,235 | 1,244,152 | 299,230 | 14,649,404 | 14,649,404 | |
| 008 | | OPERATION OF PLANT | 5,063,152 | 144,865 | 1,176,199 | 93,091 | 6,477,307 | 704,427 | 7,181,734 |
| 009 | | LAUNDRY & LINEN SERVICE | 488,054 | 36,037 | 292,597 | 12,587 | 829,275 | 90,186 | 53,917 |
| 010 | | HOUSEKEEPING | 2,792,382 | 13,122 | 106,537 | 86,667 | 2,998,708 | 326,118 | 131,717 |
| 011 | | DIETARY | 729,575 | 15,330 | 124,468 | 22,591 | 891,964 | 97,004 | 153,886 |
| 012 | | CAFETERIA | 1,795,904 | 9,121 | 74,052 | 59,474 | 1,938,551 | 210,823 | 91,555 |
| 014 | | NURSING ADMINISTRATION | 3,206,180 | 11,751 | 95,412 | 109,791 | 3,423,134 | 372,276 | 117,963 |
| 015 | | CENTRAL SERVICES & SUPPLY | 1,153,156 | 29,931 | 243,019 | 26,407 | 1,452,513 | 157,965 | 300,458 |
| 016 | | PHARMACY | 2,776,792 | 6,464 | 52,483 | 61,477 | 2,897,216 | 315,081 | 64,888 |
| 017 | | MEDICAL RECORDS & LIBRARY | 2,209,631 | 17,500 | 142,084 | 65,985 | 2,435,200 | 264,835 | 175,666 |
| 018 | | SOCIAL SERVICE | 1,838,161 | 1,451 | 11,779 | 66,548 | 1,917,939 | 208,582 | 14,563 |
| | | INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 | | ADULTS & PEDIATRICS | 12,860,862 | 194,111 | 1,576,040 | 469,176 | 15,100,189 | 1,642,191 | 1,948,546 |
| 026 | | INTENSIVE CARE UNIT | 2,494,581 | 28,406 | 230,638 | 88,284 | 2,841,909 | 309,066 | 285,150 |
| 031 | | SUBPROVIDER | 992,677 | 22,065 | 179,150 | 36,740 | 1,230,632 | 133,835 | 221,492 |
| 033 | | NURSERY | 485,698 | 5,378 | 43,662 | 18,204 | 552,942 | 60,134 | 53,981 |
| | | ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 | | OPERATING ROOM | 7,034,912 | 54,443 | 442,037 | 99,277 | 7,630,669 | 829,858 | 546,514 |
| 037 | 01 | ENDOSCOPY | 909,776 | | | 24,190 | 933,966 | 101,572 | |
| 038 | | RECOVERY ROOM | 906,022 | 6,635 | 53,871 | 32,693 | 999,221 | 108,668 | 66,603 |
| 039 | | DELIVERY ROOM & LABOR ROO | 1,447,912 | 18,238 | 148,078 | 61,984 | 1,676,212 | 182,293 | 183,077 |
| 040 | | ANESTHESIOLOGY | 231,311 | 1,493 | 12,120 | | 244,924 | 26,636 | 14,984 |
| 041 | | RADIOLOGY-DIAGNOSTIC | 7,083,574 | 95,523 | 775,573 | 172,059 | 8,126,729 | 883,806 | 641,596 |
| 041 | 01 | RADIATION-ONCOLOGY | 7,327,083 | 42,186 | 342,515 | 29,688 | 7,741,472 | 841,908 | |
| 044 | | LABORATORY | 6,439,682 | 32,849 | 266,709 | 113,258 | 6,852,498 | 745,230 | 263,694 |
| 048 | | INTRAVENOUS THERAPY | 1,323,450 | 3,862 | 31,359 | 45,087 | 1,403,758 | 152,663 | 38,771 |
| 049 | | RESPIRATORY THERAPY | 2,367,595 | 20,485 | 166,323 | 71,315 | 2,625,718 | 285,555 | 205,634 |
| 050 | | PHYSICAL THERAPY | 3,310,312 | 55,410 | 449,889 | 111,415 | 3,927,026 | 427,076 | 227,479 |
| 051 | | OCCUPATIONAL THERAPY | 345,243 | 19,437 | 157,816 | 12,592 | 535,088 | 58,192 | 14,013 |
| 052 | | SPEECH PATHOLOGY | 206,880 | 3,192 | 25,914 | 7,994 | 243,980 | 26,534 | 32,039 |
| 053 | | ELECTROCARDIOLOGY | 2,136,997 | 29,915 | 242,888 | 47,747 | 2,457,547 | 267,266 | 300,296 |
| 054 | | ELECTROENCEPHALOGRAPHY | 161,603 | 13,750 | 111,641 | 5,476 | 292,470 | 31,807 | 138,028 |
| 055 | | MEDICAL SUPPLIES CHARGED | | | | | | | |
| 056 | | DRUGS CHARGED TO PATIENTS | 3,786,829 | | | | 3,786,829 | 411,829 | |
| 056 | 01 | ULTRA SOUND | 555,268 | 1,773 | 14,397 | 20,598 | 592,036 | 64,386 | 17,800 |
| 059 | | NUCLEAR MEDICINE | 521,979 | 1,699 | 13,795 | 10,538 | 548,011 | 59,598 | 17,055 |
| | | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 060 | | CLINIC | 4,250,045 | 65,008 | 527,816 | 52,416 | 4,895,285 | 532,377 | |
| 061 | | EMERGENCY | 4,464,810 | 72,907 | 591,947 | 137,211 | 5,266,875 | 572,788 | 731,856 |
| 062 | | OBSERVATION BEDS (NON-DIS | | | | | | | |
| | | SPEC PURPOSE COST CENTERS | | | | | | | |
| 095 | | SUBTOTALS | 123,445,231 | 1,232,898 | 10,010,203 | 2,571,790 | 120,417,197 | 11,502,565 | 7,053,221 |
| | | NONREIMBURS COST CENTERS | | | | | | | |
| 098 | | PHYSICIANS' PRIVATE OFFIC | 20,991,542 | 198,917 | 1,615,069 | 578,950 | 23,384,478 | 2,543,187 | |
| 098 | 01 | HEALTH TRACKS | 3,317,359 | 40,058 | 325,239 | 116,824 | 3,799,480 | 413,205 | |
| 100 | | PRIMARY CARE CLINIC | 186,573 | | | 6,707 | 193,280 | 21,020 | |
| 100 | 01 | PARTNERS IN CARE | 695,788 | 12,802 | 103,945 | 21,979 | 834,514 | 90,756 | 128,513 |
| 100 | 02 | OCCUPATIONAL MEDICINE | 715,843 | | | 7,544 | 723,387 | 78,671 | |
| 101 | | CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 | | NEGATIVE COST CENTER | | | | | | | |
| 103 | | TOTAL | 149,352,336 | 1,484,675 | 12,054,456 | 3,303,794 | 149,352,336 | 14,649,404 | 7,181,734 |

| | | COST CENTER DESCRIPTION | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY | PHARMACY |
|---|---|---|---|---|---|---|---|---|---|
| | | | 9 | 10 | 11 | 12 | 14 | 15 | 16 |
| | | GENERAL SERVICE COST CNTR | | | | | | | |
| 001 | | OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 | | NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 | | EMPLOYEE BENEFITS | | | | | | | |
| 006 | | ADMINISTRATIVE & GENERAL | | | | | | | |
| 008 | | OPERATION OF PLANT | | | | | | | |
| 009 | | LAUNDRY & LINEN SERVICE | 973,378 | | | | | | |
| 010 | | HOUSEKEEPING | | 3,456,543 | | | | | |
| 011 | | DIETARY | | | 1,142,854 | | | | |
| 012 | | CAFETERIA | | | | 2,240,929 | | | |
| 014 | | NURSING ADMINISTRATION | | | | 133,578 | 4,046,951 | | |
| 015 | | CENTRAL SERVICES & SUPPLY | | 40,272 | | 51,274 | | 2,002,482 | |
| 016 | | PHARMACY | | | | 71,560 | | | 3,348,745 |
| 017 | | MEDICAL RECORDS & LIBRARY | | | | 119,114 | | | |
| 018 | | SOCIAL SERVICE | | | | 68,922 | | | |
| | | INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 | | ADULTS & PEDIATRICS | 293,486 | 1,162,765 | 960,845 | 540,914 | 1,707,474 | | |
| 026 | | INTENSIVE CARE UNIT | 20,235 | 134,878 | 113,150 | 105,834 | 334,081 | | |
| 031 | | SUBPROVIDER | 23,680 | 78,626 | 68,859 | 40,443 | 127,666 | | |
| 033 | | NURSERY | 25,115 | 11,719 | | 17,841 | 56,317 | | |
| | | ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 | | OPERATING ROOM | 70,608 | 170,675 | | 118,046 | 372,631 | | |
| 037 | 01 | ENDOSCOPY | 3,301 | 6,392 | | 29,480 | 93,058 | | |
| 038 | | RECOVERY ROOM | 42,480 | 21,095 | | 28,314 | 89,377 | | |
| 039 | | DELIVERY ROOM & LABOR ROO | 59,701 | 5,540 | | 63,744 | 201,218 | | |
| 040 | | ANESTHESIOLOGY | | 5,966 | | | | | |
| 041 | | RADIOLOGY-DIAGNOSTIC | 125,215 | 210,094 | | 185,236 | | | |
| 041 | 01 | RADIATION-ONCOLOGY | 9,544 | 137,648 | | 32,203 | | | |
| 044 | | LABORATORY | 502 | 104,195 | | 139,134 | | | |
| 048 | | INTRAVENOUS THERAPY | 4,018 | 8,310 | | 46,274 | | | |
| 049 | | RESPIRATORY THERAPY | | 13,424 | | 93,436 | 294,946 | | |
| 050 | | PHYSICAL THERAPY | 40,327 | 127,207 | | 56,402 | | | |
| 051 | | OCCUPATIONAL THERAPY | | 18,964 | | 9,710 | | | |
| 052 | | SPEECH PATHOLOGY | | 6,605 | | 8,577 | | | |
| 053 | | ELECTROCARDIOLOGY | 7,032 | 101,212 | | 70,545 | 222,687 | | |
| 054 | | ELECTROENCEPHALOGRAPHY | 1,937 | 36,010 | | 8,035 | | | |
| 055 | | MEDICAL SUPPLIES CHARGED | | | | | | 2,002,482 | |
| 056 | | DRUGS CHARGED TO PATIENTS | | 16,407 | | | | | 3,348,745 |
| 056 | 01 | ULTRA SOUND | | | | 18,725 | | | |
| 059 | | NUCLEAR MEDICINE | | | | 10,146 | | | |
| | | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 060 | | CLINIC | 43,413 | 247,170 | | | | | |
| 061 | | EMERGENCY | 151,980 | 282,541 | | 173,442 | 547,496 | | |
| 062 | | OBSERVATION BEDS (NON-DIS | | | | | | | |
| | | SPEC PURPOSE COST CENTERS | | | | | | | |
| 095 | | SUBTOTALS | 922,574 | 2,947,715 | 1,142,854 | 2,240,929 | 4,046,951 | 2,002,482 | 3,348,745 |
| | | NONREIMBURS COST CENTERS | | | | | | | |
| 098 | | PHYSICIANS' PRIVATE OFFIC | 36,022 | 212,864 | | | | | |
| 098 | 01 | HEALTH TRACKS | 9,472 | 214,569 | | | | | |
| 100 | | PRIMARY CARE CLINIC | 1,220 | | | | | | |
| 100 | 01 | PARTNERS IN CARE | | 25,995 | | | | | |
| 100 | 02 | OCCUPATIONAL MEDICINE | 4,090 | 55,400 | | | | | |
| 101 | | CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 | | NEGATIVE COST CENTER | | | | | | | |
| 103 | | TOTAL | 973,378 | 3,456,543 | 1,142,854 | 2,240,929 | 4,046,951 | 2,002,482 | 3,348,745 |

| | | COST CENTER DESCRIPTION | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | SUBTOTAL | I&R COST POST STEP-DOWN ADJ | TOTAL |
|---|---|---|---|---|---|---|---|
| | | | 17 | 18 | 25 | 26 | 27 |
| | | GENERAL SERVICE COST CNTR | | | | | |
| 001 | | OLD CAP REL COSTS-BLDG & | | | | | |
| 003 | | NEW CAP REL COSTS-BLDG & | | | | | |
| 005 | | EMPLOYEE BENEFITS | | | | | |
| 006 | | ADMINISTRATIVE & GENERAL | | | | | |
| 008 | | OPERATION OF PLANT | | | | | |
| 009 | | LAUNDRY & LINEN SERVICE | | | | | |
| 010 | | HOUSEKEEPING | | | | | |
| 011 | | DIETARY | | | | | |
| 012 | | CAFETERIA | | | | | |
| 014 | | NURSING ADMINISTRATION | | | | | |
| 015 | | CENTRAL SERVICES & SUPPLY | | | | | |
| 016 | | PHARMACY | | | | | |
| 017 | | MEDICAL RECORDS & LIBRARY | 2,994,815 | | | | |
| 018 | | SOCIAL SERVICE | | 2,210,006 | | | |
| | | INPAT ROUTINE SRVC CNTRS | | | | | |
| 025 | | ADULTS & PEDIATRICS | 250,147 | 1,995,845 | 25,602,402 | | 25,602,402 |
| 026 | | INTENSIVE CARE UNIT | 76,450 | 87,944 | 4,308,697 | | 4,308,697 |
| 031 | | SUBPROVIDER | 16,441 | | 1,941,674 | | 1,941,674 |
| 033 | | NURSERY | | 7,329 | 785,378 | | 785,378 |
| | | ANCILLARY SRVC COST CNTRS | | | | | |
| 037 | | OPERATING ROOM | 367,221 | 114,002 | 10,220,224 | | 10,220,224 |
| 037 | 01 | ENDOSCOPY | 71,804 | | 1,239,573 | | 1,239,573 |
| 038 | | RECOVERY ROOM | | | 1,355,758 | | 1,355,758 |
| 039 | | DELIVERY ROOM & LABOR ROO | | | 2,371,785 | | 2,371,785 |
| 040 | | ANESTHESIOLOGY | | | 292,510 | | 292,510 |
| 041 | | RADIOLOGY-DIAGNOSTIC | 809,337 | | 10,982,013 | | 10,982,013 |
| 041 | 01 | RADIATION-ONCOLOGY | | | 8,762,775 | | 8,762,775 |
| 044 | | LABORATORY | 746,272 | | 8,851,525 | | 8,851,525 |
| 048 | | INTRAVENOUS THERAPY | | | 1,653,794 | | 1,653,794 |
| 049 | | RESPIRATORY THERAPY | 109,245 | | 3,627,958 | | 3,627,958 |
| 050 | | PHYSICAL THERAPY | 123,011 | | 4,928,528 | | 4,928,528 |
| 051 | | OCCUPATIONAL THERAPY | 19,305 | | 655,272 | | 655,272 |
| 052 | | SPEECH PATHOLOGY | | | 317,735 | | 317,735 |
| 053 | | ELECTROCARDIOLOGY | 159,193 | | 3,585,778 | | 3,585,778 |
| 054 | | ELECTROENCEPHALOGRAPHY | 6,511 | | 514,798 | | 514,798 |
| 055 | | MEDICAL SUPPLIES CHARGED | | | 2,002,482 | | 2,002,482 |
| 056 | | DRUGS CHARGED TO PATIENTS | | | 7,563,810 | | 7,563,810 |
| 056 | 01 | ULTRA SOUND | | | 692,947 | | 692,947 |
| 059 | | NUCLEAR MEDICINE | | | 634,810 | | 634,810 |
| | | OUTPAT SERVICE COST CNTRS | | | | | |
| 060 | | CLINIC | | | 5,718,245 | | 5,718,245 |
| 061 | | EMERGENCY | 239,878 | 4,886 | 7,971,742 | | 7,971,742 |
| 062 | | OBSERVATION BEDS (NON-DIS | | | | | |
| | | SPEC PURPOSE COST CENTERS | | | | | |
| 095 | | SUBTOTALS | 2,994,815 | 2,210,006 | 116,582,213 | | 116,582,213 |
| | | NONREIMBURS COST CENTERS | | | | | |
| 098 | | PHYSICIANS' PRIVATE OFFIC | | | 26,176,551 | | 26,176,551 |
| 098 | 01 | HEALTH TRACKS | | | 4,436,726 | | 4,436,726 |
| 100 | | PRIMARY CARE CLINIC | | | 215,520 | | 215,520 |
| 100 | 01 | PARTNERS IN CARE | | | 1,079,778 | | 1,079,778 |
| 100 | 02 | OCCUPATIONAL MEDICINE | | | 861,548 | | 861,548 |
| 101 | | CROSS FOOT ADJUSTMENT | | | | | |
| 102 | | NEGATIVE COST CENTER | | | | | |
| 103 | | TOTAL | 2,994,815 | 2,210,006 | 149,352,336 | | 149,352,336 |

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 15-0005 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/19/2009 | WORKSHEET B PART II

| | | COST CENTER DESCRIPTION | DIR ASSGNED OLD CAPITAL REL COSTS | OLD CAP REL COSTS-BLDG & | NEW CAP REL COSTS-BLDG & | SUBTOTAL | EMPLOYEE BENEFITS | ADMINISTRATIVE & GENERAL | OPERATION OF PLANT |
|---|---|---|---|---|---|---|---|---|---|
| | | | 0 | 1 | 3 | 4a | 5 | 6 | 8 |
| | | GENERAL SERVICE COST CNTR | | | | | | | |
| 001 | | OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 | | NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 | | EMPLOYEE BENEFITS | | 5,326 | | 5,326 | 5,326 | | |
| 006 | | ADMINISTRATIVE & GENERAL | | 153,235 | | 153,235 | 483 | 153,718 | |
| 008 | | OPERATION OF PLANT | | 144,865 | | 144,865 | 150 | 7,391 | 152,406 |
| 009 | | LAUNDRY & LINEN SERVICE | | 36,037 | | 36,037 | 20 | 946 | 1,144 |
| 010 | | HOUSEKEEPING | | 13,122 | | 13,122 | 140 | 3,422 | 2,795 |
| 011 | | DIETARY | | 15,330 | | 15,330 | 37 | 1,018 | 3,266 |
| 012 | | CAFETERIA | | 9,121 | | 9,121 | 96 | 2,212 | 1,943 |
| 014 | | NURSING ADMINISTRATION | | 11,751 | | 11,751 | 177 | 3,906 | 2,503 |
| 015 | | CENTRAL SERVICES & SUPPLY | | 29,931 | | 29,931 | 43 | 1,657 | 6,376 |
| 016 | | PHARMACY | | 6,464 | | 6,464 | 99 | 3,306 | 1,377 |
| 017 | | MEDICAL RECORDS & LIBRARY | | 17,500 | | 17,500 | 107 | 2,779 | 3,728 |
| 018 | | SOCIAL SERVICE | | 1,451 | | 1,451 | 108 | 2,188 | 309 |
| | | INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 | | ADULTS & PEDIATRICS | | 194,111 | | 194,111 | 758 | 17,229 | 41,351 |
| 026 | | INTENSIVE CARE UNIT | | 28,406 | | 28,406 | 143 | 3,243 | 6,051 |
| 031 | | SUBPROVIDER | | 22,065 | | 22,065 | 59 | 1,404 | 4,700 |
| 033 | | NURSERY | | 5,378 | | 5,378 | 29 | 631 | 1,146 |
| | | ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 | | OPERATING ROOM | | 54,443 | | 54,443 | 160 | 8,707 | 11,598 |
| 037 | 01 | ENDOSCOPY | | | | | 39 | 1,066 | |
| 038 | | RECOVERY ROOM | | 6,635 | | 6,635 | 53 | 1,140 | 1,413 |
| 039 | | DELIVERY ROOM & LABOR ROO | | 18,238 | | 18,238 | 100 | 1,913 | 3,885 |
| 040 | | ANESTHESIOLOGY | | 1,493 | | 1,493 | | 279 | 318 |
| 041 | | RADIOLOGY-DIAGNOSTIC | | 95,523 | | 95,523 | 278 | 9,273 | 13,616 |
| 041 | 01 | RADIATION-ONCOLOGY | | 42,186 | | 42,186 | 48 | 8,833 | |
| 044 | | LABORATORY | | 32,849 | | 32,849 | 183 | 7,819 | 5,596 |
| 048 | | INTRAVENOUS THERAPY | | 3,862 | | 3,862 | 73 | 1,602 | 823 |
| 049 | | RESPIRATORY THERAPY | | 20,485 | | 20,485 | 115 | 2,996 | 4,364 |
| 050 | | PHYSICAL THERAPY | | 55,410 | | 55,410 | 180 | 4,481 | 4,827 |
| 051 | | OCCUPATIONAL THERAPY | | 19,437 | | 19,437 | 20 | 611 | 297 |
| 052 | | SPEECH PATHOLOGY | | 3,192 | | 3,192 | 13 | 278 | 680 |
| 053 | | ELECTROCARDIOLOGY | | 29,915 | | 29,915 | 77 | 2,804 | 6,373 |
| 054 | | ELECTROENCEPHALOGRAPHY | | 13,750 | | 13,750 | 9 | 334 | 2,929 |
| 055 | | MEDICAL SUPPLIES CHARGED | | | | | | | |
| 056 | | DRUGS CHARGED TO PATIENTS | | | | | | 4,321 | |
| 056 | 01 | ULTRA SOUND | | 1,773 | | 1,773 | 33 | 676 | 378 |
| 059 | | NUCLEAR MEDICINE | | 1,699 | | 1,699 | 17 | 625 | 362 |
| | | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 060 | | CLINIC | | 65,008 | | 65,008 | 85 | 5,586 | |
| 061 | | EMERGENCY | | 72,907 | | 72,907 | 222 | 6,010 | 15,531 |
| 062 | | OBSERVATION BEDS (NON-DIS | | | | | | | |
| | | SPEC PURPOSE COST CENTERS | | | | | | | |
| 095 | | SUBTOTALS | | 1,232,898 | | 1,232,898 | 4,154 | 120,686 | 149,679 |
| | | NONREIMBURS COST CENTERS | | | | | | | |
| 098 | | PHYSICIANS' PRIVATE OFFIC | | 198,917 | | 198,917 | 924 | 26,699 | |
| 098 | 01 | HEALTH TRACKS | | 40,058 | | 40,058 | 189 | 4,335 | |
| 100 | | PRIMARY CARE CLINIC | | | | | 11 | 221 | |
| 100 | 01 | PARTNERS IN CARE | | 12,802 | | 12,802 | 36 | 952 | 2,727 |
| 100 | 02 | OCCUPATIONAL MEDICINE | | | | | 12 | 825 | |
| 101 | | CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 | | NEGATIVE COST CENTER | | | | | | | |
| 103 | | TOTAL | | 1,484,675 | | 1,484,675 | 5,326 | 153,718 | 152,406 |

| | | COST CENTER DESCRIPTION | LAUNDRY & LIN EN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMIN ISTRATION | CENTRAL SERVI CES & SUPPLY | PHARMACY |
|---|---|---|---|---|---|---|---|---|---|
| | | | 9 | 10 | 11 | 12 | 14 | 15 | 16 |
| | | GENERAL SERVICE COST CNTR | | | | | | | |
| 001 | | OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 | | NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 | | EMPLOYEE BENEFITS | | | | | | | |
| 006 | | ADMINISTRATIVE & GENERAL | | | | | | | |
| 008 | | OPERATION OF PLANT | | | | | | | |
| 009 | | LAUNDRY & LINEN SERVICE | 38,147 | | | | | | |
| 010 | | HOUSEKEEPING | | 19,479 | | | | | |
| 011 | | DIETARY | | | 19,651 | | | | |
| 012 | | CAFETERIA | | | | 13,372 | | | |
| 014 | | NURSING ADMINISTRATION | | | | 797 | 19,134 | | |
| 015 | | CENTRAL SERVICES & SUPPLY | | 227 | | 306 | | 38,540 | |
| 016 | | PHARMACY | | | | 427 | | | 11,673 |
| 017 | | MEDICAL RECORDS & LIBRARY | | | | 711 | | | |
| 018 | | SOCIAL SERVICE | | | | 411 | | | |
| | | INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 | | ADULTS & PEDIATRICS | 11,503 | 6,553 | 16,521 | 3,228 | 8,072 | | |
| 026 | | INTENSIVE CARE UNIT | 793 | 760 | 1,946 | 632 | 1,580 | | |
| 031 | | SUBPROVIDER | 928 | 443 | 1,184 | 241 | 604 | | |
| 033 | | NURSERY | 984 | 66 | | 106 | 266 | | |
| | | ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 | | OPERATING ROOM | 2,767 | 962 | | 704 | 1,762 | | |
| 037 | 01 | ENDOSCOPY | 129 | 36 | | 176 | 440 | | |
| 038 | | RECOVERY ROOM | 1,665 | 119 | | 169 | 423 | | |
| 039 | | DELIVERY ROOM & LABOR ROO | 2,340 | 31 | | 380 | 951 | | |
| 040 | | ANESTHESIOLOGY | | 34 | | | | | |
| 041 | | RADIOLOGY-DIAGNOSTIC | 4,907 | 1,184 | | 1,105 | | | |
| 041 | 01 | RADIATION-ONCOLOGY | 374 | 776 | | 192 | | | |
| 044 | | LABORATORY | 20 | 587 | | 830 | | | |
| 048 | | INTRAVENOUS THERAPY | 157 | 47 | | 276 | | | |
| 049 | | RESPIRATORY THERAPY | | 76 | | 558 | 1,394 | | |
| 050 | | PHYSICAL THERAPY | 1,580 | 717 | | 337 | | | |
| 051 | | OCCUPATIONAL THERAPY | | 107 | | 58 | | | |
| 052 | | SPEECH PATHOLOGY | | 37 | | 51 | | | |
| 053 | | ELECTROCARDIOLOGY | 276 | 570 | | 421 | 1,053 | | |
| 054 | | ELECTROENCEPHALOGRAPHY | 76 | 203 | | 48 | | | |
| 055 | | MEDICAL SUPPLIES CHARGED | | | | | | 38,540 | |
| 056 | | DRUGS CHARGED TO PATIENTS | | 92 | | | | | 11,673 |
| 056 | 01 | ULTRA SOUND | | | | 112 | | | |
| 059 | | NUCLEAR MEDICINE | | | | 61 | | | |
| | | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 060 | | CLINIC | 1,701 | 1,393 | | | | | |
| 061 | | EMERGENCY | 5,956 | 1,592 | | 1,035 | 2,589 | | |
| 062 | | OBSERVATION BEDS (NON-DIS | | | | | | | |
| | | SPEC PURPOSE COST CENTERS | | | | | | | |
| 095 | | SUBTOTALS | 36,156 | 16,612 | 19,651 | 13,372 | 19,134 | 38,540 | 11,673 |
| | | NONREIMBURS COST CENTERS | | | | | | | |
| 098 | | PHYSICIANS' PRIVATE OFFIC | 1,412 | 1,200 | | | | | |
| 098 | 01 | HEALTH TRACKS | 371 | 1,209 | | | | | |
| 100 | | PRIMARY CARE CLINIC | 48 | | | | | | |
| 100 | 01 | PARTNERS IN CARE | | 146 | | | | | |
| 100 | 02 | OCCUPATIONAL MEDICINE | 160 | 312 | | | | | |
| 101 | | CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 | | NEGATIVE COST CENTER | | | | | | | |
| 103 | | TOTAL | 38,147 | 19,479 | 19,651 | 13,372 | 19,134 | 38,540 | 11,673 |

| | | COST CENTER DESCRIPTION | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | SUBTOTAL | POST STEPDOWN ADJUSTMENT | TOTAL |
|---|---|---|---|---|---|---|---|
| | | | 17 | 18 | 25 | 26 | 27 |
| | | GENERAL SERVICE COST CNTR | | | | | |
| 001 | | OLD CAP REL COSTS-BLDG & | | | | | |
| 003 | | NEW CAP REL COSTS-BLDG & | | | | | |
| 005 | | EMPLOYEE BENEFITS | | | | | |
| 006 | | ADMINISTRATIVE & GENERAL | | | | | |
| 008 | | OPERATION OF PLANT | | | | | |
| 009 | | LAUNDRY & LINEN SERVICE | | | | | |
| 010 | | HOUSEKEEPING | | | | | |
| 011 | | DIETARY | | | | | |
| 012 | | CAFETERIA | | | | | |
| 014 | | NURSING ADMINISTRATION | | | | | |
| 015 | | CENTRAL SERVICES & SUPPLY | | | | | |
| 016 | | PHARMACY | | | | | |
| 017 | | MEDICAL RECORDS & LIBRARY | 24,825 | | | | |
| 018 | | SOCIAL SERVICE | | 4,467 | | | |
| | | INPAT ROUTINE SRVC CNTRS | | | | | |
| 025 | | ADULTS & PEDIATRICS | 2,073 | 4,034 | 305,433 | | 305,433 |
| 026 | | INTENSIVE CARE UNIT | 634 | 178 | 44,366 | | 44,366 |
| 031 | | SUBPROVIDER | 136 | | 31,764 | | 31,764 |
| 033 | | NURSERY | | 15 | 8,621 | | 8,621 |
| | | ANCILLARY SRVC COST CNTRS | | | | | |
| 037 | | OPERATING ROOM | 3,043 | 230 | 84,376 | | 84,376 |
| 037 | 01 | ENDOSCOPY | 595 | | 2,481 | | 2,481 |
| 038 | | RECOVERY ROOM | | | 11,617 | | 11,617 |
| 039 | | DELIVERY ROOM & LABOR ROO | | | 27,838 | | 27,838 |
| 040 | | ANESTHESIOLOGY | | | 2,124 | | 2,124 |
| 041 | | RADIOLOGY-DIAGNOSTIC | 6,714 | | 132,600 | | 132,600 |
| 041 | 01 | RADIATION-ONCOLOGY | | | 52,409 | | 52,409 |
| 044 | | LABORATORY | 6,185 | | 54,069 | | 54,069 |
| 048 | | INTRAVENOUS THERAPY | | | 6,840 | | 6,840 |
| 049 | | RESPIRATORY THERAPY | 905 | | 30,893 | | 30,893 |
| 050 | | PHYSICAL THERAPY | 1,019 | | 68,551 | | 68,551 |
| 051 | | OCCUPATIONAL THERAPY | 160 | | 20,690 | | 20,690 |
| 052 | | SPEECH PATHOLOGY | | | 4,251 | | 4,251 |
| 053 | | ELECTROCARDIOLOGY | 1,319 | | 42,808 | | 42,808 |
| 054 | | ELECTROENCEPHALOGRAPHY | 54 | | 17,403 | | 17,403 |
| 055 | | MEDICAL SUPPLIES CHARGED | | | 38,540 | | 38,540 |
| 056 | | DRUGS CHARGED TO PATIENTS | | | 16,086 | | 16,086 |
| 056 | 01 | ULTRA SOUND | | | 2,972 | | 2,972 |
| 059 | | NUCLEAR MEDICINE | | | 2,764 | | 2,764 |
| | | OUTPAT SERVICE COST CNTRS | | | | | |
| 060 | | CLINIC | | | 73,773 | | 73,773 |
| 061 | | EMERGENCY | 1,988 | 10 | 107,840 | | 107,840 |
| 062 | | OBSERVATION BEDS (NON-DIS | | | | | |
| | | SPEC PURPOSE COST CENTERS | | | | | |
| 095 | | SUBTOTALS | 24,825 | 4,467 | 1,191,109 | | 1,191,109 |
| | | NONREIMBURS COST CENTERS | | | | | |
| 098 | | PHYSICIANS' PRIVATE OFFIC | | | 229,152 | | 229,152 |
| 098 | 01 | HEALTH TRACKS | | | 46,162 | | 46,162 |
| 100 | | PRIMARY CARE CLINIC | | | 280 | | 280 |
| 100 | 01 | PARTNERS IN CARE | | | 16,663 | | 16,663 |
| 100 | 02 | OCCUPATIONAL MEDICINE | | | 1,309 | | 1,309 |
| 101 | | CROSS FOOT ADJUSTMENTS | | | | | |
| 102 | | NEGATIVE COST CENTER | | | | | |
| 103 | | TOTAL | 24,825 | 4,467 | 1,484,675 | | 1,484,675 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0005 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/19/2009 | WORKSHEET B PART III

| | | COST CENTER DESCRIPTION | DIR ASSGNED NEW CAPITAL REL COSTS | OLD CAP REL COSTS-BLDG & | NEW CAP REL COSTS-BLDG & | SUBTOTAL | EMPLOYEE BENEFITS | ADMINISTRATIVE & GENERAL | OPERATION OF PLANT |
|---|---|---|---|---|---|---|---|---|---|
| | | | 0 | 1 | 3 | 4a | 5 | 6 | 8 |
| | | GENERAL SERVICE COST CNTR | | | | | | | |
| 001 | | OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 | | NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 | | EMPLOYEE BENEFITS | | | 43,243 | 43,243 | 43,243 | | |
| 006 | | ADMINISTRATIVE & GENERAL | | | 1,244,152 | 1,244,152 | 3,918 | 1,248,070 | |
| 008 | | OPERATION OF PLANT | | | 1,176,199 | 1,176,199 | 1,219 | 60,012 | 1,237,430 |
| 009 | | LAUNDRY & LINEN SERVICE | | | 292,597 | 292,597 | 165 | 7,683 | 9,290 |
| 010 | | HOUSEKEEPING | | | 106,537 | 106,537 | 1,135 | 27,783 | 22,695 |
| 011 | | DIETARY | | | 124,468 | 124,468 | 296 | 8,264 | 26,515 |
| 012 | | CAFETERIA | | | 74,052 | 74,052 | 779 | 17,961 | 15,775 |
| 014 | | NURSING ADMINISTRATION | | | 95,412 | 95,412 | 1,438 | 31,715 | 20,325 |
| 015 | | CENTRAL SERVICES & SUPPLY | | | 243,019 | 243,019 | 346 | 13,458 | 51,770 |
| 016 | | PHARMACY | | | 52,483 | 52,483 | 805 | 26,843 | 11,180 |
| 017 | | MEDICAL RECORDS & LIBRARY | | | 142,084 | 142,084 | 864 | 22,562 | 30,268 |
| 018 | | SOCIAL SERVICE | | | 11,779 | 11,779 | 871 | 17,770 | 2,509 |
| | | INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 | | ADULTS & PEDIATRICS | | | 1,576,040 | 1,576,040 | 6,143 | 139,903 | 335,737 |
| 026 | | INTENSIVE CARE UNIT | | | 230,638 | 230,638 | 1,156 | 26,330 | 49,132 |
| 031 | | SUBPROVIDER | | | 179,150 | 179,150 | 481 | 11,402 | 38,164 |
| 033 | | NURSERY | | | 43,662 | 43,662 | 238 | 5,123 | 9,301 |
| | | ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 | | OPERATING ROOM | | | 442,037 | 442,037 | 1,300 | 70,698 | 94,166 |
| 037 | 01 | ENDOSCOPY | | | | | 317 | 8,653 | |
| 038 | | RECOVERY ROOM | | | 53,871 | 53,871 | 428 | 9,258 | 11,476 |
| 039 | | DELIVERY ROOM & LABOR ROO | | | 148,078 | 148,078 | 812 | 15,530 | 31,545 |
| 040 | | ANESTHESIOLOGY | | | 12,120 | 12,120 | | 2,269 | 2,582 |
| 041 | | RADIOLOGY-DIAGNOSTIC | | | 775,573 | 775,573 | 2,253 | 75,294 | 110,549 |
| 041 | 01 | RADIATION-ONCOLOGY | | | 342,515 | 342,515 | 389 | 71,725 | |
| 044 | | LABORATORY | | | 266,709 | 266,709 | 1,483 | 63,488 | 45,435 |
| 048 | | INTRAVENOUS THERAPY | | | 31,359 | 31,359 | 590 | 13,006 | 6,680 |
| 049 | | RESPIRATORY THERAPY | | | 166,323 | 166,323 | 934 | 24,327 | 35,431 |
| 050 | | PHYSICAL THERAPY | | | 449,889 | 449,889 | 1,459 | 36,384 | 39,195 |
| 051 | | OCCUPATIONAL THERAPY | | | 157,816 | 157,816 | 165 | 4,958 | 2,415 |
| 052 | | SPEECH PATHOLOGY | | | 25,914 | 25,914 | 105 | 2,260 | 5,520 |
| 053 | | ELECTROCARDIOLOGY | | | 242,888 | 242,888 | 625 | 22,769 | 51,742 |
| 054 | | ELECTROENCEPHALOGRAPHY | | | 111,641 | 111,641 | 72 | 2,710 | 23,783 |
| 055 | | MEDICAL SUPPLIES CHARGED | | | | | | | |
| 056 | | DRUGS CHARGED TO PATIENTS | | | | | | 35,085 | |
| 056 | 01 | ULTRA SOUND | | | 14,397 | 14,397 | 270 | 5,485 | 3,067 |
| 059 | | NUCLEAR MEDICINE | | | 13,795 | 13,795 | 138 | 5,077 | 2,939 |
| | | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 060 | | CLINIC | | | 527,816 | 527,816 | 686 | 45,355 | |
| 061 | | EMERGENCY | | | 591,947 | 591,947 | 1,797 | 48,798 | 126,101 |
| 062 | | OBSERVATION BEDS (NON-DIS | | | | | | | |
| | | SPEC PURPOSE COST CENTERS | | | | | | | |
| 095 | | SUBTOTALS | | | 10,010,203 | 10,010,203 | 33,677 | 979,938 | 1,215,287 |
| | | NONREIMBURS COST CENTERS | | | | | | | |
| 098 | | PHYSICIANS' PRIVATE OFFIC | | | 1,615,069 | 1,615,069 | 7,561 | 216,705 | |
| 098 | 01 | HEALTH TRACKS | | | 325,239 | 325,239 | 1,530 | 35,202 | |
| 100 | | PRIMARY CARE CLINIC | | | | | 88 | 1,791 | |
| 100 | 01 | PARTNERS IN CARE | | | 103,945 | 103,945 | 288 | 7,732 | 22,143 |
| 100 | 02 | OCCUPATIONAL MEDICINE | | | | | 99 | 6,702 | |
| 101 | | CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 | | NEGATIVE COST CENTER | | | | | | | |
| 103 | | TOTAL | | | 12,054,456 | 12,054,456 | 43,243 | 1,248,070 | 1,237,430 |

| | | COST CENTER DESCRIPTION | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY | PHARMACY |
|---|---|---|---|---|---|---|---|---|---|
| | | | 9 | 10 | 11 | 12 | 14 | 15 | 16 |
| | | GENERAL SERVICE COST CNTR | | | | | | | |
| 001 | | OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 | | NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 | | EMPLOYEE BENEFITS | | | | | | | |
| 006 | | ADMINISTRATIVE & GENERAL | | | | | | | |
| 008 | | OPERATION OF PLANT | | | | | | | |
| 009 | | LAUNDRY & LINEN SERVICE | 309,735 | | | | | | |
| 010 | | HOUSEKEEPING | | 158,150 | | | | | |
| 011 | | DIETARY | | | 159,543 | | | | |
| 012 | | CAFETERIA | | | | 108,567 | | | |
| 014 | | NURSING ADMINISTRATION | | | | 6,472 | 155,362 | | |
| 015 | | CENTRAL SERVICES & SUPPLY | | 1,843 | | 2,484 | | 312,920 | |
| 016 | | PHARMACY | | | | 3,467 | | | 94,778 |
| 017 | | MEDICAL RECORDS & LIBRARY | | | | 5,771 | | | |
| 018 | | SOCIAL SERVICE | | | | 3,339 | | | |
| | | INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 | | ADULTS & PEDIATRICS | 93,389 | 53,203 | 134,134 | 26,205 | 65,551 | | |
| 026 | | INTENSIVE CARE UNIT | 6,439 | 6,171 | 15,796 | 5,127 | 12,825 | | |
| 031 | | SUBPROVIDER | 7,535 | 3,597 | 9,613 | 1,959 | 4,901 | | |
| 033 | | NURSERY | 7,992 | 536 | | 864 | 2,162 | | |
| | | ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 | | OPERATING ROOM | 22,468 | 7,809 | | 5,719 | 14,305 | | |
| 037 | 01 | ENDOSCOPY | 1,050 | 292 | | 1,428 | 3,572 | | |
| 038 | | RECOVERY ROOM | 13,517 | 965 | | 1,372 | 3,431 | | |
| 039 | | DELIVERY ROOM & LABOR ROO | 18,997 | 253 | | 3,088 | 7,725 | | |
| 040 | | ANESTHESIOLOGY | | 273 | | | | | |
| 041 | | RADIOLOGY-DIAGNOSTIC | 39,844 | 9,613 | | 8,974 | | | |
| 041 | 01 | RADIATION-ONCOLOGY | 3,037 | 6,298 | | 1,560 | | | |
| 044 | | LABORATORY | 160 | 4,767 | | 6,741 | | | |
| 048 | | INTRAVENOUS THERAPY | 1,279 | 380 | | 2,242 | | | |
| 049 | | RESPIRATORY THERAPY | | 614 | | 4,527 | 11,323 | | |
| 050 | | PHYSICAL THERAPY | 12,832 | 5,820 | | 2,733 | | | |
| 051 | | OCCUPATIONAL THERAPY | | 868 | | 470 | | | |
| 052 | | SPEECH PATHOLOGY | | 302 | | 416 | | | |
| 053 | | ELECTROCARDIOLOGY | 2,238 | 4,631 | | 3,418 | 8,549 | | |
| 054 | | ELECTROENCEPHALOGRAPHY | 617 | 1,648 | | 389 | | | |
| 055 | | MEDICAL SUPPLIES CHARGED | | | | | | 312,920 | |
| 056 | | DRUGS CHARGED TO PATIENTS | | 751 | | | | | 94,778 |
| 056 | 01 | ULTRA SOUND | | | | 907 | | | |
| 059 | | NUCLEAR MEDICINE | | | | 492 | | | |
| | | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 060 | | CLINIC | 13,814 | 11,309 | | | | | |
| 061 | | EMERGENCY | 48,361 | 12,927 | | 8,403 | 21,018 | | |
| 062 | | OBSERVATION BEDS (NON-DIS | | | | | | | |
| | | SPEC PURPOSE COST CENTERS | | | | | | | |
| 095 | | SUBTOTALS | 293,569 | 134,870 | 159,543 | 108,567 | 155,362 | 312,920 | 94,778 |
| | | NONREIMBURS COST CENTERS | | | | | | | |
| 098 | | PHYSICIANS' PRIVATE OFFIC | 11,462 | 9,739 | | | | | |
| 098 | 01 | HEALTH TRACKS | 3,014 | 9,817 | | | | | |
| 100 | | PRIMARY CARE CLINIC | 388 | | | | | | |
| 100 | 01 | PARTNERS IN CARE | | 1,189 | | | | | |
| 100 | 02 | OCCUPATIONAL MEDICINE | 1,302 | 2,535 | | | | | |
| 101 | | CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 | | NEGATIVE COST CENTER | | | | | | | |
| 103 | | TOTAL | 309,735 | 158,150 | 159,543 | 108,567 | 155,362 | 312,920 | 94,778 |

| | | COST CENTER DESCRIPTION | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | SUBTOTAL | POST STEPDOWN ADJUSTMENT | TOTAL |
|---|---|---|---|---|---|---|---|
| | | | 17 | 18 | 25 | 26 | 27 |
| | | GENERAL SERVICE COST CNTR | | | | | |
| 001 | | OLD CAP REL COSTS-BLDG & | | | | | |
| 003 | | NEW CAP REL COSTS-BLDG & | | | | | |
| 005 | | EMPLOYEE BENEFITS | | | | | |
| 006 | | ADMINISTRATIVE & GENERAL | | | | | |
| 008 | | OPERATION OF PLANT | | | | | |
| 009 | | LAUNDRY & LINEN SERVICE | | | | | |
| 010 | | HOUSEKEEPING | | | | | |
| 011 | | DIETARY | | | | | |
| 012 | | CAFETERIA | | | | | |
| 014 | | NURSING ADMINISTRATION | | | | | |
| 015 | | CENTRAL SERVICES & SUPPLY | | | | | |
| 016 | | PHARMACY | | | | | |
| 017 | | MEDICAL RECORDS & LIBRARY | 201,549 | | | | |
| 018 | | SOCIAL SERVICE | | 36,268 | | | |
| | | INPAT ROUTINE SRVC CNTRS | | | | | |
| 025 | | ADULTS & PEDIATRICS | 16,840 | 32,754 | 2,479,899 | | 2,479,899 |
| 026 | | INTENSIVE CARE UNIT | 5,147 | 1,443 | 360,204 | | 360,204 |
| 031 | | SUBPROVIDER | 1,107 | | 257,909 | | 257,909 |
| 033 | | NURSERY | | 120 | 69,998 | | 69,998 |
| | | ANCILLARY SRVC COST CNTRS | | | | | |
| 037 | | OPERATING ROOM | 24,722 | 1,871 | 685,095 | | 685,095 |
| 037 | 01 | ENDOSCOPY | 4,834 | | 20,146 | | 20,146 |
| 038 | | RECOVERY ROOM | | | 94,318 | | 94,318 |
| 039 | | DELIVERY ROOM & LABOR ROO | | | 226,028 | | 226,028 |
| 040 | | ANESTHESIOLOGY | | | 17,244 | | 17,244 |
| 041 | | RADIOLOGY-DIAGNOSTIC | 54,420 | | 1,076,520 | | 1,076,520 |
| 041 | 01 | RADIATION-ONCOLOGY | | | 425,524 | | 425,524 |
| 044 | | LABORATORY | 50,240 | | 439,023 | | 439,023 |
| 048 | | INTRAVENOUS THERAPY | | | 55,536 | | 55,536 |
| 049 | | RESPIRATORY THERAPY | 7,354 | | 250,833 | | 250,833 |
| 050 | | PHYSICAL THERAPY | 8,281 | | 556,593 | | 556,593 |
| 051 | | OCCUPATIONAL THERAPY | 1,300 | | 167,992 | | 167,992 |
| 052 | | SPEECH PATHOLOGY | | | 34,517 | | 34,517 |
| 053 | | ELECTROCARDIOLOGY | 10,717 | | 347,577 | | 347,577 |
| 054 | | ELECTROENCEPHALOGRAPHY | 438 | | 141,298 | | 141,298 |
| 055 | | MEDICAL SUPPLIES CHARGED | | | 312,920 | | 312,920 |
| 056 | | DRUGS CHARGED TO PATIENTS | | | 130,614 | | 130,614 |
| 056 | 01 | ULTRA SOUND | | | 24,126 | | 24,126 |
| 059 | | NUCLEAR MEDICINE | | | 22,441 | | 22,441 |
| | | OUTPAT SERVICE COST CNTRS | | | | | |
| 060 | | CLINIC | | | 598,980 | | 598,980 |
| 061 | | EMERGENCY | 16,149 | 80 | 875,581 | | 875,581 |
| 062 | | OBSERVATION BEDS (NON-DIS | | | | | |
| | | SPEC PURPOSE COST CENTERS | | | | | |
| 095 | | SUBTOTALS | 201,549 | 36,268 | 9,670,916 | | 9,670,916 |
| | | NONREIMBURS COST CENTERS | | | | | |
| 098 | | PHYSICIANS' PRIVATE OFFIC | | | 1,860,536 | | 1,860,536 |
| 098 | 01 | HEALTH TRACKS | | | 374,802 | | 374,802 |
| 100 | | PRIMARY CARE CLINIC | | | 2,267 | | 2,267 |
| 100 | 01 | PARTNERS IN CARE | | | 135,297 | | 135,297 |
| 100 | 02 | OCCUPATIONAL MEDICINE | | | 10,638 | | 10,638 |
| 101 | | CROSS FOOT ADJUSTMENTS | | | | | |
| 102 | | NEGATIVE COST CENTER | | | | | |
| 103 | | TOTAL | 201,549 | 36,268 | 12,054,456 | | 12,054,456 |

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0005 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/19/2009 | WORKSHEET B-1

| | | COST CENTER DESCRIPTION | OLD CAP REL COSTS-BLDG & (SQUARE FEET) | NEW CAP REL COSTS-BLDG & (SQUARE FEET) | EMPLOYEE BENEFITS (GROSS SALARIES) | RECONCIL-IATION | ADMINISTRATIVE & GENERAL (ACCUM. COST) | OPERATION OF PLANT (SQUARE FEET) |
|---|---|---|---|---|---|---|---|---|
| | | | 1 | 3 | 5 | 6a.00 | 6 | 8 |
| | | GENERAL SERVICE COST | | | | | | |
| 001 | | OLD CAP REL COSTS-BLD | 460,513 | | | | | |
| 003 | | NEW CAP REL COSTS-BLD | | 460,513 | | | | |
| 005 | | EMPLOYEE BENEFITS | 1,652 | 1,652 | 69,327,787 | | | |
| 006 | | ADMINISTRATIVE & GENE | 47,530 | 47,530 | 6,279,082 | -14,649,404 | 134,702,932 | |
| 008 | | OPERATION OF PLANT | 44,934 | 44,934 | 1,953,433 | | 6,477,307 | 221,912 |
| 009 | | LAUNDRY & LINEN SERVI | 11,178 | 11,178 | 264,122 | | 829,275 | 1,666 |
| 010 | | HOUSEKEEPING | 4,070 | 4,070 | 1,818,626 | | 2,998,708 | 4,070 |
| 011 | | DIETARY | 4,755 | 4,755 | 474,047 | | 891,964 | 4,755 |
| 012 | | CAFETERIA | 2,829 | 2,829 | 1,248,018 | | 1,938,551 | 2,829 |
| 014 | | NURSING ADMINISTRATIO | 3,645 | 3,645 | 2,303,874 | | 3,423,134 | 3,645 |
| 015 | | CENTRAL SERVICES & SU | 9,284 | 9,284 | 554,120 | | 1,452,513 | 9,284 |
| 016 | | PHARMACY | 2,005 | 2,005 | 1,290,033 | | 2,897,216 | 2,005 |
| 017 | | MEDICAL RECORDS & LIB | 5,428 | 5,428 | 1,384,642 | | 2,435,200 | 5,428 |
| 018 | | SOCIAL SERVICE | 450 | 450 | 1,396,447 | | 1,917,939 | 450 |
| | | INPAT ROUTINE SRVC CN | | | | | | |
| 025 | | ADULTS & PEDIATRICS | 60,209 | 60,209 | 9,845,258 | | 15,100,189 | 60,209 |
| 026 | | INTENSIVE CARE UNIT | 8,811 | 8,811 | 1,852,575 | | 2,841,909 | 8,811 |
| 031 | | SUBPROVIDER | 6,844 | 6,844 | 770,959 | | 1,230,632 | 6,844 |
| 033 | | NURSERY | 1,668 | 1,668 | 381,989 | | 552,942 | 1,668 |
| | | ANCILLARY SRVC COST C | | | | | | |
| 037 | | OPERATING ROOM | 16,887 | 16,887 | 2,083,247 | | 7,630,669 | 16,887 |
| 037 | 01 | ENDOSCOPY | | | 507,616 | | 933,966 | |
| 038 | | RECOVERY ROOM | 2,058 | 2,058 | 686,027 | | 999,221 | 2,058 |
| 039 | | DELIVERY ROOM & LABOR | 5,657 | 5,657 | 1,300,691 | | 1,676,212 | 5,657 |
| 040 | | ANESTHESIOLOGY | 463 | 463 | | | 244,924 | 463 |
| 041 | | RADIOLOGY-DIAGNOSTIC | 29,629 | 29,629 | 3,610,515 | | 8,126,729 | 19,825 |
| 041 | 01 | RADIATION-ONCOLOGY | 13,085 | 13,085 | 622,988 | | 7,741,472 | |
| 044 | | LABORATORY | 10,189 | 10,189 | 2,376,632 | | 6,852,498 | 8,148 |
| 048 | | INTRAVENOUS THERAPY | 1,198 | 1,198 | 946,103 | | 1,403,758 | 1,198 |
| 049 | | RESPIRATORY THERAPY | 6,354 | 6,354 | 1,496,476 | | 2,625,718 | 6,354 |
| 050 | | PHYSICAL THERAPY | 17,187 | 17,187 | 2,337,948 | | 3,927,026 | 7,029 |
| 051 | | OCCUPATIONAL THERAPY | 6,029 | 6,029 | 264,231 | | 535,088 | 433 |
| 052 | | SPEECH PATHOLOGY | 990 | 990 | 167,750 | | 243,980 | 990 |
| 053 | | ELECTROCARDIOLOGY | 9,279 | 9,279 | 1,001,922 | | 2,457,547 | 9,279 |
| 054 | | ELECTROENCEPHALOGRAPH | 4,265 | 4,265 | 114,915 | | 292,470 | 4,265 |
| 055 | | MEDICAL SUPPLIES CHAR | | | | | | |
| 056 | | DRUGS CHARGED TO PATI | | | | | 3,786,829 | |
| 056 | 01 | ULTRA SOUND | 550 | 550 | 432,233 | | 592,036 | 550 |
| 059 | | NUCLEAR MEDICINE | 527 | 527 | 221,127 | | 548,011 | 527 |
| | | OUTPAT SERVICE COST C | | | | | | |
| 060 | | CLINIC | 20,164 | 20,164 | 1,099,896 | | 4,895,285 | |
| 061 | | EMERGENCY | 22,614 | 22,614 | 2,879,265 | | 5,266,875 | 22,614 |
| 062 | | OBSERVATION BEDS (NON | | | | | | |
| | | SPEC PURPOSE COST CEN | | | | | | |
| 095 | | SUBTOTALS | 382,417 | 382,417 | 53,966,807 | -14,649,404 | 105,767,793 | 217,941 |
| | | NONREIMBURS COST CENT | | | | | | |
| 098 | | PHYSICIANS' PRIVATE O | 61,700 | 61,700 | 12,149,266 | | 23,384,478 | |
| 098 | 01 | HEALTH TRACKS | 12,425 | 12,425 | 2,451,451 | | 3,799,480 | |
| 100 | | PRIMARY CARE CLINIC | | | 140,743 | | 193,280 | |
| 100 | 01 | PARTNERS IN CARE | 3,971 | 3,971 | 461,208 | | 834,514 | 3,971 |
| 100 | 02 | OCCUPATIONAL MEDICINE | | | 158,312 | | 723,387 | |
| 101 | | CROSS FOOT ADJUSTMENT | | | | | | |
| 102 | | NEGATIVE COST CENTER | | | | | | |
| 103 | | COST TO BE ALLOCATED (WRKSHT B, PART I) | 1,484,675 | 12,054,456 | 3,303,794 | | 14,649,404 | 7,181,734 |
| 104 | | UNIT COST MULTIPLIER (WRKSHT B, PT I) | 3.223959 | 26.176147 | .047655 | | .108753 | 32.362982 |
| 105 | | COST TO BE ALLOCATED (WRKSHT B, PART II) | | | 5,326 | | 153,718 | 152,406 |
| 106 | | UNIT COST MULTIPLIER (WRKSHT B, PT II) | | | .000077 | | .001141 | .686786 |
| 107 | | COST TO BE ALLOCATED (WRKSHT B, PART III | | | 43,243 | | 1,248,070 | 1,237,430 |
| 108 | | UNIT COST MULTIPLIER (WRKSHT B, PT III) | | | .000624 | | .009265 | 5.576219 |

| | COST CENTER DESCRIPTION | LAUNDRY & LIN EN SERVICE (POUNDS OF LAUNDRY) | HOUSEKEEPING (HOURS OF SERVICE) | DIETARY (PATIENT DAYS) | CAFETERIA (MANHOURS) | NURSING ADMIN ISTRATION (DIRECT SING HRS) | CENTRAL SERVI CES & SUPPLY NR(100% CATION) | PHARMACY ALLO(100% CATION) | ALLO ) |
|---|---|---|---|---|---|---|---|---|---|
| | | 9 | 10 | 11 | 12 | 14 | 15 | 16 | |
| | GENERAL SERVICE COST | | | | | | | | |
| 001 | OLD CAP REL COSTS-BLD | | | | | | | | |
| 003 | NEW CAP REL COSTS-BLD | | | | | | | | |
| 005 | EMPLOYEE BENEFITS | | | | | | | | |
| 006 | ADMINISTRATIVE & GENE | | | | | | | | |
| 008 | OPERATION OF PLANT | | | | | | | | |
| 009 | LAUNDRY & LINEN SERVI | 13,565 | | | | | | | |
| 010 | HOUSEKEEPING | | 16,222 | | | | | | |
| 011 | DIETARY | | | 22,655 | | | | | |
| 012 | CAFETERIA | | | | 1,329,814 | | | | |
| 014 | NURSING ADMINISTRATIO | | | | 79,268 | 760,788 | | | |
| 015 | CENTRAL SERVICES & SU | | 189 | | 30,427 | | 100 | | |
| 016 | PHARMACY | | | | 42,465 | | | 100 | |
| 017 | MEDICAL RECORDS & LIB | | | | 70,685 | | | | |
| 018 | SOCIAL SERVICE | | | | 40,900 | | | | |
| | INPAT ROUTINE SRVC CN | | | | | | | | |
| 025 | ADULTS & PEDIATRICS | 4,090 | 5,457 | 19,047 | 320,989 | 320,989 | | | |
| 026 | INTENSIVE CARE UNIT | 282 | 633 | 2,243 | 62,804 | 62,804 | | | |
| 031 | SUBPROVIDER | 330 | 369 | 1,365 | 24,000 | 24,000 | | | |
| 033 | NURSERY | 350 | 55 | | 10,587 | 10,587 | | | |
| | ANCILLARY SRVC COST C | | | | | | | | |
| 037 | OPERATING ROOM | 984 | 801 | | 70,051 | 70,051 | | | |
| 037 01 | ENDOSCOPY | 46 | 30 | | 17,494 | 17,494 | | | |
| 038 | RECOVERY ROOM | 592 | 99 | | 16,802 | 16,802 | | | |
| 039 | DELIVERY ROOM & LABOR | 832 | 26 | | 37,827 | 37,827 | | | |
| 040 | ANESTHESIOLOGY | | 28 | | | | | | |
| 041 | RADIOLOGY-DIAGNOSTIC | 1,745 | 986 | | 109,923 | | | | |
| 041 01 | RADIATION-ONCOLOGY | 133 | 646 | | 19,110 | | | | |
| 044 | LABORATORY | 7 | 489 | | 82,565 | | | | |
| 048 | INTRAVENOUS THERAPY | 56 | 39 | | 27,460 | | | | |
| 049 | RESPIRATORY THERAPY | | 63 | | 55,447 | 55,447 | | | |
| 050 | PHYSICAL THERAPY | 562 | 597 | | 33,470 | | | | |
| 051 | OCCUPATIONAL THERAPY | | 89 | | 5,762 | | | | |
| 052 | SPEECH PATHOLOGY | | 31 | | 5,090 | | | | |
| 053 | ELECTROCARDIOLOGY | 98 | 475 | | 41,863 | 41,863 | | | |
| 054 | ELECTROENCEPHALOGRAPH | 27 | 169 | | 4,768 | | | | |
| 055 | MEDICAL SUPPLIES CHAR | | | | | | 100 | | |
| 056 | DRUGS CHARGED TO PATI | | 77 | | | | | 100 | |
| 056 01 | ULTRA SOUND | | | | 11,112 | | | | |
| 059 | NUCLEAR MEDICINE | | | | 6,021 | | | | |
| | OUTPAT SERVICE COST C | | | | | | | | |
| 060 | CLINIC | 605 | 1,160 | | | | | | |
| 061 | EMERGENCY | 2,118 | 1,326 | | 102,924 | 102,924 | | | |
| 062 | OBSERVATION BEDS (NON | | | | | | | | |
| | SPEC PURPOSE COST CEN | | | | | | | | |
| 095 | SUBTOTALS | 12,857 | 13,834 | 22,655 | 1,329,814 | 760,788 | 100 | 100 | |
| | NONREIMBURS COST CENT | | | | | | | | |
| 098 | PHYSICIANS' PRIVATE O | 502 | 999 | | | | | | |
| 098 01 | HEALTH TRACKS | 132 | 1,007 | | | | | | |
| 100 | PRIMARY CARE CLINIC | 17 | | | | | | | |
| 100 01 | PARTNERS IN CARE | | 122 | | | | | | |
| 100 02 | OCCUPATIONAL MEDICINE | 57 | 260 | | | | | | |
| 101 | CROSS FOOT ADJUSTMENT | | | | | | | | |
| 102 | NEGATIVE COST CENTER | | | | | | | | |
| 103 | COST TO BE ALLOCATED (WRKSHT B, PART I) | 973,378 | 3,456,543 | 1,142,854 | 2,240,929 | 4,046,951 | 2,002,482 | 3,348,745 | |
| 104 | UNIT COST MULTIPLIER (WRKSHT B, PT I) | 71.756579 | 213.077487 | 50.445994 | 1.685145 | 5.319420 | 20,024.820000 | 33,487.450000 | |
| 105 | COST TO BE ALLOCATED (WRKSHT B, PART II) | 38,147 | 19,479 | 19,651 | 13,372 | 19,134 | 38,540 | 11,673 | |
| 106 | UNIT COST MULTIPLIER (WRKSHT B, PT II) | 2.812164 | 1.200777 | .867402 | .010056 | .025150 | 385.400000 | 116.730000 | |
| 107 | COST TO BE ALLOCATED (WRKSHT B, PART III | 309,735 | 158,150 | 159,543 | 108,567 | 155,362 | 312,920 | 94,778 | |
| 108 | UNIT COST MULTIPLIER (WRKSHT B, PT III) | 22.833395 | 9.749106 | 7.042286 | .081641 | .204212 | 3,129.200000 | 947.780000 | |

| | | COST CENTER DESCRIPTION | MEDICAL RECORDS & LIBRARY (GROSS ARGES) | SOCIAL SERVICE (TIME SPENT) |
|---|---|---|---|---|
| | | | 17 | 18 |
| | | GENERAL SERVICE COST | | |
| 001 | | OLD CAP REL COSTS-BLD | | |
| 003 | | NEW CAP REL COSTS-BLD | | |
| 005 | | EMPLOYEE BENEFITS | | |
| 006 | | ADMINISTRATIVE & GENE | | |
| 008 | | OPERATION OF PLANT | | |
| 009 | | LAUNDRY & LINEN SERVI | | |
| 010 | | HOUSEKEEPING | | |
| 011 | | DIETARY | | |
| 012 | | CAFETERIA | | |
| 014 | | NURSING ADMINISTRATIO | | |
| 015 | | CENTRAL SERVICES & SU | | |
| 016 | | PHARMACY | | |
| 017 | | MEDICAL RECORDS & LIB | 190,920,599 | |
| 018 | | SOCIAL SERVICE | | 2,714 |
| | | INPAT ROUTINE SRVC CN | | |
| 025 | | ADULTS & PEDIATRICS | 15,947,151 | 2,451 |
| 026 | | INTENSIVE CARE UNIT | 4,873,742 | 108 |
| 031 | | SUBPROVIDER | 1,048,143 | |
| 033 | | NURSERY | | 9 |
| | | ANCILLARY SRVC COST C | | |
| 037 | | OPERATING ROOM | 23,410,775 | 140 |
| 037 | 01 | ENDOSCOPY | 4,577,584 | |
| 038 | | RECOVERY ROOM | | |
| 039 | | DELIVERY ROOM & LABOR | | |
| 040 | | ANESTHESIOLOGY | | |
| 041 | | RADIOLOGY-DIAGNOSTIC | 51,593,882 | |
| 041 | 01 | RADIATION-ONCOLOGY | | |
| 044 | | LABORATORY | 47,575,690 | |
| 048 | | INTRAVENOUS THERAPY | | |
| 049 | | RESPIRATORY THERAPY | 6,964,477 | |
| 050 | | PHYSICAL THERAPY | 7,842,113 | |
| 051 | | OCCUPATIONAL THERAPY | 1,230,736 | |
| 052 | | SPEECH PATHOLOGY | | |
| 053 | | ELECTROCARDIOLOGY | 10,148,734 | |
| 054 | | ELECTROENCEPHALOGRAPH | 415,063 | |
| 055 | | MEDICAL SUPPLIES CHAR | | |
| 056 | | DRUGS CHARGED TO PATI | | |
| 056 | 01 | ULTRA SOUND | | |
| 059 | | NUCLEAR MEDICINE | | |
| | | OUTPAT SERVICE COST C | | |
| 060 | | CLINIC | | |
| 061 | | EMERGENCY | 15,292,509 | 6 |
| 062 | | OBSERVATION BEDS (NON | | |
| | | SPEC PURPOSE COST CEN | | |
| 095 | | SUBTOTALS | 190,920,599 | 2,714 |
| | | NONREIMBURS COST CENT | | |
| 098 | | PHYSICIANS' PRIVATE O | | |
| 098 | 01 | HEALTH TRACKS | | |
| 100 | | PRIMARY CARE CLINIC | | |
| 100 | 01 | PARTNERS IN CARE | | |
| 100 | 02 | OCCUPATIONAL MEDICINE | | |
| 101 | | CROSS FOOT ADJUSTMENT | | |
| 102 | | NEGATIVE COST CENTER | | |
| 103 | | COST TO BE ALLOCATED (PER WRKSHT B, PART | 2,994,815 | 2,210,006 |
| 104 | | UNIT COST MULTIPLIER (WRKSHT B, PT I) | .015686 | 814.298452 |
| 105 | | COST TO BE ALLOCATED (PER WRKSHT B, PART | 24,825 | 4,467 |
| 106 | | UNIT COST MULTIPLIER (WRKSHT B, PT II) | .000130 | 1.645910 |
| 107 | | COST TO BE ALLOCATED (PER WRKSHT B, PART | 201,549 | 36,268 |
| 108 | | UNIT COST MULTIPLIER (WRKSHT B, PT III) | .001056 | 13.363301 |

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 15-0005 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/19/2009 | WORKSHEET C PART I

| WKST A LINE NO. | | COST CENTER DESCRIPTION | WKST B, PT I COL. 27 1 | THERAPY ADJUSTMENT 2 | TOTAL COSTS 3 | RCE DISALLOWANCE 4 | TOTAL COSTS 5 |
|---|---|---|---|---|---|---|---|
| | | INPAT ROUTINE SRVC CNTRS | | | | | |
| 25 | | ADULTS & PEDIATRICS | 25,602,402 | | 25,602,402 | | 25,602,402 |
| 26 | | INTENSIVE CARE UNIT | 4,308,697 | | 4,308,697 | | 4,308,697 |
| 31 | | SUBPROVIDER | 1,941,674 | | 1,941,674 | 11,791 | 1,953,465 |
| 33 | | NURSERY | 785,378 | | 785,378 | | 785,378 |
| | | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | | OPERATING ROOM | 10,220,224 | | 10,220,224 | | 10,220,224 |
| 37 | 01 | ENDOSCOPY | 1,239,573 | | 1,239,573 | | 1,239,573 |
| 38 | | RECOVERY ROOM | 1,355,758 | | 1,355,758 | | 1,355,758 |
| 39 | | DELIVERY ROOM & LABOR ROO | 2,371,785 | | 2,371,785 | | 2,371,785 |
| 40 | | ANESTHESIOLOGY | 292,510 | | 292,510 | | 292,510 |
| 41 | | RADIOLOGY-DIAGNOSTIC | 10,982,013 | | 10,982,013 | | 10,982,013 |
| 41 | 01 | RADIATION-ONCOLOGY | 8,762,775 | | 8,762,775 | | 8,762,775 |
| 44 | | LABORATORY | 8,851,525 | | 8,851,525 | | 8,851,525 |
| 48 | | INTRAVENOUS THERAPY | 1,653,794 | | 1,653,794 | | 1,653,794 |
| 49 | | RESPIRATORY THERAPY | 3,627,958 | | 3,627,958 | 2,136 | 3,630,094 |
| 50 | | PHYSICAL THERAPY | 4,928,528 | | 4,928,528 | 9,704 | 4,938,232 |
| 51 | | OCCUPATIONAL THERAPY | 655,272 | | 655,272 | | 655,272 |
| 52 | | SPEECH PATHOLOGY | 317,735 | | 317,735 | | 317,735 |
| 53 | | ELECTROCARDIOLOGY | 3,585,778 | | 3,585,778 | 6,396 | 3,592,174 |
| 54 | | ELECTROENCEPHALOGRAPHY | 514,798 | | 514,798 | | 514,798 |
| 55 | | MEDICAL SUPPLIES CHARGED | 2,002,482 | | 2,002,482 | | 2,002,482 |
| 56 | | DRUGS CHARGED TO PATIENTS | 7,563,810 | | 7,563,810 | | 7,563,810 |
| 56 | 01 | ULTRA SOUND | 692,947 | | 692,947 | | 692,947 |
| 59 | | NUCLEAR MEDICINE | 634,810 | | 634,810 | | 634,810 |
| | | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | | CLINIC | 5,718,245 | | 5,718,245 | | 5,718,245 |
| 61 | | EMERGENCY | 7,971,742 | | 7,971,742 | 26,850 | 7,998,592 |
| 62 | | OBSERVATION BEDS (NON-DIS | 3,845,574 | | 3,845,574 | | 3,845,574 |
| | | OTHER REIMBURS COST CNTRS | | | | | |
| 101 | | SUBTOTAL | 120,427,787 | | 120,427,787 | 56,877 | 120,484,664 |
| 102 | | LESS OBSERVATION BEDS | 3,845,574 | | 3,845,574 | | 3,845,574 |
| 103 | | TOTAL | 116,582,213 | | 116,582,213 | 56,877 | 116,639,090 |

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 15-0005 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/19/2009 | WORKSHEET C PART I

| WKST A LINE NO. | | COST CENTER DESCRIPTION | INPATIENT CHARGES 6 | OUTPATIENT CHARGES 7 | TOTAL CHARGES 8 | COST OR OTHER RATIO 9 | TEFRA INPATIENT RATIO 10 | PPS INPATIENT RATIO 11 |
|---|---|---|---|---|---|---|---|---|
| | | INPAT ROUTINE SRVC CNTRS | | | | | | |
| 25 | | ADULTS & PEDIATRICS | 15,947,151 | | 15,947,151 | | | |
| 26 | | INTENSIVE CARE UNIT | 4,873,742 | | 4,873,742 | | | |
| 31 | | SUBPROVIDER | 1,048,143 | | 1,048,143 | | | |
| 33 | | NURSERY | 2,396,617 | | 2,396,617 | | | |
| | | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | | OPERATING ROOM | 9,861,186 | 13,549,589 | 23,410,775 | .436561 | .436561 | .436561 |
| 37 | 01 | ENDOSCOPY | 425,395 | 4,152,189 | 4,577,584 | .270792 | .270792 | .270792 |
| 38 | | RECOVERY ROOM | 998,379 | 2,229,497 | 3,227,876 | .420016 | .420016 | .420016 |
| 39 | | DELIVERY ROOM & LABOR ROO | 5,457,033 | 555,286 | 6,012,319 | .394488 | .394488 | .394488 |
| 40 | | ANESTHESIOLOGY | 1,484,098 | 4,033,417 | 5,517,515 | .053015 | .053015 | .053015 |
| 41 | | RADIOLOGY-DIAGNOSTIC | 7,225,811 | 44,368,071 | 51,593,882 | .212855 | .212855 | .212855 |
| 41 | 01 | RADIATION-ONCOLOGY | 128,637 | 19,260,228 | 19,388,865 | .451949 | .451949 | .451949 |
| 44 | | LABORATORY | 11,812,940 | 36,841,917 | 48,654,857 | .181925 | .181925 | .181925 |
| 48 | | INTRAVENOUS THERAPY | 1,258,330 | 2,391,134 | 3,649,464 | .453161 | .453161 | .453161 |
| 49 | | RESPIRATORY THERAPY | 3,753,975 | 3,210,502 | 6,964,477 | .520923 | .520923 | .521230 |
| 50 | | PHYSICAL THERAPY | 1,098,814 | 6,743,299 | 7,842,113 | .628469 | .628469 | .629707 |
| 51 | | OCCUPATIONAL THERAPY | 516,458 | 714,278 | 1,230,736 | .532423 | .532423 | .532423 |
| 52 | | SPEECH PATHOLOGY | 31,257 | 113,291 | 144,548 | 2.198128 | 2.198128 | 2.198128 |
| 53 | | ELECTROCARDIOLOGY | 4,313,150 | 5,835,584 | 10,148,734 | .353323 | .353323 | .353953 |
| 54 | | ELECTROENCEPHALOGRAPHY | 117,085 | 297,978 | 415,063 | 1.240289 | 1.240289 | 1.240289 |
| 55 | | MEDICAL SUPPLIES CHARGED | 3,108,044 | 2,491,932 | 5,599,976 | .357588 | .357588 | .357588 |
| 56 | | DRUGS CHARGED TO PATIENTS | 9,246,976 | 7,106,594 | 16,353,570 | .462517 | .462517 | .462517 |
| 56 | 01 | ULTRA SOUND | 766,617 | 4,560,461 | 5,327,078 | .130080 | .130080 | .130080 |
| 59 | | NUCLEAR MEDICINE | 275,052 | 2,252,543 | 2,527,595 | .251152 | .251152 | .251152 |
| | | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | | CLINIC | 24,145 | 12,104,186 | 12,128,331 | .471478 | .471478 | .471478 |
| 61 | | EMERGENCY | 3,067,005 | 12,225,504 | 15,292,509 | .521284 | .521284 | .523040 |
| 62 | | OBSERVATION BEDS (NON-DIS | 150,000 | 2,248,818 | 2,398,818 | 1.603112 | 1.603112 | 1.603112 |
| | | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | | SUBTOTAL | 89,386,040 | 187,286,298 | 276,672,338 | | | |
| 102 | | LESS OBSERVATION BEDS | | | | | | |
| 103 | | TOTAL | 89,386,040 | 187,286,298 | 276,672,338 | | | |

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0005
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 5/19/2009
WORKSHEET C
PART I

| WKST A LINE NO. | | COST CENTER DESCRIPTION | WKST B, PT I COL. 27 1 | THERAPY ADJUSTMENT 2 | TOTAL COSTS 3 | RCE DISALLOWANCE 4 | TOTAL COSTS 5 |
|---|---|---|---|---|---|---|---|
| | | INPAT ROUTINE SRVC CNTRS | | | | | |
| 25 | | ADULTS & PEDIATRICS | 25,602,402 | | 25,602,402 | | 25,602,402 |
| 26 | | INTENSIVE CARE UNIT | 4,308,697 | | 4,308,697 | | 4,308,697 |
| 31 | | SUBPROVIDER | 1,941,674 | | 1,941,674 | 11,791 | 1,953,465 |
| 33 | | NURSERY | 785,378 | | 785,378 | | 785,378 |
| | | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | | OPERATING ROOM | 10,220,224 | | 10,220,224 | | 10,220,224 |
| 37 | 01 | ENDOSCOPY | 1,239,573 | | 1,239,573 | | 1,239,573 |
| 38 | | RECOVERY ROOM | 1,355,758 | | 1,355,758 | | 1,355,758 |
| 39 | | DELIVERY ROOM & LABOR ROO | 2,371,785 | | 2,371,785 | | 2,371,785 |
| 40 | | ANESTHESIOLOGY | 292,510 | | 292,510 | | 292,510 |
| 41 | | RADIOLOGY-DIAGNOSTIC | 10,982,013 | | 10,982,013 | | 10,982,013 |
| 41 | 01 | RADIATION-ONCOLOGY | 8,762,775 | | 8,762,775 | | 8,762,775 |
| 44 | | LABORATORY | 8,851,525 | | 8,851,525 | | 8,851,525 |
| 48 | | INTRAVENOUS THERAPY | 1,653,794 | | 1,653,794 | | 1,653,794 |
| 49 | | RESPIRATORY THERAPY | 3,627,958 | | 3,627,958 | 2,136 | 3,630,094 |
| 50 | | PHYSICAL THERAPY | 4,928,528 | | 4,928,528 | 9,704 | 4,938,232 |
| 51 | | OCCUPATIONAL THERAPY | 655,272 | | 655,272 | | 655,272 |
| 52 | | SPEECH PATHOLOGY | 317,735 | | 317,735 | | 317,735 |
| 53 | | ELECTROCARDIOLOGY | 3,585,778 | | 3,585,778 | 6,396 | 3,592,174 |
| 54 | | ELECTROENCEPHALOGRAPHY | 514,798 | | 514,798 | | 514,798 |
| 55 | | MEDICAL SUPPLIES CHARGED | 2,002,482 | | 2,002,482 | | 2,002,482 |
| 56 | | DRUGS CHARGED TO PATIENTS | 7,563,810 | | 7,563,810 | | 7,563,810 |
| 56 | 01 | ULTRA SOUND | 692,947 | | 692,947 | | 692,947 |
| 59 | | NUCLEAR MEDICINE | 634,810 | | 634,810 | | 634,810 |
| | | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | | CLINIC | 5,718,245 | | 5,718,245 | | 5,718,245 |
| 61 | | EMERGENCY | 7,971,742 | | 7,971,742 | 26,850 | 7,998,592 |
| 62 | | OBSERVATION BEDS (NON-DIS | 3,845,574 | | 3,845,574 | | 3,845,574 |
| | | OTHER REIMBURS COST CNTRS | | | | | |
| 101 | | SUBTOTAL | 120,427,787 | | 120,427,787 | 56,877 | 120,484,664 |
| 102 | | LESS OBSERVATION BEDS | 3,845,574 | | 3,845,574 | | 3,845,574 |
| 103 | | TOTAL | 116,582,213 | | 116,582,213 | 56,877 | 116,639,090 |

| WKST A LINE NO. | | COST CENTER DESCRIPTION | INPATIENT CHARGES 6 | OUTPATIENT CHARGES 7 | TOTAL CHARGES 8 | COST OR OTHER RATIO 9 | TEFRA INPATIENT RATIO 10 | PPS INPATIENT RATIO 11 |
|---|---|---|---|---|---|---|---|---|
| | | INPAT ROUTINE SRVC CNTRS | | | | | | |
| 25 | | ADULTS & PEDIATRICS | 15,947,151 | | 15,947,151 | | | |
| 26 | | INTENSIVE CARE UNIT | 4,873,742 | | 4,873,742 | | | |
| 31 | | SUBPROVIDER | 1,048,143 | | 1,048,143 | | | |
| 33 | | NURSERY | 2,396,617 | | 2,396,617 | | | |
| | | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | | OPERATING ROOM | 9,861,186 | 13,549,589 | 23,410,775 | .436561 | .436561 | .436561 |
| 37 | 01 | ENDOSCOPY | 425,395 | 4,152,189 | 4,577,584 | .270792 | .270792 | .270792 |
| 38 | | RECOVERY ROOM | 998,379 | 2,229,497 | 3,227,876 | .420016 | .420016 | .420016 |
| 39 | | DELIVERY ROOM & LABOR ROO | 5,457,033 | 555,286 | 6,012,319 | .394488 | .394488 | .394488 |
| 40 | | ANESTHESIOLOGY | 1,484,098 | 4,033,417 | 5,517,515 | .053015 | .053015 | .053015 |
| 41 | | RADIOLOGY-DIAGNOSTIC | 7,225,811 | 44,368,071 | 51,593,882 | .212855 | .212855 | .212855 |
| 41 | 01 | RADIATION-ONCOLOGY | 128,637 | 19,260,228 | 19,388,865 | .451949 | .451949 | .451949 |
| 44 | | LABORATORY | 11,812,940 | 36,841,917 | 48,654,857 | .181925 | .181925 | .181925 |
| 48 | | INTRAVENOUS THERAPY | 1,258,330 | 2,391,134 | 3,649,464 | .453161 | .453161 | .453161 |
| 49 | | RESPIRATORY THERAPY | 3,753,975 | 3,210,502 | 6,964,477 | .520923 | .520923 | .521230 |
| 50 | | PHYSICAL THERAPY | 1,098,814 | 6,743,299 | 7,842,113 | .628469 | .628469 | .629707 |
| 51 | | OCCUPATIONAL THERAPY | 516,458 | 714,278 | 1,230,736 | .532423 | .532423 | .532423 |
| 52 | | SPEECH PATHOLOGY | 31,257 | 113,291 | 144,548 | 2.198128 | 2.198128 | 2.198128 |
| 53 | | ELECTROCARDIOLOGY | 4,313,150 | 5,835,584 | 10,148,734 | .353323 | .353323 | .353953 |
| 54 | | ELECTROENCEPHALOGRAPHY | 117,085 | 297,978 | 415,063 | 1.240289 | 1.240289 | 1.240289 |
| 55 | | MEDICAL SUPPLIES CHARGED | 3,108,044 | 2,491,932 | 5,599,976 | .357588 | .357588 | .357588 |
| 56 | | DRUGS CHARGED TO PATIENTS | 9,246,976 | 7,106,594 | 16,353,570 | .462517 | .462517 | .462517 |
| 56 | 01 | ULTRA SOUND | 766,617 | 4,560,461 | 5,327,078 | .130080 | .130080 | .130080 |
| 59 | | NUCLEAR MEDICINE | 275,052 | 2,252,543 | 2,527,595 | .251152 | .251152 | .251152 |
| | | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | | CLINIC | 24,145 | 12,104,186 | 12,128,331 | .471478 | .471478 | .471478 |
| 61 | | EMERGENCY | 3,067,005 | 12,225,504 | 15,292,509 | .521284 | .521284 | .523040 |
| 62 | | OBSERVATION BEDS (NON-DIS | 150,000 | 2,248,818 | 2,398,818 | 1.603112 | 1.603112 | 1.603112 |
| | | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | | SUBTOTAL | 89,386,040 | 187,286,298 | 276,672,338 | | | |
| 102 | | LESS OBSERVATION BEDS | | | | | | |
| 103 | | TOTAL | 89,386,040 | 187,286,298 | 276,672,338 | | | |

| | | | |
|---|---|---|---|
| COMPUTATION OF RATIO OF COSTS TO CHARGES | PROVIDER NO: 15-0005 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/19/2009 WORKSHEET C PART I |
| SPECIAL TITLE XIX WORKSHEET | | | |

| WKST A LINE | NO. | COST CENTER DESCRIPTION | TOTAL COST WKST B, PT I COL. 27 1 | CAPITAL COST WKST B PT II & III,COL. 27 2 | OPERATING COST NET OF CAPITAL COST 3 | CAPITAL REDUCTION 4 | OPERATING COST REDUCTION AMOUNT 5 | COST NET OF CAP AND OPER COST REDUCTION 6 |
|---|---|---|---|---|---|---|---|---|
| | | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | | OPERATING ROOM | 10,220,224 | 769,471 | 9,450,753 | | | 10,220,224 |
| 37 | 01 | ENDOSCOPY | 1,239,573 | 22,627 | 1,216,946 | | | 1,239,573 |
| 38 | | RECOVERY ROOM | 1,355,758 | 105,935 | 1,249,823 | | | 1,355,758 |
| 39 | | DELIVERY ROOM & LABOR ROO | 2,371,785 | 253,866 | 2,117,919 | | | 2,371,785 |
| 40 | | ANESTHESIOLOGY | 292,510 | 19,368 | 273,142 | | | 292,510 |
| 41 | | RADIOLOGY-DIAGNOSTIC | 10,982,013 | 1,209,120 | 9,772,893 | | | 10,982,013 |
| 41 | 01 | RADIATION-ONCOLOGY | 8,762,775 | 477,933 | 8,284,842 | | | 8,762,775 |
| 44 | | LABORATORY | 8,851,525 | 493,092 | 8,358,433 | | | 8,851,525 |
| 48 | | INTRAVENOUS THERAPY | 1,653,794 | 62,376 | 1,591,418 | | | 1,653,794 |
| 49 | | RESPIRATORY THERAPY | 3,627,958 | 281,726 | 3,346,232 | | | 3,627,958 |
| 50 | | PHYSICAL THERAPY | 4,928,528 | 625,144 | 4,303,384 | | | 4,928,528 |
| 51 | | OCCUPATIONAL THERAPY | 655,272 | 188,682 | 466,590 | | | 655,272 |
| 52 | | SPEECH PATHOLOGY | 317,735 | 38,768 | 278,967 | | | 317,735 |
| 53 | | ELECTROCARDIOLOGY | 3,585,778 | 390,385 | 3,195,393 | | | 3,585,778 |
| 54 | | ELECTROENCEPHALOGRAPHY | 514,798 | 158,701 | 356,097 | | | 514,798 |
| 55 | | MEDICAL SUPPLIES CHARGED | 2,002,482 | 351,460 | 1,651,022 | | | 2,002,482 |
| 56 | | DRUGS CHARGED TO PATIENTS | 7,563,810 | 146,700 | 7,417,110 | | | 7,563,810 |
| 56 | 01 | ULTRA SOUND | 692,947 | 27,098 | 665,849 | | | 692,947 |
| 59 | | NUCLEAR MEDICINE | 634,810 | 25,205 | 609,605 | | | 634,810 |
| | | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | | CLINIC | 5,718,245 | 672,753 | 5,045,492 | | | 5,718,245 |
| 61 | | EMERGENCY | 7,971,742 | 983,421 | 6,988,321 | | | 7,971,742 |
| 62 | | OBSERVATION BEDS (NON-DIS | 3,845,574 | 428,909 | 3,416,665 | | | 3,845,574 |
| | | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | | SUBTOTAL | 87,789,636 | 7,732,740 | 80,056,896 | | | 87,789,636 |
| 102 | | LESS OBSERVATION BEDS | 3,845,574 | 428,909 | 3,416,665 | | | 3,845,574 |
| 103 | | TOTAL | 83,944,062 | 7,303,831 | 76,640,231 | | | 83,944,062 |

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

PROVIDER NO: 15-0005

PERIOD: FROM 1/ 1/2008 TO 12/31/2008

PREPARED 5/19/2009

WORKSHEET C PART II

| WKST LINE NO. | A | COST CENTER DESCRIPTION | TOTAL CHARGES | OUTPAT COST TO CHRG RATIO | I/P PT B COST TO CHRG RATIO |
|---|---|---|---|---|---|
| | | | 7 | 8 | 9 |
| | | ANCILLARY SRVC COST CNTRS | | | |
| 37 | | OPERATING ROOM | 23,410,775 | .436561 | .436561 |
| 37 | 01 | ENDOSCOPY | 4,577,584 | .270792 | .270792 |
| 38 | | RECOVERY ROOM | 3,227,876 | .420016 | .420016 |
| 39 | | DELIVERY ROOM & LABOR ROO | 6,012,319 | .394488 | .394488 |
| 40 | | ANESTHESIOLOGY | 5,517,515 | .053015 | .053015 |
| 41 | | RADIOLOGY-DIAGNOSTIC | 51,593,882 | .212855 | .212855 |
| 41 | 01 | RADIATION-ONCOLOGY | 19,388,865 | .451949 | .451949 |
| 44 | | LABORATORY | 48,654,857 | .181925 | .181925 |
| 48 | | INTRAVENOUS THERAPY | 3,649,464 | .453161 | .453161 |
| 49 | | RESPIRATORY THERAPY | 6,964,477 | .520923 | .520923 |
| 50 | | PHYSICAL THERAPY | 7,842,113 | .628469 | .628469 |
| 51 | | OCCUPATIONAL THERAPY | 1,230,736 | .532423 | .532423 |
| 52 | | SPEECH PATHOLOGY | 144,548 | 2.198128 | 2.198128 |
| 53 | | ELECTROCARDIOLOGY | 10,148,734 | .353323 | .353323 |
| 54 | | ELECTROENCEPHALOGRAPHY | 415,063 | 1.240289 | 1.240289 |
| 55 | | MEDICAL SUPPLIES CHARGED | 5,599,976 | .357588 | .357588 |
| 56 | | DRUGS CHARGED TO PATIENTS | 16,353,570 | .462517 | .462517 |
| 56 | 01 | ULTRA SOUND | 5,327,078 | .130080 | .130080 |
| 59 | | NUCLEAR MEDICINE | 2,527,595 | .251152 | .251152 |
| | | OUTPAT SERVICE COST CNTRS | | | |
| 60 | | CLINIC | 12,128,331 | .471478 | .471478 |
| 61 | | EMERGENCY | 15,292,509 | .521284 | .521284 |
| 62 | | OBSERVATION BEDS (NON-DIS | 2,398,818 | 1.603112 | 1.603112 |
| | | OTHER REIMBURS COST CNTRS | | | |
| 101 | | SUBTOTAL | 252,406,685 | | |
| 102 | | LESS OBSERVATION BEDS | 2,398,818 | | |
| 103 | | TOTAL | 250,007,867 | | |

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0005
PERIOD: FROM 1/ 1/2008 TO 12/31/2008

PREPARED 5/19/2009
WORKSHEET C
PART II

| WKST A LINE NO. | | COST CENTER DESCRIPTION | TOTAL COST WKST B, PT I COL. 27 1 | CAPITAL COST WKST B PT II & III,COL. 27 2 | OPERATING COST NET OF CAPITAL COST 3 | CAPITAL REDUCTION 4 | OPERATING COST REDUCTION AMOUNT 5 | COST NET OF CAP AND OPER COST REDUCTION 6 |
|---|---|---|---|---|---|---|---|---|
| | | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | | OPERATING ROOM | 10,220,224 | 769,471 | 9,450,753 | 76,947 | 548,144 | 9,595,133 |
| 37 | 01 | ENDOSCOPY | 1,239,573 | 22,627 | 1,216,946 | 2,263 | 70,583 | 1,166,727 |
| 38 | | RECOVERY ROOM | 1,355,758 | 105,935 | 1,249,823 | 10,594 | 72,490 | 1,272,674 |
| 39 | | DELIVERY ROOM & LABOR ROO | 2,371,785 | 253,866 | 2,117,919 | 25,387 | 122,839 | 2,223,559 |
| 40 | | ANESTHESIOLOGY | 292,510 | 19,368 | 273,142 | 1,937 | 15,842 | 274,731 |
| 41 | | RADIOLOGY-DIAGNOSTIC | 10,982,013 | 1,209,120 | 9,772,893 | 120,912 | 566,828 | 10,294,273 |
| 41 | 01 | RADIATION-ONCOLOGY | 8,762,775 | 477,933 | 8,284,842 | 47,793 | 480,521 | 8,234,461 |
| 44 | | LABORATORY | 8,851,525 | 493,092 | 8,358,433 | 49,309 | 484,789 | 8,317,427 |
| 48 | | INTRAVENOUS THERAPY | 1,653,794 | 62,376 | 1,591,418 | 6,238 | 92,302 | 1,555,254 |
| 49 | | RESPIRATORY THERAPY | 3,627,958 | 281,726 | 3,346,232 | 28,173 | 194,081 | 3,405,704 |
| 50 | | PHYSICAL THERAPY | 4,928,528 | 625,144 | 4,303,384 | 62,514 | 249,596 | 4,616,418 |
| 51 | | OCCUPATIONAL THERAPY | 655,272 | 188,682 | 466,590 | 18,868 | 27,062 | 609,342 |
| 52 | | SPEECH PATHOLOGY | 317,735 | 38,768 | 278,967 | 3,877 | 16,180 | 297,678 |
| 53 | | ELECTROCARDIOLOGY | 3,585,778 | 390,385 | 3,195,393 | 39,039 | 185,333 | 3,361,406 |
| 54 | | ELECTROENCEPHALOGRAPHY | 514,798 | 158,701 | 356,097 | 15,870 | 20,654 | 478,274 |
| 55 | | MEDICAL SUPPLIES CHARGED | 2,002,482 | 351,460 | 1,651,022 | 35,146 | 95,759 | 1,871,577 |
| 56 | | DRUGS CHARGED TO PATIENTS | 7,563,810 | 146,700 | 7,417,110 | 14,670 | 430,192 | 7,118,948 |
| 56 | 01 | ULTRA SOUND | 692,947 | 27,098 | 665,849 | 2,710 | 38,619 | 651,618 |
| 59 | | NUCLEAR MEDICINE | 634,810 | 25,205 | 609,605 | 2,521 | 35,357 | 596,932 |
| | | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | | CLINIC | 5,718,245 | 672,753 | 5,045,492 | 67,275 | 292,639 | 5,358,331 |
| 61 | | EMERGENCY | 7,971,742 | 983,421 | 6,988,321 | 98,342 | 405,323 | 7,468,077 |
| 62 | | OBSERVATION BEDS (NON-DIS | 3,845,574 | 428,909 | 3,416,665 | 42,891 | 198,167 | 3,604,516 |
| | | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | | SUBTOTAL | 87,789,636 | 7,732,740 | 80,056,896 | 773,276 | 4,643,300 | 82,373,060 |
| 102 | | LESS OBSERVATION BEDS | 3,845,574 | 428,909 | 3,416,665 | 42,891 | 198,167 | 3,604,516 |
| 103 | | TOTAL | 83,944,062 | 7,303,831 | 76,640,231 | 730,385 | 4,445,133 | 78,768,544 |

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0005
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 5/19/2009
WORKSHEET C
PART II

| WKST LINE NO. | A | COST CENTER DESCRIPTION | TOTAL CHARGES | OUTPAT COST TO CHRG RATIO | I/P PT B COST TO CHRG RATIO |
|---|---|---|---|---|---|
| | | | 7 | 8 | 9 |
| | | ANCILLARY SRVC COST CNTRS | | | |
| 37 | | OPERATING ROOM | 23,410,775 | .409860 | .433274 |
| 37 | 01 | ENDOSCOPY | 4,577,584 | .254878 | .270298 |
| 38 | | RECOVERY ROOM | 3,227,876 | .394276 | .416733 |
| 39 | | DELIVERY ROOM & LABOR ROO | 6,012,319 | .369834 | .390265 |
| 40 | | ANESTHESIOLOGY | 5,517,515 | .049793 | .052664 |
| 41 | | RADIOLOGY-DIAGNOSTIC | 51,593,882 | .199525 | .210511 |
| 41 | 01 | RADIATION-ONCOLOGY | 19,388,865 | .424701 | .449484 |
| 44 | | LABORATORY | 48,654,857 | .170948 | .180911 |
| 48 | | INTRAVENOUS THERAPY | 3,649,464 | .426160 | .451452 |
| 49 | | RESPIRATORY THERAPY | 6,964,477 | .489011 | .516878 |
| 50 | | PHYSICAL THERAPY | 7,842,113 | .588670 | .620498 |
| 51 | | OCCUPATIONAL THERAPY | 1,230,736 | .495104 | .517092 |
| 52 | | SPEECH PATHOLOGY | 144,548 | 2.059371 | 2.171306 |
| 53 | | ELECTROCARDIOLOGY | 10,148,734 | .331214 | .349476 |
| 54 | | ELECTROENCEPHALOGRAPHY | 415,063 | 1.152293 | 1.202054 |
| 55 | | MEDICAL SUPPLIES CHARGED | 5,599,976 | .334212 | .351312 |
| 56 | | DRUGS CHARGED TO PATIENTS | 16,353,570 | .435315 | .461620 |
| 56 | 01 | ULTRA SOUND | 5,327,078 | .122322 | .129571 |
| 59 | | NUCLEAR MEDICINE | 2,527,595 | .236166 | .250154 |
| | | OUTPAT SERVICE COST CNTRS | | | |
| 60 | | CLINIC | 12,128,331 | .441803 | .465931 |
| 61 | | EMERGENCY | 15,292,509 | .488349 | .514853 |
| 62 | | OBSERVATION BEDS (NON-DIS | 2,398,818 | 1.502622 | 1.585232 |
| | | OTHER REIMBURS COST CNTRS | | | |
| 101 | | SUBTOTAL | 252,406,685 | | |
| 102 | | LESS OBSERVATION BEDS | 2,398,818 | | |
| 103 | | TOTAL | 250,007,867 | | |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0005

PERIOD: FROM 1/ 1/2008 TO 12/31/2008

PREPARED 5/19/2009

WORKSHEET D PART I

TITLE XVIII, PART A

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OLD CAPITAL CAPITAL REL COST (B, II) | OLD CAPITAL SWING BED ADJUSTMENT | OLD CAPITAL REDUCED CAP RELATED COST | NEW CAPITAL CAPITAL REL COST (B,III) | NEW CAPITAL SWING BED ADJUSTMENT | NEW CAPITAL REDUCED CAP RELATED COST |
|---|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 | 6 |
| | INPAT ROUTINE SRVC CNTRS | | | | | | |
| 25 | ADULTS & PEDIATRICS | 305,433 | | 305,433 | 2,479,899 | | 2,479,899 |
| 26 | INTENSIVE CARE UNIT | 44,366 | | 44,366 | 360,204 | | 360,204 |
| 31 | SUBPROVIDER | 31,764 | | 31,764 | 257,909 | | 257,909 |
| 33 | NURSERY | 8,621 | | 8,621 | 69,998 | | 69,998 |
| 101 | TOTAL | 390,184 | | 390,184 | 3,168,010 | | 3,168,010 |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL PATIENT DAYS 7 | INPATIENT PROGRAM DAYS 8 | OLD CAPITAL PER DIEM 9 | INPAT PROGRAM OLD CAP CST 10 | NEW CAPITAL PER DIEM 11 | INPAT PROGRAM NEW CAP CST 12 |
|---|---|---|---|---|---|---|---|
| | INPAT ROUTINE SRVC CNTRS | | | | | | |
| 25 | ADULTS & PEDIATRICS | 22,142 | 9,157 | 13.79 | 126,275 | 112.00 | 1,025,584 |
| 26 | INTENSIVE CARE UNIT | 2,243 | 1,383 | 19.78 | 27,356 | 160.59 | 222,096 |
| 31 | SUBPROVIDER | 1,581 | 384 | 20.09 | 7,715 | 163.13 | 62,642 |
| 33 | NURSERY | 2,438 | | 3.54 | | 28.71 | |
| 101 | TOTAL | 28,404 | 10,924 | | 161,346 | | 1,310,322 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0005 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/19/2009 I WORKSHEET D I PART II

I COMPONENT NO: 15-0005

TITLE XVIII, PART A HOSPITAL PPS

| WKST A LINE NO. | | COST CENTER DESCRIPTION | OLD CAPITAL RELATED COST 1 | NEW CAPITAL RELATED COST 2 | TOTAL CHARGES 3 | INPAT PROGRAM CHARGES 4 | OLD CAPITAL CST/CHRG RATIO 5 | COSTS 6 |
|---|---|---|---|---|---|---|---|---|
| | | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | | OPERATING ROOM | 84,376 | 685,095 | 23,410,775 | 5,478,602 | .003604 | 19,745 |
| 37 | 01 | ENDOSCOPY | 2,481 | 20,146 | 4,577,584 | 29,809 | .000542 | 16 |
| 38 | | RECOVERY ROOM | 11,617 | 94,318 | 3,227,876 | 442,321 | .003599 | 1,592 |
| 39 | | DELIVERY ROOM & LABOR ROO | 27,838 | 226,028 | 6,012,319 | | .004630 | |
| 40 | | ANESTHESIOLOGY | 2,124 | 17,244 | 5,517,515 | 664,973 | .000385 | 256 |
| 41 | | RADIOLOGY-DIAGNOSTIC | 132,600 | 1,076,520 | 51,593,882 | 4,472,551 | .002570 | 11,494 |
| 41 | 01 | RADIATION-ONCOLOGY | 52,409 | 425,524 | 19,388,865 | 56,122 | .002703 | 152 |
| 44 | | LABORATORY | 54,069 | 439,023 | 48,654,857 | 6,919,785 | .001111 | 7,688 |
| 48 | | INTRAVENOUS THERAPY | 6,840 | 55,536 | 3,649,464 | 486,780 | .001874 | 912 |
| 49 | | RESPIRATORY THERAPY | 30,893 | 250,833 | 6,964,477 | 1,180,220 | .004436 | 5,235 |
| 50 | | PHYSICAL THERAPY | 68,551 | 556,593 | 7,842,113 | 794,150 | .008741 | 6,942 |
| 51 | | OCCUPATIONAL THERAPY | 20,690 | 167,992 | 1,230,736 | 272,352 | .016811 | 4,579 |
| 52 | | SPEECH PATHOLOGY | 4,251 | 34,517 | 144,548 | 11,809 | .029409 | 347 |
| 53 | | ELECTROCARDIOLOGY | 42,808 | 347,577 | 10,148,734 | 3,800,232 | .004218 | 16,029 |
| 54 | | ELECTROENCEPHALOGRAPHY | 17,403 | 141,298 | 415,063 | 69,085 | .041929 | 2,897 |
| 55 | | MEDICAL SUPPLIES CHARGED | 38,540 | 312,920 | 5,599,976 | 2,082,491 | .006882 | 14,332 |
| 56 | | DRUGS CHARGED TO PATIENTS | 16,086 | 130,614 | 16,353,570 | 4,956,831 | .000984 | 4,878 |
| 56 | 01 | ULTRA SOUND | 2,972 | 24,126 | 5,327,078 | 310,896 | .000558 | 173 |
| 59 | | NUCLEAR MEDICINE | 2,764 | 22,441 | 2,527,595 | 216,214 | .001094 | 237 |
| | | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | | CLINIC | 73,773 | 598,980 | 12,128,331 | 7,104 | .006083 | 43 |
| 61 | | EMERGENCY | 107,840 | 875,581 | 15,292,509 | 1,418,951 | .007052 | 10,006 |
| 62 | | OBSERVATION BEDS (NON-DIS | 47,034 | 381,875 | 2,398,818 | 123,370 | .019607 | 2,419 |
| | | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | | TOTAL | 847,959 | 6,884,781 | 252,406,685 | 33,794,648 | | 109,972 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0005 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/19/2009
COMPONENT NO: 15-0005 | WORKSHEET D PART II

TITLE XVIII, PART A HOSPITAL PPS

| WKST A LINE NO. | | COST CENTER DESCRIPTION | NEW CAPITAL CST/CHRG RATIO | COSTS |
|---|---|---|---|---|
| | | | 7 | 8 |
| | | ANCILLARY SRVC COST CNTRS | | |
| 37 | | OPERATING ROOM | .029264 | 160,326 |
| 37 | 01 | ENDOSCOPY | .004401 | 131 |
| 38 | | RECOVERY ROOM | .029220 | 12,925 |
| 39 | | DELIVERY ROOM & LABOR ROO | .037594 | |
| 40 | | ANESTHESIOLOGY | .003125 | 2,078 |
| 41 | | RADIOLOGY-DIAGNOSTIC | .020865 | 93,320 |
| 41 | 01 | RADIATION-ONCOLOGY | .021947 | 1,232 |
| 44 | | LABORATORY | .009023 | 62,437 |
| 48 | | INTRAVENOUS THERAPY | .015218 | 7,408 |
| 49 | | RESPIRATORY THERAPY | .036016 | 42,507 |
| 50 | | PHYSICAL THERAPY | .070975 | 56,365 |
| 51 | | OCCUPATIONAL THERAPY | .136497 | 37,175 |
| 52 | | SPEECH PATHOLOGY | .238793 | 2,820 |
| 53 | | ELECTROCARDIOLOGY | .034248 | 130,150 |
| 54 | | ELECTROENCEPHALOGRAPHY | .340425 | 23,518 |
| 55 | | MEDICAL SUPPLIES CHARGED | .055879 | 116,368 |
| 56 | | DRUGS CHARGED TO PATIENTS | .007987 | 39,590 |
| 56 | 01 | ULTRA SOUND | .004529 | 1,408 |
| 59 | | NUCLEAR MEDICINE | .008878 | 1,920 |
| | | OUTPAT SERVICE COST CNTRS | | |
| 60 | | CLINIC | .049387 | 351 |
| 61 | | EMERGENCY | .057256 | 81,243 |
| 62 | | OBSERVATION BEDS (NON-DIS | .159193 | 19,640 |
| | | OTHER REIMBURS COST CNTRS | | |
| 101 | | TOTAL | | 892,912 |

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

PROVIDER NO: 15-0005
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 5/19/2009
WORKSHEET D
PART III
PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | NONPHYSICIAN ANESTHETIST 1 | MED EDUCATN COST 2 | SWING BED ADJ AMOUNT 3 | TOTAL COSTS 4 | TOTAL PATIENT DAYS 5 | PER DIEM 6 |
|---|---|---|---|---|---|---|---|
| | INPAT ROUTINE SRVC CNTRS | | | | | | |
| 25 | ADULTS & PEDIATRICS | | | | | 22,142 | |
| 26 | INTENSIVE CARE UNIT | | | | | 2,243 | |
| 31 | SUBPROVIDER | | | | | 1,581 | |
| 33 | NURSERY | | | | | 2,438 | |
| 101 | TOTAL | | | | | 28,404 | |

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

PROVIDER NO: 15-0005
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 5/19/2009
WORKSHEET D
PART III

| WKST A LINE NO. | COST CENTER DESCRIPTION | INPATIENT PROG DAYS 7 | INPAT PROGRAM PASS THRU COST 8 |
|---|---|---|---|
| 25 | ADULTS & PEDIATRICS | 9,157 | |
| 26 | INTENSIVE CARE UNIT | 1,383 | |
| 31 | SUBPROVIDER | 384 | |
| 33 | NURSERY | | |
| 101 | TOTAL | 10,924 | |

Health Financial Systems MCRIF32 FOR HENDRICKS REGIONAL HEALTH IN LIEU OF FORM CMS-2552-96(04/2005)

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0005 I COMPONENT NO: 15-0005

I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008

I PREPARED 5/19/2009 I WORKSHEET D I PART IV

TITLE XVIII, PART A HOSPITAL PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | NONPHYSICIAN ANESTHETIST 1 | 1.01 | MED ED NRS SCHOOL COST 2 | MED ED ALLIED HEALTH COST 2.01 | MED ED ALL OTHER COSTS 2.02 | BLOOD CLOT FOR HEMOPHILIACS 2.03 |
|---|---|---|---|---|---|---|---|
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | | | | | | |
| 37 01 | ENDOSCOPY | | | | | | |
| 38 | RECOVERY ROOM | | | | | | |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 40 | ANESTHESIOLOGY | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 41 01 | RADIATION-ONCOLOGY | | | | | | |
| 44 | LABORATORY | | | | | | |
| 48 | INTRAVENOUS THERAPY | | | | | | |
| 49 | RESPIRATORY THERAPY | | | | | | |
| 50 | PHYSICAL THERAPY | | | | | | |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 54 | ELECTROENCEPHALOGRAPHY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | |
| 56 01 | ULTRA SOUND | | | | | | |
| 59 | NUCLEAR MEDICINE | | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | | | | | |
| 61 | EMERGENCY | | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | TOTAL | | | | | | |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0005 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/19/2009

COMPONENT NO: 15-0005 | WORKSHEET D PART IV

TITLE XVIII, PART A HOSPITAL PPS

| WKST A LINE NO. | | COST CENTER DESCRIPTION | TOTAL COSTS 3 | O/P PASS THRU COSTS 3.01 | TOTAL CHARGES 4 | RATIO OF COST TO CHARGES 5 | O/P RATIO OF CST TO CHARGES 5.01 | INPAT PROG CHARGE 6 | INPAT PROG PASS THRU COST 7 |
|---|---|---|---|---|---|---|---|---|---|
| | | ANCILLARY SRVC COST CNTRS | | | | | | | |
| 37 | | OPERATING ROOM | | | 23,410,775 | | | 5,478,602 | |
| 37 | 01 | ENDOSCOPY | | | 4,577,584 | | | 29,809 | |
| 38 | | RECOVERY ROOM | | | 3,227,876 | | | 442,321 | |
| 39 | | DELIVERY ROOM & LABOR ROO | | | 6,012,319 | | | | |
| 40 | | ANESTHESIOLOGY | | | 5,517,515 | | | 664,973 | |
| 41 | | RADIOLOGY-DIAGNOSTIC | | | 51,593,882 | | | 4,472,551 | |
| 41 | 01 | RADIATION-ONCOLOGY | | | 19,388,865 | | | 56,122 | |
| 44 | | LABORATORY | | | 48,654,857 | | | 6,919,785 | |
| 48 | | INTRAVENOUS THERAPY | | | 3,649,464 | | | 486,780 | |
| 49 | | RESPIRATORY THERAPY | | | 6,964,477 | | | 1,180,220 | |
| 50 | | PHYSICAL THERAPY | | | 7,842,113 | | | 794,150 | |
| 51 | | OCCUPATIONAL THERAPY | | | 1,230,736 | | | 272,352 | |
| 52 | | SPEECH PATHOLOGY | | | 144,548 | | | 11,809 | |
| 53 | | ELECTROCARDIOLOGY | | | 10,148,734 | | | 3,800,232 | |
| 54 | | ELECTROENCEPHALOGRAPHY | | | 415,063 | | | 69,085 | |
| 55 | | MEDICAL SUPPLIES CHARGED | | | 5,599,976 | | | 2,082,491 | |
| 56 | | DRUGS CHARGED TO PATIENTS | | | 16,353,570 | | | 4,956,831 | |
| 56 | 01 | ULTRA SOUND | | | 5,327,078 | | | 310,896 | |
| 59 | | NUCLEAR MEDICINE | | | 2,527,595 | | | 216,214 | |
| | | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 60 | | CLINIC | | | 12,128,331 | | | 7,104 | |
| 61 | | EMERGENCY | | | 15,292,509 | | | 1,418,951 | |
| 62 | | OBSERVATION BEDS (NON-DIS | | | 2,398,818 | | | 123,370 | |
| | | OTHER REIMBURS COST CNTRS | | | | | | | |
| 101 | | TOTAL | | | 252,406,685 | | | 33,794,648 | |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0005 I COMPONENT NO: 15-S005

I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008

I PREPARED 5/19/2009 I WORKSHEET D I PART IV

TITLE XVIII, PART A SUBPROVIDER 1 PPS

| WKST A LINE NO. | | COST CENTER DESCRIPTION | OUTPAT PROG CHARGES 8 | OUTPAT PROG D,V COL 5.03 8.01 | OUTPAT PROG D,V COL 5.04 8.02 | OUTPAT PROG PASS THRU COST 9 | COL 8.01 * COL 5 9.01 | COL 8.02 * COL 5 9.02 |
|---|---|---|---|---|---|---|---|---|
| | | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | | OPERATING ROOM | | | | | | |
| 37 | 01 | ENDOSCOPY | | | | | | |
| 38 | | RECOVERY ROOM | | | | | | |
| 39 | | DELIVERY ROOM & LABOR ROO | | | | | | |
| 40 | | ANESTHESIOLOGY | | | | | | |
| 41 | | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 41 | 01 | RADIATION-ONCOLOGY | | | | | | |
| 44 | | LABORATORY | | | | | | |
| 48 | | INTRAVENOUS THERAPY | | | | | | |
| 49 | | RESPIRATORY THERAPY | | | | | | |
| 50 | | PHYSICAL THERAPY | | | | | | |
| 51 | | OCCUPATIONAL THERAPY | | | | | | |
| 52 | | SPEECH PATHOLOGY | | | | | | |
| 53 | | ELECTROCARDIOLOGY | | | | | | |
| 54 | | ELECTROENCEPHALOGRAPHY | | | | | | |
| 55 | | MEDICAL SUPPLIES CHARGED | | | | | | |
| 56 | | DRUGS CHARGED TO PATIENTS | | | | | | |
| 56 | 01 | ULTRA SOUND | | | | | | |
| 59 | | NUCLEAR MEDICINE | | | | | | |
| | | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | | CLINIC | | | | | | |
| 61 | | EMERGENCY | | | | | | |
| 62 | | OBSERVATION BEDS (NON-DIS | | | | | | |
| | | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | | TOTAL | | | | | | |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0005 I COMPONENT NO: 15-0005

I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008

I PREPARED 5/19/2009 I WORKSHEET D I PART IV

TITLE XVIII, PART A HOSPITAL PPS

| WKST A LINE NO. | | COST CENTER DESCRIPTION | OUTPAT PROG CHARGES 8 | OUTPAT PROG D,V COL 5.03 8.01 | OUTPAT PROG D,V COL 5.04 8.02 | OUTPAT PROG PASS THRU COST 9 | COL 8.01 * COL 5 9.01 | COL 8.02 * COL 5 9.02 |
|---|---|---|---|---|---|---|---|---|
| | | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | | OPERATING ROOM | 5,166,638 | | | | | |
| 37 | 01 | ENDOSCOPY | 47,933 | | | | | |
| 38 | | RECOVERY ROOM | 1,638,821 | | | | | |
| 39 | | DELIVERY ROOM & LABOR ROO | | | | | | |
| 40 | | ANESTHESIOLOGY | 472,298 | | | | | |
| 41 | | RADIOLOGY-DIAGNOSTIC | 10,292,004 | | | | | |
| 41 | 01 | RADIATION-ONCOLOGY | 6,054,990 | | | | | |
| 44 | | LABORATORY | 894,132 | | | | | |
| 48 | | INTRAVENOUS THERAPY | 1,189,584 | | | | | |
| 49 | | RESPIRATORY THERAPY | 264,231 | | | | | |
| 50 | | PHYSICAL THERAPY | 15,109 | | | | | |
| 51 | | OCCUPATIONAL THERAPY | 285 | | | | | |
| 52 | | SPEECH PATHOLOGY | 25,782 | | | | | |
| 53 | | ELECTROCARDIOLOGY | 1,518,688 | | | | | |
| 54 | | ELECTROENCEPHALOGRAPHY | 290,622 | | | | | |
| 55 | | MEDICAL SUPPLIES CHARGED | 524,668 | | | | | |
| 56 | | DRUGS CHARGED TO PATIENTS | 2,227,113 | | | | | |
| 56 | 01 | ULTRA SOUND | 985,080 | | | | | |
| 59 | | NUCLEAR MEDICINE | 872,912 | | | | | |
| | | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | | CLINIC | 680,491 | | | | | |
| 61 | | EMERGENCY | 2,163,871 | | | | | |
| 62 | | OBSERVATION BEDS (NON-DIS | 922,825 | | | | | |
| | | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | | TOTAL | 36,248,077 | | | | | |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 15-0005 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/19/2009 I WORKSHEET D I PART V

I COMPONENT NO: 15-0005

TITLE XVIII, PART B HOSPITAL

| | | Cost/Charge Ratio (C, Pt I, col. 9) | Cost/Charge Ratio (C, Pt II, col. 9) | Outpatient Ambulatory Surgical Ctr | Outpatient Radialogy | Other Outpatient Diagnostic |
|---|---|---|---|---|---|---|
| | Cost Center Description | 1 | 1.02 | 2 | 3 | 4 |
| (A) | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | OPERATING ROOM | .436561 | .436561 | | | |
| 37 01 | ENDOSCOPY | .270792 | .270792 | | | |
| 38 | RECOVERY ROOM | .420016 | .420016 | | | |
| 39 | DELIVERY ROOM & LABOR ROOM | .394488 | .394488 | | | |
| 40 | ANESTHESIOLOGY | .053015 | .053015 | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | .212855 | .212855 | | | |
| 41 01 | RADIATION-ONCOLOGY | .451949 | .451949 | | | |
| 44 | LABORATORY | .181925 | .181925 | | | |
| 48 | INTRAVENOUS THERAPY | .453161 | .453161 | | | |
| 49 | RESPIRATORY THERAPY | .520923 | .520923 | | | |
| 50 | PHYSICAL THERAPY | .628469 | .628469 | | | |
| 51 | OCCUPATIONAL THERAPY | .532423 | .532423 | | | |
| 52 | SPEECH PATHOLOGY | 2.198128 | 2.198128 | | | |
| 53 | ELECTROCARDIOLOGY | .353323 | .353323 | | | |
| 54 | ELECTROENCEPHALOGRAPHY | 1.240289 | 1.240289 | | | |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | .357588 | .357588 | | | |
| 56 | DRUGS CHARGED TO PATIENTS | .462517 | .462517 | | | |
| 56 01 | ULTRA SOUND | .130080 | .130080 | | | |
| 59 | NUCLEAR MEDICINE | .251152 | .251152 | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | CLINIC | .471478 | .471478 | | | |
| 61 | EMERGENCY | .521284 | .521284 | | | |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | 1.603112 | 1.603112 | | | |
| 101 | SUBTOTAL | | | | | |
| 102 | CRNA CHARGES | | | | | |
| 103 | LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES | | | | | |
| 104 | NET CHARGES | | | | | |

(A) WORKSHEET A LINE NUMBERS
(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

TITLE XVIII, PART B HOSPITAL

| | | | All Other (1) | PPS Services FYB to 12/31 | Non-PPS Services | PPS Services 1/1 to FYE | Outpatient Ambulatory Surgical Ctr |
|---|---|---|---|---|---|---|---|
| | | Cost Center Description | 5 | 5.01 | 5.02 | 5.03 | 6 |
| (A) | | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | | OPERATING ROOM | | 5,166,638 | | | |
| 37 | 01 | ENDOSCOPY | | 47,933 | | | |
| 38 | | RECOVERY ROOM | | 1,638,821 | | | |
| 39 | | DELIVERY ROOM & LABOR ROOM | | | | | |
| 40 | | ANESTHESIOLOGY | | 472,298 | | | |
| 41 | | RADIOLOGY-DIAGNOSTIC | | 10,292,004 | | | |
| 41 | 01 | RADIATION-ONCOLOGY | | 6,054,990 | | | |
| 44 | | LABORATORY | | 894,132 | | | |
| 48 | | INTRAVENOUS THERAPY | | 1,189,584 | | | |
| 49 | | RESPIRATORY THERAPY | | 264,231 | | | |
| 50 | | PHYSICAL THERAPY | | 15,109 | | | |
| 51 | | OCCUPATIONAL THERAPY | | 285 | | | |
| 52 | | SPEECH PATHOLOGY | | 25,782 | | | |
| 53 | | ELECTROCARDIOLOGY | | 1,518,688 | | | |
| 54 | | ELECTROENCEPHALOGRAPHY | | 290,622 | | | |
| 55 | | MEDICAL SUPPLIES CHARGED TO PATIENTS | | 524,668 | 1,382 | | |
| 56 | | DRUGS CHARGED TO PATIENTS | | 2,227,113 | | | |
| 56 | 01 | ULTRA SOUND | | 985,080 | | | |
| 59 | | NUCLEAR MEDICINE | | 872,912 | | | |
| | | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | | CLINIC | | 680,491 | | | |
| 61 | | EMERGENCY | | 2,163,871 | | | |
| 62 | | OBSERVATION BEDS (NON-DISTINCT PART) | | 922,825 | | | |
| 101 | | SUBTOTAL | | 36,248,077 | 1,382 | | |
| 102 | | CRNA CHARGES | | | | | |
| 103 | | LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES | | | | | |
| 104 | | NET CHARGES | | 36,248,077 | 1,382 | | |

(A) WORKSHEET A LINE NUMBERS
(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 15-0005 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/19/2009 I WORKSHEET D I PART V

I COMPONENT NO: 15-0005

TITLE XVIII, PART B HOSPITAL

| | | Cost Center Description | Outpatient Radialogy | Other Outpatient Diagnostic | All Other | PPS Services FYB to 12/31 | Non-PPS Services |
|---|---|---|---|---|---|---|---|
| | | | 7 | 8 | 9 | 9.01 | 9.02 |
| (A) | | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | | OPERATING ROOM | | | | 2,255,553 | |
| 37 | 01 | ENDOSCOPY | | | | 12,980 | |
| 38 | | RECOVERY ROOM | | | | 688,331 | |
| 39 | | DELIVERY ROOM & LABOR ROOM | | | | | |
| 40 | | ANESTHESIOLOGY | | | | 25,039 | |
| 41 | | RADIOLOGY-DIAGNOSTIC | | | | 2,190,705 | |
| 41 | 01 | RADIATION-ONCOLOGY | | | | 2,736,547 | |
| 44 | | LABORATORY | | | | 162,665 | |
| 48 | | INTRAVENOUS THERAPY | | | | 539,073 | |
| 49 | | RESPIRATORY THERAPY | | | | 137,644 | |
| 50 | | PHYSICAL THERAPY | | | | 9,496 | |
| 51 | | OCCUPATIONAL THERAPY | | | | 152 | |
| 52 | | SPEECH PATHOLOGY | | | | 56,672 | |
| 53 | | ELECTROCARDIOLOGY | | | | 536,587 | |
| 54 | | ELECTROENCEPHALOGRAPHY | | | | 360,455 | |
| 55 | | MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | 187,615 | 494 |
| 56 | | DRUGS CHARGED TO PATIENTS | | | | 1,030,078 | |
| 56 | 01 | ULTRA SOUND | | | | 128,139 | |
| 59 | | NUCLEAR MEDICINE | | | | 219,234 | |
| | | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | | CLINIC | | | | 320,837 | |
| 61 | | EMERGENCY | | | | 1,127,991 | |
| 62 | | OBSERVATION BEDS (NON-DISTINCT PART) | | | | 1,479,392 | |
| 101 | | SUBTOTAL | | | | 14,205,185 | 494 |
| 102 | | CRNA CHARGES | | | | | |
| 103 | | LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES | | | | | |
| 104 | | NET CHARGES | | | | 14,205,185 | 494 |

(A) WORKSHEET A LINE NUMBERS
(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B HOSPITAL

| | Cost Center Description | PPS Services 1/1 to FYE | Hospital I/P Part B Charges | Hospital I/P Part B Costs |
|---|---|---|---|---|
| | | 9.03 | 10 | 11 |
| (A) | ANCILLARY SRVC COST CNTRS | | | |
| 37 | OPERATING ROOM | | | |
| 37 01 | ENDOSCOPY | | | |
| 38 | RECOVERY ROOM | | | |
| 39 | DELIVERY ROOM & LABOR ROOM | | | |
| 40 | ANESTHESIOLOGY | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | |
| 41 01 | RADIATION-ONCOLOGY | | | |
| 44 | LABORATORY | | | |
| 48 | INTRAVENOUS THERAPY | | | |
| 49 | RESPIRATORY THERAPY | | | |
| 50 | PHYSICAL THERAPY | | | |
| 51 | OCCUPATIONAL THERAPY | | | |
| 52 | SPEECH PATHOLOGY | | | |
| 53 | ELECTROCARDIOLOGY | | | |
| 54 | ELECTROENCEPHALOGRAPHY | | | |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | |
| 56 01 | ULTRA SOUND | | | |
| 59 | NUCLEAR MEDICINE | | | |
| | OUTPAT SERVICE COST CNTRS | | | |
| 60 | CLINIC | | | |
| 61 | EMERGENCY | | | |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | | | |
| 101 | SUBTOTAL | | | |
| 102 | CRNA CHARGES | | | |
| 103 | LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES | | | |
| 104 | NET CHARGES | | | |

(A) WORKSHEET A LINE NUMBERS
(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

| | | | |
|---|---|---|---|
| PROVIDER NO: | PERIOD: | PREPARED | 5/19/2009 |
| 15-0005 | FROM 1/ 1/2008 | WORKSHEET D | |
| COMPONENT NO: | TO 12/31/2008 | PART VI | |
| 15-0005 | | | |

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

| | | 1 |
|---|---|---|
| 1 | DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES | .462517 |
| 2 | PROGRAM VACCINE CHARGES | 2,714 |
| 3 | PROGRAM COSTS | 1,255 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0005 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/19/2009 I WORKSHEET D I PART II

TITLE XVIII, PART A SUBPROVIDER 1 PPS

| WKST A LINE NO. | | COST CENTER DESCRIPTION | OLD CAPITAL RELATED COST 1 | NEW CAPITAL RELATED COST 2 | TOTAL CHARGES 3 | INPAT PROGRAM CHARGES 4 | OLD CAPITAL CST/CHRG RATIO 5 | COSTS 6 |
|---|---|---|---|---|---|---|---|---|
| | | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | | OPERATING ROOM | 84,376 | 685,095 | 23,410,775 | 8,614 | .003604 | 31 |
| 37 | 01 | ENDOSCOPY | 2,481 | 20,146 | 4,577,584 | 35 | .000542 | |
| 38 | | RECOVERY ROOM | 11,617 | 94,318 | 3,227,876 | 1,016 | .003599 | 4 |
| 39 | | DELIVERY ROOM & LABOR ROO | 27,838 | 226,028 | 6,012,319 | | .004630 | |
| 40 | | ANESTHESIOLOGY | 2,124 | 17,244 | 5,517,515 | 638 | .000385 | |
| 41 | | RADIOLOGY-DIAGNOSTIC | 132,600 | 1,076,520 | 51,593,882 | 17,219 | .002570 | 44 |
| 41 | 01 | RADIATION-ONCOLOGY | 52,409 | 425,524 | 19,388,865 | | .002703 | |
| 44 | | LABORATORY | 54,069 | 439,023 | 48,654,857 | 75,290 | .001111 | 84 |
| 48 | | INTRAVENOUS THERAPY | 6,840 | 55,536 | 3,649,464 | 1,492 | .001874 | 3 |
| 49 | | RESPIRATORY THERAPY | 30,893 | 250,833 | 6,964,477 | 3,493 | .004436 | 15 |
| 50 | | PHYSICAL THERAPY | 68,551 | 556,593 | 7,842,113 | 269 | .008741 | 2 |
| 51 | | OCCUPATIONAL THERAPY | 20,690 | 167,992 | 1,230,736 | 36,383 | .016811 | 612 |
| 52 | | SPEECH PATHOLOGY | 4,251 | 34,517 | 144,548 | | .029409 | |
| 53 | | ELECTROCARDIOLOGY | 42,808 | 347,577 | 10,148,734 | 4,060 | .004218 | 17 |
| 54 | | ELECTROENCEPHALOGRAPHY | 17,403 | 141,298 | 415,063 | 1,679 | .041929 | 70 |
| 55 | | MEDICAL SUPPLIES CHARGED | 38,540 | 312,920 | 5,599,976 | 2,420 | .006882 | 17 |
| 56 | | DRUGS CHARGED TO PATIENTS | 16,086 | 130,614 | 16,353,570 | 51,870 | .000984 | 51 |
| 56 | 01 | ULTRA SOUND | 2,972 | 24,126 | 5,327,078 | | .000558 | |
| 59 | | NUCLEAR MEDICINE | 2,764 | 22,441 | 2,527,595 | 8 | .001094 | |
| | | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | | CLINIC | 73,773 | 598,980 | 12,128,331 | 8 | .006083 | |
| 61 | | EMERGENCY | 107,840 | 875,581 | 15,292,509 | 25,558 | .007052 | 180 |
| 62 | | OBSERVATION BEDS (NON-DIS | 47,034 | 381,875 | 2,398,818 | | .019607 | |
| | | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | | TOTAL | 847,959 | 6,884,781 | 252,406,685 | 230,052 | | 1,130 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0005 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I COMPONENT NO: 15-S005 I PREPARED 5/19/2009 I WORKSHEET D I PART II

TITLE XVIII, PART A SUBPROVIDER 1 PPS

| WKST A LINE NO. | | COST CENTER DESCRIPTION | NEW CAPITAL CST/CHRG RATIO 7 | COSTS 8 |
|---|---|---|---|---|
| | | ANCILLARY SRVC COST CNTRS | | |
| 37 | | OPERATING ROOM | .029264 | 252 |
| 37 | 01 | ENDOSCOPY | .004401 | |
| 38 | | RECOVERY ROOM | .029220 | 30 |
| 39 | | DELIVERY ROOM & LABOR ROO | .037594 | |
| 40 | | ANESTHESIOLOGY | .003125 | 2 |
| 41 | | RADIOLOGY-DIAGNOSTIC | .020865 | 359 |
| 41 | 01 | RADIATION-ONCOLOGY | .021947 | |
| 44 | | LABORATORY | .009023 | 679 |
| 48 | | INTRAVENOUS THERAPY | .015218 | 23 |
| 49 | | RESPIRATORY THERAPY | .036016 | 126 |
| 50 | | PHYSICAL THERAPY | .070975 | 19 |
| 51 | | OCCUPATIONAL THERAPY | .136497 | 4,966 |
| 52 | | SPEECH PATHOLOGY | .238793 | |
| 53 | | ELECTROCARDIOLOGY | .034248 | 139 |
| 54 | | ELECTROENCEPHALOGRAPHY | .340425 | 572 |
| 55 | | MEDICAL SUPPLIES CHARGED | .055879 | 135 |
| 56 | | DRUGS CHARGED TO PATIENTS | .007987 | 414 |
| 56 | 01 | ULTRA SOUND | .004529 | |
| 59 | | NUCLEAR MEDICINE | .008878 | |
| | | OUTPAT SERVICE COST CNTRS | | |
| 60 | | CLINIC | .049387 | |
| 61 | | EMERGENCY | .057256 | 1,463 |
| 62 | | OBSERVATION BEDS (NON-DIS | .159193 | |
| | | OTHER REIMBURS COST CNTRS | | |
| 101 | | TOTAL | | 9,179 |

Health Financial Systems MCRIF32 FOR HENDRICKS REGIONAL HEALTH IN LIEU OF FORM CMS-2552-96(04/2005)

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0005 I COMPONENT NO: 15-S005

I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008

I PREPARED 5/19/2009 I WORKSHEET D I PART IV

TITLE XVIII, PART A SUBPROVIDER 1 PPS

| WKST A LINE NO. | | COST CENTER DESCRIPTION | NONPHYSICIAN ANESTHETIST 1 | 1.01 | MED ED NRS SCHOOL COST 2 | MED ED ALLIED HEALTH COST 2.01 | MED ED ALL OTHER COSTS 2.02 | BLOOD CLOT FOR HEMOPHILIACS 2.03 |
|---|---|---|---|---|---|---|---|---|
| | | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | | OPERATING ROOM | | | | | | |
| 37 | 01 | ENDOSCOPY | | | | | | |
| 38 | | RECOVERY ROOM | | | | | | |
| 39 | | DELIVERY ROOM & LABOR ROO | | | | | | |
| 40 | | ANESTHESIOLOGY | | | | | | |
| 41 | | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 41 | 01 | RADIATION-ONCOLOGY | | | | | | |
| 44 | | LABORATORY | | | | | | |
| 48 | | INTRAVENOUS THERAPY | | | | | | |
| 49 | | RESPIRATORY THERAPY | | | | | | |
| 50 | | PHYSICAL THERAPY | | | | | | |
| 51 | | OCCUPATIONAL THERAPY | | | | | | |
| 52 | | SPEECH PATHOLOGY | | | | | | |
| 53 | | ELECTROCARDIOLOGY | | | | | | |
| 54 | | ELECTROENCEPHALOGRAPHY | | | | | | |
| 55 | | MEDICAL SUPPLIES CHARGED | | | | | | |
| 56 | | DRUGS CHARGED TO PATIENTS | | | | | | |
| 56 | 01 | ULTRA SOUND | | | | | | |
| 59 | | NUCLEAR MEDICINE | | | | | | |
| | | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | | CLINIC | | | | | | |
| 61 | | EMERGENCY | | | | | | |
| 62 | | OBSERVATION BEDS (NON-DIS | | | | | | |
| | | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | | TOTAL | | | | | | |

Health Financial Systems MCRIF32 FOR HENDRICKS REGIONAL HEALTH IN LIEU OF FORM CMS-2552-96(04/2005) CONTD

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0005 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I COMPONENT NO: 15-S005 I PREPARED 5/19/2009 I WORKSHEET D I PART IV

TITLE XVIII, PART A SUBPROVIDER 1 PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COSTS 3 | O/P PASS THRU COSTS 3.01 | TOTAL CHARGES 4 | RATIO OF COST TO CHARGES 5 | O/P RATIO OF CST TO CHARGES 5.01 | INPAT PROG CHARGE 6 | INPAT PROG PASS THRU COST 7 |
|---|---|---|---|---|---|---|---|---|
| | ANCILLARY SRVC COST CNTRS | | | | | | | |
| 37 | OPERATING ROOM | | | 23,410,775 | | | 8,614 | |
| 37 01 | ENDOSCOPY | | | 4,577,584 | | | 35 | |
| 38 | RECOVERY ROOM | | | 3,227,876 | | | 1,016 | |
| 39 | DELIVERY ROOM & LABOR ROO | | | 6,012,319 | | | | |
| 40 | ANESTHESIOLOGY | | | 5,517,515 | | | 638 | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | 51,593,882 | | | 17,219 | |
| 41 01 | RADIATION-ONCOLOGY | | | 19,388,865 | | | | |
| 44 | LABORATORY | | | 48,654,857 | | | 75,290 | |
| 48 | INTRAVENOUS THERAPY | | | 3,649,464 | | | 1,492 | |
| 49 | RESPIRATORY THERAPY | | | 6,964,477 | | | 3,493 | |
| 50 | PHYSICAL THERAPY | | | 7,842,113 | | | 269 | |
| 51 | OCCUPATIONAL THERAPY | | | 1,230,736 | | | 36,383 | |
| 52 | SPEECH PATHOLOGY | | | 144,548 | | | | |
| 53 | ELECTROCARDIOLOGY | | | 10,148,734 | | | 4,060 | |
| 54 | ELECTROENCEPHALOGRAPHY | | | 415,063 | | | 1,679 | |
| 55 | MEDICAL SUPPLIES CHARGED | | | 5,599,976 | | | 2,420 | |
| 56 | DRUGS CHARGED TO PATIENTS | | | 16,353,570 | | | 51,870 | |
| 56 01 | ULTRA SOUND | | | 5,327,078 | | | | |
| 59 | NUCLEAR MEDICINE | | | 2,527,595 | | | 8 | |
| | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 60 | CLINIC | | | 12,128,331 | | | 8 | |
| 61 | EMERGENCY | | | 15,292,509 | | | 25,558 | |
| 62 | OBSERVATION BEDS (NON-DIS | | | 2,398,818 | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | | |
| 101 | TOTAL | | | 252,406,685 | | | 230,052 | |

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

| | | 1 |
|---|---|---|
| | **INPATIENT DAYS** | |
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN) | 22,142 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS) | 22,142 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 22,142 |
| 5 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 6 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 7 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 8 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 9 | TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 9,157 |
| 10 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 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) | |
| 12 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 13 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 14 | MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | |
| 15 | TOTAL NURSERY DAYS (TITLE V OR XIX ONLY) | |
| 16 | NURSERY DAYS (TITLE V OR XIX ONLY) | |
| | **SWING-BED ADJUSTMENT** | |
| 17 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 18 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 19 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 20 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 21 | TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | 25,602,402 |
| 22 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 23 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 24 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 25 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 25,602,402 |
| | **PRIVATE ROOM DIFFERENTIAL ADJUSTMENT** | |
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 20,820,893 |
| 29 | PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | |
| 30 | SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 20,820,893 |
| 31 | GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | 1.229650 |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE | |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 940.33 |
| 34 | AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL | |
| 35 | AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL | |
| 36 | PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT | |
| 37 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL | 25,602,402 |

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

| | | 1 |
|---|---|---|
| | PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS | |
| 38 | ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM | 1,156.28 |
| 39 | PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 10,588,056 |
| 40 | MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM | |
| 41 | TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 10,588,056 |

| | | TOTAL I/P COST 1 | TOTAL I/P DAYS 2 | AVERAGE PER DIEM 3 | PROGRAM DAYS 4 | PROGRAM COST 5 |
|---|---|---|---|---|---|---|
| 42 | NURSERY (TITLE V & XIX ONLY) | | | | | |
| | INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS | | | | | |
| 43 | INTENSIVE CARE UNIT | 4,308,697 | 2,243 | 1,920.95 | 1,383 | 2,656,674 |
| 44 | CORONARY CARE UNIT | | | | | |
| 45 | BURN INTENSIVE CARE UNIT | | | | | |
| 46 | SURGICAL INTENSIVE CARE UNIT | | | | | |
| 47 | OTHER SPECIAL CARE | | | | | |

| | | 1 |
|---|---|---|
| 48 | PROGRAM INPATIENT ANCILLARY SERVICE COST | 11,870,024 |
| 49 | TOTAL PROGRAM INPATIENT COSTS | 25,114,754 |
| | PASS THROUGH COST ADJUSTMENTS | |
| 50 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES | 1,401,311 |
| 51 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES | 1,002,884 |
| 52 | TOTAL PROGRAM EXCLUDABLE COST | 2,404,195 |
| 53 | TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS | 22,710,559 |

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
55 TARGET AMOUNT PER DISCHARGE
56 TARGET AMOUNT
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58 BONUS PAYMENT
58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04 RELIEF PAYMENT
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
59.03 PROGRAM DISCHARGES AFTER JULY 1
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A HOSPITAL PPS

PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & ICF/MR ONLY

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

PART IV - COMPUTATION OF OBSERVATION BED COST

| | | |
|---|---|---|
| 83 | TOTAL OBSERVATION BED DAYS | 3,095 |
| 84 | ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 1,156.28 |
| 85 | OBSERVATION BED COST | 3,578,687 |

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

| | | COST | ROUTINE COST | COLUMN 1 DIVIDED BY COLUMN 2 | TOTAL OBSERVATION BED COST | OBSERVATION BED PASS THROUGH COST |
|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 |
| 86 | OLD CAPITAL-RELATED COST | 305,433 | 25,602,402 | .011930 | 3,578,687 | 42,694 |
| 87 | NEW CAPITAL-RELATED COST | 2,479,899 | 25,602,402 | .096862 | 3,578,687 | 346,639 |
| 88 | NON PHYSICIAN ANESTHETIST | | 25,602,402 | | 3,578,687 | |
| 89 | MEDICAL EDUCATION | | 25,602,402 | | 3,578,687 | |
| 89.01 | MEDICAL EDUCATION - ALLIED HEA | | | | | |
| 89.02 | MEDICAL EDUCATION - ALL OTHER | | | | | |

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

| | | 1 |
|---|---|---|
| | **INPATIENT DAYS** | |
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN) | 1,581 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS) | 1,581 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 1,581 |
| 5 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 6 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 7 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 8 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 9 | TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 384 |
| 10 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 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) | |
| 12 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 13 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 14 | MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | |
| 15 | TOTAL NURSERY DAYS (TITLE V OR XIX ONLY) | |
| 16 | NURSERY DAYS (TITLE V OR XIX ONLY) | |
| | **SWING-BED ADJUSTMENT** | |
| 17 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 18 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 19 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 20 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 21 | TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | 1,953,465 |
| 22 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 23 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 24 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 25 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 1,953,465 |
| | **PRIVATE ROOM DIFFERENTIAL ADJUSTMENT** | |
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 1,048,143 |
| 29 | PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | |
| 30 | SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 1,048,143 |
| 31 | GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | 1.863739 |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE | |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 662.96 |
| 34 | AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL | |
| 35 | AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL | |
| 36 | PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT | |
| 37 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL | 1,953,465 |

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

| | | 1 |
|---|---|---|
| | PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS | |
| 38 | ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM | 1,235.59 |
| 39 | PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 474,467 |
| 40 | MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM | |
| 41 | TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 474,467 |

| | | TOTAL I/P COST 1 | TOTAL I/P DAYS 2 | AVERAGE PER DIEM 3 | PROGRAM DAYS 4 | PROGRAM COST 5 |
|---|---|---|---|---|---|---|
| 42 | NURSERY (TITLE V & XIX ONLY) | | | | | |
| | INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS | | | | | |
| 43 | INTENSIVE CARE UNIT | | | | | |
| 44 | CORONARY CARE UNIT | | | | | |
| 45 | BURN INTENSIVE CARE UNIT | | | | | |
| 46 | SURGICAL INTENSIVE CARE UNIT | | | | | |
| 47 | OTHER SPECIAL CARE | | | | | |
| | | | | | | 1 |
| 48 | PROGRAM INPATIENT ANCILLARY SERVICE COST | | | | | 85,379 |
| 49 | TOTAL PROGRAM INPATIENT COSTS | | | | | 559,846 |

| | | |
|---|---|---|
| | PASS THROUGH COST ADJUSTMENTS | |
| 50 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES | 70,357 |
| 51 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES | 10,309 |
| 52 | TOTAL PROGRAM EXCLUDABLE COST | 80,666 |
| 53 | TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS | 479,180 |

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
55 TARGET AMOUNT PER DISCHARGE
56 TARGET AMOUNT
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58 BONUS PAYMENT
58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04 RELIEF PAYMENT
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
59.03 PROGRAM DISCHARGES AFTER JULY 1
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & ICF/MR ONLY

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

PART IV - COMPUTATION OF OBSERVATION BED COST

| | | |
|---|---|---|
| 83 | TOTAL OBSERVATION BED DAYS | 216 |
| 84 | ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 1,235.59 |
| 85 | OBSERVATION BED COST | 266,887 |

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

| | | COST | ROUTINE COST | COLUMN 1 DIVIDED BY COLUMN 2 | TOTAL OBSERVATION BED COST | OBSERVATION BED PASS THROUGH COST |
|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 |
| 86 | OLD CAPITAL-RELATED COST | 31,764 | 1,953,465 | .016260 | 266,887 | 4,340 |
| 87 | NEW CAPITAL-RELATED COST | 257,909 | 1,953,465 | .132026 | 266,887 | 35,236 |
| 88 | NON PHYSICIAN ANESTHETIST | | 1,953,465 | | 266,887 | |
| 89 | MEDICAL EDUCATION | | 1,953,465 | | 266,887 | |
| 89.01 | MEDICAL EDUCATION - ALLIED HEA | | | | | |
| 89.02 | MEDICAL EDUCATION - ALL OTHER | | | | | |

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

| | | 1 |
|---|---|---|
| | **INPATIENT DAYS** | |
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN) | 22,142 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS) | 22,142 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 22,142 |
| 5 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 6 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 7 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 8 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 9 | TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 1,488 |
| 10 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 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) | |
| 12 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 13 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 14 | MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | |
| 15 | TOTAL NURSERY DAYS (TITLE V OR XIX ONLY) | 2,438 |
| 16 | NURSERY DAYS (TITLE V OR XIX ONLY) | 542 |
| | **SWING-BED ADJUSTMENT** | |
| 17 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 18 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 19 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 20 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 21 | TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | 25,602,402 |
| 22 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 23 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 24 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 25 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 25,602,402 |
| | **PRIVATE ROOM DIFFERENTIAL ADJUSTMENT** | |
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 20,820,893 |
| 29 | PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | |
| 30 | SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 20,820,893 |
| 31 | GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | 1.229650 |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE | |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 940.33 |
| 34 | AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL | |
| 35 | AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL | |
| 36 | PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT | |
| 37 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL | 25,602,402 |

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

| | | 1 |
|---|---|---|
| | PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS | |
| 38 | ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM | 1,156.28 |
| 39 | PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 1,720,545 |
| 40 | MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM | |
| 41 | TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 1,720,545 |

| | | TOTAL I/P COST | TOTAL I/P DAYS | AVERAGE PER DIEM | PROGRAM DAYS | PROGRAM COST |
|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 |
| 42 | NURSERY (TITLE V & XIX ONLY) | 785,378 | 2,438 | 322.14 | 542 | 174,600 |
| | INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS | | | | | |
| 43 | INTENSIVE CARE UNIT | 4,308,697 | 2,243 | 1,920.95 | 270 | 518,657 |
| 44 | CORONARY CARE UNIT | | | | | |
| 45 | BURN INTENSIVE CARE UNIT | | | | | |
| 46 | SURGICAL INTENSIVE CARE UNIT | | | | | |
| 47 | OTHER SPECIAL CARE | | | | | |

| | | 1 |
|---|---|---|
| 48 | PROGRAM INPATIENT ANCILLARY SERVICE COST | 1,864,648 |
| 49 | TOTAL PROGRAM INPATIENT COSTS | 4,278,450 |

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
52 TOTAL PROGRAM EXCLUDABLE COST
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
55 TARGET AMOUNT PER DISCHARGE
56 TARGET AMOUNT
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58 BONUS PAYMENT
58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04 RELIEF PAYMENT
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
59.03 PROGRAM DISCHARGES AFTER JULY 1
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

| | TITLE XIX - I/P | HOSPITAL | OTHER |
|---|---|---|---|

PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & ICF/MR ONLY

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

PART IV - COMPUTATION OF OBSERVATION BED COST

| | | |
|---|---|---|
| 83 | TOTAL OBSERVATION BED DAYS | 3,095 |
| 84 | ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 1,156.28 |
| 85 | OBSERVATION BED COST | 3,578,687 |

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

| | | COST | ROUTINE COST | COLUMN 1 DIVIDED BY COLUMN 2 | TOTAL OBSERVATION BED COST | OBSERVATION BED PASS THROUGH COST |
|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 |
| 86 | OLD CAPITAL-RELATED COST | | | | | |
| 87 | NEW CAPITAL-RELATED COST | | | | | |
| 88 | NON PHYSICIAN ANESTHETIST | | | | | |
| 89 | MEDICAL EDUCATION | | | | | |
| 89.01 | MEDICAL EDUCATION - ALLIED HEA | | | | | |
| 89.02 | MEDICAL EDUCATION - ALL OTHER | | | | | |

COMPUTATION OF INPATIENT OPERATING COST

| PROVIDER NO: | PERIOD: | PREPARED 5/19/2009 |
|---|---|---|
| 15-0005 | FROM 1/ 1/2008 | WORKSHEET D-1 |
| COMPONENT NO: | TO 12/31/2008 | PART I |
| 15-S005 | | |

TITLE XIX - I/P SUBPROVIDER I OTHER

PART I - ALL PROVIDER COMPONENTS

| | | 1 |
|---|---|---|
| | **INPATIENT DAYS** | |
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN) | 1,581 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS) | 1,581 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 1,581 |
| 5 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 6 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 7 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 8 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 9 | TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 213 |
| 10 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 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) | |
| 12 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 13 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 14 | MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | |
| 15 | TOTAL NURSERY DAYS (TITLE V OR XIX ONLY) | |
| 16 | NURSERY DAYS (TITLE V OR XIX ONLY) | |
| | **SWING-BED ADJUSTMENT** | |
| 17 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 18 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 19 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 20 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 21 | TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | 1,941,674 |
| 22 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 23 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 24 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 25 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 1,941,674 |
| | **PRIVATE ROOM DIFFERENTIAL ADJUSTMENT** | |
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 1,048,143 |
| 29 | PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | |
| 30 | SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 1,048,143 |
| 31 | GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | 1.852490 |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE | |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 662.96 |
| 34 | AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL | |
| 35 | AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL | |
| 36 | PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT | |
| 37 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL | 1,941,674 |

TITLE XIX - I/P SUBPROVIDER I OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

| | | 1 |
|---|---|---|
| | PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS | |
| 38 | ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM | 1,228.13 |
| 39 | PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 261,592 |
| 40 | MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM | |
| 41 | TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 261,592 |

| | | TOTAL I/P COST 1 | TOTAL I/P DAYS 2 | AVERAGE PER DIEM 3 | PROGRAM DAYS 4 | PROGRAM COST 5 |
|---|---|---|---|---|---|---|
| 42 | NURSERY (TITLE V & XIX ONLY) | | | | | |
| | INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS | | | | | |
| 43 | INTENSIVE CARE UNIT | | | | | |
| 44 | CORONARY CARE UNIT | | | | | |
| 45 | BURN INTENSIVE CARE UNIT | | | | | |
| 46 | SURGICAL INTENSIVE CARE UNIT | | | | | |
| 47 | OTHER SPECIAL CARE | | | | | |
| | | | | | | 1 |
| 48 | PROGRAM INPATIENT ANCILLARY SERVICE COST | | | | | 42,149 |
| 49 | TOTAL PROGRAM INPATIENT COSTS | | | | | 303,741 |

PASS THROUGH COST ADJUSTMENTS

| | |
|---|---|
| 50 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES |
| 51 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES |
| 52 | TOTAL PROGRAM EXCLUDABLE COST |
| 53 | TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS |

TARGET AMOUNT AND LIMIT COMPUTATION

| | |
|---|---|
| 54 | PROGRAM DISCHARGES |
| 55 | TARGET AMOUNT PER DISCHARGE |
| 56 | TARGET AMOUNT |
| 57 | DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT |
| 58 | BONUS PAYMENT |
| 58.01 | LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET |
| 58.02 | LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET |
| 58.03 | IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO. |
| 58.04 | RELIEF PAYMENT |
| 59 | ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT |
| 59.01 | ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY) |
| 59.02 | PROGRAM DISCHARGES PRIOR TO JULY 1 |
| 59.03 | PROGRAM DISCHARGES AFTER JULY 1 |
| 59.04 | PROGRAM DISCHARGES (SEE INSTRUCTIONS) |
| 59.05 | REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY) |
| 59.06 | REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY) |
| 59.07 | REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY) |
| 59.08 | REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) |

PROGRAM INPATIENT ROUTINE SWING BED COST

| | |
|---|---|
| 60 | MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) |
| 61 | MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) |
| 62 | TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS |
| 63 | TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD |
| 64 | TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD |
| 65 | TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS |

TITLE XIX - I/P SUBPROVIDER I OTHER

PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & ICF/MR ONLY

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

PART IV - COMPUTATION OF OBSERVATION BED COST

| | | |
|---|---|---|
| 83 | TOTAL OBSERVATION BED DAYS | 216 |
| 84 | ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 1,228.13 |
| 85 | OBSERVATION BED COST | 265,276 |

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

| | | COST | ROUTINE COST | COLUMN 1 DIVIDED BY COLUMN 2 | TOTAL OBSERVATION BED COST | OBSERVATION BED PASS THROUGH COST |
|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 |
| 86 | OLD CAPITAL-RELATED COST | | | | | |
| 87 | NEW CAPITAL-RELATED COST | | | | | |
| 88 | NON PHYSICIAN ANESTHETIST | | | | | |
| 89 | MEDICAL EDUCATION | | | | | |
| 89.01 | MEDICAL EDUCATION - ALLIED HEA | | | | | |
| 89.02 | MEDICAL EDUCATION - ALL OTHER | | | | | |

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0005 I PERIOD: FROM 1/ 1/2008 TO 12/31/2008 I PREPARED 5/19/2009 I WORKSHEET D-4

I COMPONENT NO: 15-0005

TITLE XVIII, PART A HOSPITAL PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | RATIO COST TO CHARGES 1 | INPATIENT CHARGES 2 | INPATIENT COST 3 |
|---|---|---|---|---|
| | INPAT ROUTINE SRVC CNTRS | | | |
| 25 | ADULTS & PEDIATRICS | | 5,971,511 | |
| 26 | INTENSIVE CARE UNIT | | 1,364,956 | |
| 31 | SUBPROVIDER | | | |
| | ANCILLARY SRVC COST CNTRS | | | |
| 37 | OPERATING ROOM | .436561 | 5,478,602 | 2,391,744 |
| 37 01 | ENDOSCOPY | .270792 | 29,809 | 8,072 |
| 38 | RECOVERY ROOM | .420016 | 442,321 | 185,782 |
| 39 | DELIVERY ROOM & LABOR ROOM | .394488 | | |
| 40 | ANESTHESIOLOGY | .053015 | 664,973 | 35,254 |
| 41 | RADIOLOGY-DIAGNOSTIC | .212855 | 4,472,551 | 952,005 |
| 41 01 | RADIATION-ONCOLOGY | .451949 | 56,122 | 25,364 |
| 44 | LABORATORY | .181925 | 6,919,785 | 1,258,882 |
| 48 | INTRAVENOUS THERAPY | .453161 | 486,780 | 220,590 |
| 49 | RESPIRATORY THERAPY | .521230 | 1,180,220 | 615,166 |
| 50 | PHYSICAL THERAPY | .629707 | 794,150 | 500,082 |
| 51 | OCCUPATIONAL THERAPY | .532423 | 272,352 | 145,006 |
| 52 | SPEECH PATHOLOGY | 2.198128 | 11,809 | 25,958 |
| 53 | ELECTROCARDIOLOGY | .353953 | 3,800,232 | 1,345,104 |
| 54 | ELECTROENCEPHALOGRAPHY | 1.240289 | 69,085 | 85,685 |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | .357588 | 2,082,491 | 744,674 |
| 56 | DRUGS CHARGED TO PATIENTS | .462517 | 4,956,831 | 2,292,619 |
| 56 01 | ULTRA SOUND | .130080 | 310,896 | 40,441 |
| 59 | NUCLEAR MEDICINE | .251152 | 216,214 | 54,303 |
| | OUTPAT SERVICE COST CNTRS | | | |
| 60 | CLINIC | .471478 | 7,104 | 3,349 |
| 61 | EMERGENCY | .523040 | 1,418,951 | 742,168 |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | 1.603112 | 123,370 | 197,776 |
| | OTHER REIMBURS COST CNTRS | | | |
| 101 | TOTAL | | 33,794,648 | 11,870,024 |
| 102 | LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES | | | |
| 103 | NET CHARGES | | 33,794,648 | |

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0005 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/19/2009 I WORKSHEET D-4

TITLE XVIII, PART A SUBPROVIDER 1 PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | RATIO COST TO CHARGES 1 | INPATIENT CHARGES 2 | INPATIENT COST 3 |
|---|---|---|---|---|
| | INPAT ROUTINE SRVC CNTRS | | | |
| 25 | ADULTS & PEDIATRICS | | | |
| 26 | INTENSIVE CARE UNIT | | | |
| 31 | SUBPROVIDER | | 296,398 | |
| | ANCILLARY SRVC COST CNTRS | | | |
| 37 | OPERATING ROOM | .436561 | 8,614 | 3,761 |
| 37 01 | ENDOSCOPY | .270792 | 35 | 9 |
| 38 | RECOVERY ROOM | .420016 | 1,016 | 427 |
| 39 | DELIVERY ROOM & LABOR ROOM | .394488 | | |
| 40 | ANESTHESIOLOGY | .053015 | 638 | 34 |
| 41 | RADIOLOGY-DIAGNOSTIC | .212855 | 17,219 | 3,665 |
| 41 01 | RADIATION-ONCOLOGY | .451949 | | |
| 44 | LABORATORY | .181925 | 75,290 | 13,697 |
| 48 | INTRAVENOUS THERAPY | .453161 | 1,492 | 676 |
| 49 | RESPIRATORY THERAPY | .521230 | 3,493 | 1,821 |
| 50 | PHYSICAL THERAPY | .629707 | 269 | 169 |
| 51 | OCCUPATIONAL THERAPY | .532423 | 36,383 | 19,371 |
| 52 | SPEECH PATHOLOGY | 2.198128 | | |
| 53 | ELECTROCARDIOLOGY | .353953 | 4,060 | 1,437 |
| 54 | ELECTROENCEPHALOGRAPHY | 1.240289 | 1,679 | 2,082 |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | .357588 | 2,420 | 865 |
| 56 | DRUGS CHARGED TO PATIENTS | .462517 | 51,870 | 23,991 |
| 56 01 | ULTRA SOUND | .130080 | | |
| 59 | NUCLEAR MEDICINE | .251152 | 8 | 2 |
| | OUTPAT SERVICE COST CNTRS | | | |
| 60 | CLINIC | .471478 | 8 | 4 |
| 61 | EMERGENCY | .523040 | 25,558 | 13,368 |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | 1.603112 | | |
| | OTHER REIMBURS COST CNTRS | | | |
| 101 | TOTAL | | 230,052 | 85,379 |
| 102 | LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES | | | |
| 103 | NET CHARGES | | 230,052 | |

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0005 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/19/2009 I WORKSHEET D-4

I COMPONENT NO: 15-0005

TITLE XIX HOSPITAL OTHER

| WKST A LINE NO. | | COST CENTER DESCRIPTION | RATIO COST TO CHARGES 1 | INPATIENT CHARGES 2 | INPATIENT COST 3 |
|---|---|---|---|---|---|
| | | INPAT ROUTINE SRVC CNTRS | | | |
| 25 | | ADULTS & PEDIATRICS | | 1,853,301 | |
| 26 | | INTENSIVE CARE UNIT | | 211,562 | |
| 31 | | SUBPROVIDER | | | |
| | | ANCILLARY SRVC COST CNTRS | | | |
| 37 | | OPERATING ROOM | .436561 | 299,029 | 130,544 |
| 37 | 01 | ENDOSCOPY | .270792 | 13,761 | 3,726 |
| 38 | | RECOVERY ROOM | .420016 | 68,073 | 28,592 |
| 39 | | DELIVERY ROOM & LABOR ROOM | .394488 | 2,098,687 | 827,907 |
| 40 | | ANESTHESIOLOGY | .053015 | 84,565 | 4,483 |
| 41 | | RADIOLOGY-DIAGNOSTIC | .212855 | 289,951 | 61,718 |
| 41 | 01 | RADIATION-ONCOLOGY | .451949 | | |
| 44 | | LABORATORY | .181925 | 626,472 | 113,971 |
| 48 | | INTRAVENOUS THERAPY | .453161 | 105,841 | 47,963 |
| 49 | | RESPIRATORY THERAPY | .520923 | 220,299 | 114,759 |
| 50 | | PHYSICAL THERAPY | .628469 | 27,532 | 17,303 |
| 51 | | OCCUPATIONAL THERAPY | .532423 | 1,411 | 751 |
| 52 | | SPEECH PATHOLOGY | 2.198128 | 945 | 2,077 |
| 53 | | ELECTROCARDIOLOGY | .353323 | 65,563 | 23,165 |
| 54 | | ELECTROENCEPHALOGRAPHY | 1.240289 | 2,647 | 3,283 |
| 55 | | MEDICAL SUPPLIES CHARGED TO PATIENTS | .357588 | 422,520 | 151,088 |
| 56 | | DRUGS CHARGED TO PATIENTS | .462517 | 567,311 | 262,391 |
| 56 | 01 | ULTRA SOUND | .130080 | 53,456 | 6,954 |
| 59 | | NUCLEAR MEDICINE | .251152 | 14,340 | 3,602 |
| | | OUTPAT SERVICE COST CNTRS | | | |
| 60 | | CLINIC | .471478 | 213 | 100 |
| 61 | | EMERGENCY | .521284 | 115,621 | 60,271 |
| 62 | | OBSERVATION BEDS (NON-DISTINCT PART) | 1.603112 | | |
| | | OTHER REIMBURS COST CNTRS | | | |
| 101 | | TOTAL | | 5,078,237 | 1,864,648 |
| 102 | | LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES | | | |
| 103 | | NET CHARGES | | 5,078,237 | |

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0005 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/19/2009 I WORKSHEET D-4

I COMPONENT NO: 15-S005

TITLE XIX SUBPROVIDER 1 OTHER

| WKST A LINE NO. | | COST CENTER DESCRIPTION | RATIO COST TO CHARGES 1 | INPATIENT CHARGES 2 | INPATIENT COST 3 |
|---|---|---|---|---|---|
| | | INPAT ROUTINE SRVC CNTRS | | | |
| 25 | | ADULTS & PEDIATRICS | | | |
| 26 | | INTENSIVE CARE UNIT | | | |
| 31 | | SUBPROVIDER | | 162,650 | |
| | | ANCILLARY SRVC COST CNTRS | | | |
| 37 | | OPERATING ROOM | .436561 | | |
| 37 | 01 | ENDOSCOPY | .270792 | | |
| 38 | | RECOVERY ROOM | .420016 | | |
| 39 | | DELIVERY ROOM & LABOR ROOM | .394488 | | |
| 40 | | ANESTHESIOLOGY | .053015 | | |
| 41 | | RADIOLOGY-DIAGNOSTIC | .212855 | 6,187 | 1,317 |
| 41 | 01 | RADIATION-ONCOLOGY | .451949 | | |
| 44 | | LABORATORY | .181925 | 46,066 | 8,381 |
| 48 | | INTRAVENOUS THERAPY | .453161 | | |
| 49 | | RESPIRATORY THERAPY | .520923 | 1,792 | 933 |
| 50 | | PHYSICAL THERAPY | .628469 | 388 | 244 |
| 51 | | OCCUPATIONAL THERAPY | .532423 | 22,977 | 12,233 |
| 52 | | SPEECH PATHOLOGY | 2.198128 | | |
| 53 | | ELECTROCARDIOLOGY | .353323 | 715 | 253 |
| 54 | | ELECTROENCEPHALOGRAPHY | 1.240289 | 404 | 501 |
| 55 | | MEDICAL SUPPLIES CHARGED TO PATIENTS | .357588 | 27 | 10 |
| 56 | | DRUGS CHARGED TO PATIENTS | .462517 | 22,582 | 10,445 |
| 56 | 01 | ULTRA SOUND | .130080 | | |
| 59 | | NUCLEAR MEDICINE | .251152 | | |
| | | OUTPAT SERVICE COST CNTRS | | | |
| 60 | | CLINIC | .471478 | | |
| 61 | | EMERGENCY | .521284 | 15,024 | 7,832 |
| 62 | | OBSERVATION BEDS (NON-DISTINCT PART) | 1.603112 | | |
| | | OTHER REIMBURS COST CNTRS | | | |
| 101 | | TOTAL | | 116,162 | 42,149 |
| 102 | | LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES | | | |
| 103 | | NET CHARGES | | 116,162 | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

| PROVIDER NO: | PERIOD: | PREPARED 5/19/2009 |
|---|---|---|
| 15-0005 | FROM 1/ 1/2008 | WORKSHEET E |
| COMPONENT NO: | TO 12/31/2008 | PART A |
| 15-0005 | | |

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

| | DESCRIPTION | HOSPITAL 1 | 1.01 |
|---|---|---|---|
| | DRG AMOUNT | | |
| 1 | OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1 | | |
| 1.01 | OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1 | 14,283,380 | |
| 1.02 | OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 | | |
| | MANAGED CARE PATIENTS | | |
| 1.03 | PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST | | |
| 1.04 | PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1 | | |
| 1.05 | PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1 | | |
| 1.06 | ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR) | | |
| 1.07 | PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001. | | |
| 1.08 | SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001. | | |
| 2 | OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97 | | |
| 2.01 | OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS) | 629,146 | |
| 3 | BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD | 116.54 | |
| | INDIRECT MEDICAL EDUCATION ADJUSTMENT | | |
| 3.01 | NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I | | |
| 3.02 | INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS) | | |
| 3.03 | INDIRECT MEDICAL EDUCATION ADJUSTMENT | | |
| 3.04 | FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996. | | |
| 3.05 | FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) | | |
| 3.06 | ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) | | |
| | | FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06 | |
| 3.07 | SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS) | | |
| 3.08 | FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS | | |
| 3.09 | FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1,ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1. | | |
| 3.10 | FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1 | | |
| 3.11 | FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09 | | |
| 3.12 | FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10 | | |
| 3.13 | FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS. | | |
| 3.14 | CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS) | | |
| 3.15 | TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE | | |
| 3.16 | TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE | | |
| 3.17 | SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS). | | |
| 3.18 | CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3) | | |
| 3.19 | PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS) | | |
| 3.20 | FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST) | | |
| 3.21 | IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1 | | |
| 3.22 | IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS) | | |
| 3.23 | IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1 | | |
| | | SUM OF LINES 3.21 - 3.23 PLUS E-3, PT VI, LINE 23 | |
| 3.24 | SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS). | | |
| | DISPROPORTIONATE SHARE ADJUSTMENT | | |
| 4 | PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS) | | |
| 4.01 | PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I | | |
| 4.02 | SUM OF LINES 4 AND 4.01 | | |
| 4.03 | ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC) | | |
| 4.04 | DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS) | | |
| | ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES | | |
| 5 | TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS) | | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

| PROVIDER NO: | PERIOD: | PREPARED 5/19/2009 |
|---|---|---|
| 15-0005 | FROM 1/ 1/2008 | WORKSHEET E |
| COMPONENT NO: | TO 12/31/2008 | PART A |
| 15-0005 | | |

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

| | DESCRIPTION | HOSPITAL 1 | 1.01 |
|---|---|---|---|
| 5.01 | TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS) | | |
| 5.02 | DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT) | | |
| 5.03 | TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS) | | |
| 5.04 | RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK | | |
| 5.05 | AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC) | | |
| 5.06 | TOTAL ADDITIONAL PAYMENT | | |
| 6 | SUBTOTAL (SEE INSTRUCTIONS) | 14,912,526 | |
| 7 | HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS) | | |
| 7.01 | HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000) | | |
| 8 | TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS) | 14,912,526 | |
| 9 | PAYMENT FOR INPATIENT PROGRAM CAPITAL | 1,377,758 | |
| 10 | EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS) | | |
| 11 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS) | | |
| 11.01 | NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT | | |
| 11.02 | SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES | | |
| 12 | NET ORGAN ACQUISITION COST | | |
| 13 | COST OF TEACHING PHYSICIANS | | |
| 14 | ROUTINE SERVICE OTHER PASS THROUGH COSTS | | |
| 15 | ANCILLARY SERVICE OTHER PASS THROUGH COSTS | | |
| 16 | TOTAL | 16,290,284 | |
| 17 | PRIMARY PAYER PAYMENTS | 33,624 | |
| 18 | TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES | 16,256,660 | |
| 19 | DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES | 1,640,284 | |
| 20 | COINSURANCE BILLED TO PROGRAM BENEFICIARIES | 46,592 | |
| 21 | REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 232,309 | |
| 21.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 162,616 | |
| 21.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | 161,627 | |
| 22 | SUBTOTAL | 14,732,400 | |
| 23 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | | |
| 24 | OTHER ADJUSTMENTS (SPECIFY) | | |
| 24.98 | CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES | | |
| 24.99 | OUTLIER RECONCILIATION ADJUSTMENT | | |
| 25 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | |
| 26 | AMOUNT DUE PROVIDER | 14,732,400 | |
| 27 | SEQUESTRATION ADJUSTMENT | | |
| 28 | INTERIM PAYMENTS | 14,704,518 | |
| 28.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | | |
| 29 | BALANCE DUE PROVIDER (PROGRAM) | 27,882 | |
| 30 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2. | | |

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| | |
|---|---|
| 50 | OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01 |
| 51 | CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01 |
| 52 | OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS) |
| 53 | CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS) |
| 54 | THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY |
| 55 | TIME VALUE OF MONEY (SEE INSTRUCTIONS) |
| 56 | CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS) |

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | | HOSPITAL |
|---|---|---|
| 1 | MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) | 1,749 |
| 1.01 | MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS). | 14,205,185 |
| 1.02 | PPS PAYMENTS RECEIVED INCLUDING OUTLIERS. | 9,809,232 |
| 1.03 | ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO. | |
| 1.04 | LINE 1.01 TIMES LINE 1.03. | |
| 1.05 | LINE 1.02 DIVIDED BY LINE 1.04. | |
| 1.06 | TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS) | |
| 1.07 | ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9,02) LINE 101. | |
| 2 | INTERNS AND RESIDENTS | |
| 3 | ORGAN ACQUISITIONS | |
| 4 | COST OF TEACHING PHYSICIANS | |
| 5 | TOTAL COST (SEE INSTRUCTIONS) | 1,749 |
| | COMPUTATION OF LESSER OF COST OR CHARGES | |
| | REASONABLE CHARGES | |
| 6 | ANCILLARY SERVICE CHARGES | 4,096 |
| 7 | INTERNS AND RESIDENTS SERVICE CHARGES | |
| 8 | ORGAN ACQUISITION CHARGES | |
| 9 | CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS. | |
| 10 | TOTAL REASONABLE CHARGES | 4,096 |
| | CUSTOMARY CHARGES | |
| 11 | AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | |
| 12 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e). | |
| 13 | RATIO OF LINE 11 TO LINE 12 | |
| 14 | TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) | 4,096 |
| 15 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | 2,347 |
| 16 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | |
| 17 | LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC) | 1,749 |
| 17.01 | TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07) | 9,809,232 |
| | COMPUTATION OF REIMBURSEMENT SETTLEMENT | |
| 18 | DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS) | 292 |
| 18.01 | DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS) | 2,710,218 |
| 19 | SUBTOTAL (SEE INSTRUCTIONS) | 7,100,471 |
| 20 | SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.) | |
| 21 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | |
| 22 | ESRD DIRECT MEDICAL EDUCATION COSTS | |
| 23 | SUBTOTAL | 7,100,471 |
| 24 | PRIMARY PAYER PAYMENTS | 6,585 |
| 25 | SUBTOTAL | 7,093,886 |
| | REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | |
| 26 | COMPOSITE RATE ESRD | |
| 27 | BAD DEBTS (SEE INSTRUCTIONS) | 270,474 |
| 27.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 189,332 |
| 27.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | 168,298 |
| 28 | SUBTOTAL | 7,283,218 |
| 29 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION. | |
| 30 | OTHER ADJUSTMENTS (SPECIFY) | |
| 30.99 | OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT) | 100 |
| 31 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS. | |
| 32 | SUBTOTAL | 7,283,118 |
| 33 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 34 | INTERIM PAYMENTS | 7,236,735 |
| 34.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | |
| 35 | BALANCE DUE PROVIDER/PROGRAM | 46,383 |
| 36 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2 | |

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 15-0005 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/19/2009
COMPONENT NO: 15-0005 | WORKSHEET E-1

TITLE XVIII HOSPITAL

| | DESCRIPTION | | INPATIENT-PART A MM/DD/YYYY 1 | AMOUNT 2 | PART B MM/DD/YYYY 3 | AMOUNT 4 |
|---|---|---|---|---|---|---|
| 1 | TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | | 14,571,155 | | 7,093,696 |
| 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 |
| 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. (1) | | | | | |
| | ADJUSTMENTS TO PROVIDER | .01 | 12/11/2008 | 3,000 | 12/11/2008 | 1,177 |
| | ADJUSTMENTS TO PROVIDER | .02 | 12/11/2008 | 796 | | |
| | ADJUSTMENTS TO PROVIDER | .03 | 1/14/2008 | 174,150 | 1/14/2008 | 159,410 |
| | ADJUSTMENTS TO PROVIDER | .04 | | | | |
| | ADJUSTMENTS TO PROVIDER | .05 | | | | |
| | ADJUSTMENTS TO PROGRAM | .50 | 8/14/2008 | 44,583 | 8/14/2008 | 17,548 |
| | ADJUSTMENTS TO PROGRAM | .51 | | | | |
| | ADJUSTMENTS TO PROGRAM | .52 | | | | |
| | ADJUSTMENTS TO PROGRAM | .53 | | | | |
| | ADJUSTMENTS TO PROGRAM | .54 | | | | |
| | SUBTOTAL | .99 | | 133,363 | | 143,039 |
| 4 | TOTAL INTERIM PAYMENTS | | | 14,704,518 | | 7,236,735 |
| | TO BE COMPLETED BY INTERMEDIARY | | | | | |
| 5 | LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | | | |
| | TENTATIVE TO PROVIDER | .01 | | | | |
| | TENTATIVE TO PROVIDER | .02 | | | | |
| | TENTATIVE TO PROVIDER | .03 | | | | |
| | TENTATIVE TO PROGRAM | .50 | | | | |
| | TENTATIVE TO PROGRAM | .51 | | | | |
| | TENTATIVE TO PROGRAM | .52 | | | | |
| | SUBTOTAL | .99 | | NONE | | NONE |
| 6 | DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1) — SETTLEMENT TO PROVIDER | .01 | | 27,882 | | 46,383 |
| | SETTLEMENT TO PROGRAM | .02 | | | | |
| 7 | TOTAL MEDICARE PROGRAM LIABILITY | | | 14,732,400 | | 7,283,118 |

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

| PROVIDER NO: | PERIOD: | PREPARED 5/19/2009 |
|---|---|---|
| 15-0005 | FROM 1/ 1/2008 | WORKSHEET E-1 |
| COMPONENT NO: | TO 12/31/2008 | |
| 15-S005 | | |

TITLE XVIII SUBPROVIDER 1

| | DESCRIPTION | | INPATIENT-PART A MM/DD/YYYY 1 | AMOUNT 2 | PART B MM/DD/YYYY 3 | AMOUNT 4 |
|---|---|---|---|---|---|---|
| 1 | TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | | 250,304 | | |
| 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 |
| 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. (1) | | | | | |
| | | ADJUSTMENTS TO PROVIDER .01 | | | | |
| | | ADJUSTMENTS TO PROVIDER .02 | | | | |
| | | ADJUSTMENTS TO PROVIDER .03 | | | | |
| | | ADJUSTMENTS TO PROVIDER .04 | | | | |
| | | ADJUSTMENTS TO PROVIDER .05 | | | | |
| | | ADJUSTMENTS TO PROGRAM .50 | | | | |
| | | ADJUSTMENTS TO PROGRAM .51 | | | | |
| | | ADJUSTMENTS TO PROGRAM .52 | | | | |
| | | ADJUSTMENTS TO PROGRAM .53 | | | | |
| | | ADJUSTMENTS TO PROGRAM .54 | | | | |
| | SUBTOTAL | .99 | | NONE | | NONE |
| 4 | TOTAL INTERIM PAYMENTS | | | 250,304 | | |
| | TO BE COMPLETED BY INTERMEDIARY | | | | | |
| 5 | LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | | | |
| | | TENTATIVE TO PROVIDER .01 | | | | |
| | | TENTATIVE TO PROVIDER .02 | | | | |
| | | TENTATIVE TO PROVIDER .03 | | | | |
| | | TENTATIVE TO PROGRAM .50 | | | | |
| | | TENTATIVE TO PROGRAM .51 | | | | |
| | | TENTATIVE TO PROGRAM .52 | | | | |
| | SUBTOTAL | .99 | | NONE | | NONE |
| 6 | DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1) | SETTLEMENT TO PROVIDER .01 | | 1 | | |
| | | SETTLEMENT TO PROGRAM .02 | | | | |
| 7 | TOTAL MEDICARE PROGRAM LIABILITY | | | 250,305 | | |

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

| | | |
|---|---|---|
| 1 | INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS) | |
| 1.01 | HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS) | |
| 1.02 | ENTER FROM THE PS&R, THE IRF PPS PAYMENT | |
| 1.03 | MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.) | |
| 1.04 | INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS) | |
| 1.05 | OUTLIER PAYMENTS | |
| 1.06 | TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42) | |
| 1.07 | NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUNCTIONS) | |
| | INPATIENT PSYCHIATRIC FACILITY (IPF) | |
| 1.08 | NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS) | 275,657 |
| 1.09 | NET IPF PPS OUTLIER PAYMENTS | 44,714 |
| 1.10 | NET IPF PPS ECT PAYMENTS | |
| 1.11 | UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS) | |
| 1.12 | NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS) | |
| 1.13 | CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) | |
| 1.14 | CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) | |
| 1.15 | INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 1.16 | AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) | 3.729508 |
| 1.17 | MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.15/1.16)) RAISED TO THE POWER OF .5150 - 1}. | |
| 1.18 | MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17). | |
| 1.19 | ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18) | 320,371 |
| 1.20 | STOP LOSS PAYMENT FLOOR (LINE 1 x 70%) | |
| 1.21 | ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE) | |
| 1.22 | STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-) | |
| 1.23 | TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22) | 320,371 |
| | INPATIENT REHABILITATION FACILITY (IRF) | |
| 1.35 | UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.) | |
| 1.36 | NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS) | |
| 1.37 | CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) | |
| 1.38 | CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) | |
| 1.39 | INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 1.40 | AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) | |
| 1.41 | MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.39/1.40)) RAISED TO THE POWER OF .9012 - 1}. | |
| 1.42 | MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41). | |
| 2 | ORGAN ACQUISITION | |
| 3 | COST OF TEACHING PHYSICIANS | |
| 4 | SUBTOTAL (SEE INSTRUCTIONS) | 320,371 |
| 5 | PRIMARY PAYER PAYMENTS | 466 |
| 6 | SUBTOTAL | 319,905 |
| 7 | DEDUCTIBLES | 65,504 |
| 8 | SUBTOTAL | 254,401 |
| 9 | COINSURANCE | 4,096 |
| 10 | SUBTOTAL | 250,305 |
| 11 | REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS) | |
| 11.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | |
| 11.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | |
| 12 | SUBTOTAL | 250,305 |
| 13 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | |
| 13.01 | OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS) | |
| 14 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | |
| 15 | OTHER ADJUSTMENTS (SPECIFY) | |

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

| | | |
|---|---|---|
| 15.99 | OUTLIER RECONCILIATION ADJUSTMENT | |
| 16 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | |
| 17 | TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS) | 250,305 |
| 18 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 19 | INTERIM PAYMENTS | 250,304 |
| 19.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | |
| 20 | BALANCE DUE PROVIDER/PROGRAM | 1 |
| 21 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2. | |

----- FI ONLY ----------

| | |
|---|---|
| 50 | ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3,I LN 1.05 (IRF) OR 1.09 (IPF). |
| 51 | ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS) |
| 52 | ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS). |
| 53 | ENTER THE TIME VALUE OF MONEY. |

CALCULATION OF REIMBURSEMENT SETTLEMENT

| PROVIDER NO: | PERIOD: | PREPARED 5/19/2009 |
|---|---|---|
| 15-0005 | FROM 1/ 1/2008 | WORKSHEET E-3 |
| COMPONENT NO: | TO 12/31/2008 | PART III |
| - | | |

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

| | TITLE XIX HOSPITAL | OTHER TITLE V OR TITLE XIX 1 | TITLE XVIII SNF PPS 2 |
|---|---|---|---|
| | COMPUTATION OF NET COST OF COVERED SERVICE | | |
| 1 | INPATIENT HOSPITAL/SNF/NF SERVICES | 4,278,450 | |
| 2 | MEDICAL AND OTHER SERVICES | | |
| 3 | INTERNS AND RESIDENTS (SEE INSTRUCTIONS) | | |
| 4 | ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY) | | |
| 5 | COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS) | | |
| 6 | SUBTOTAL | 4,278,450 | |
| 7 | INPATIENT PRIMARY PAYER PAYMENTS | 110,426 | |
| 8 | OUTPATIENT PRIMARY PAYER PAYMENTS | | |
| 9 | SUBTOTAL | 4,168,024 | |
| | COMPUTATION OF LESSER OF COST OR CHARGES | | |
| | REASONABLE CHARGES | | |
| 10 | ROUTINE SERVICE CHARGES | 2,064,864 | |
| 11 | ANCILLARY SERVICE CHARGES | 5,078,237 | |
| 12 | INTERNS AND RESIDENTS SERVICE CHARGES | | |
| 13 | ORGAN ACQUISITION CHARGES, NET OF REVENUE | | |
| 14 | TEACHING PHYSICIANS | | |
| 15 | INCENTIVE FROM TARGET AMOUNT COMPUTATION | | |
| 16 | TOTAL REASONABLE CHARGES | 7,143,101 | |
| | CUSTOMARY CHARGES | | |
| 17 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | | |
| 18 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e) | | |
| 19 | RATIO OF LINE 17 TO LINE 18 | | |
| 20 | TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) | 7,143,101 | |
| 21 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | 2,975,077 | |
| 22 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | |
| 23 | COST OF COVERED SERVICES | 4,168,024 | |
| | PROSPECTIVE PAYMENT AMOUNT | | |
| 24 | OTHER THAN OUTLIER PAYMENTS | | |
| 25 | OUTLIER PAYMENTS | | |
| 26 | PROGRAM CAPITAL PAYMENTS | | |
| 27 | CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS) | | |
| 28 | ROUTINE SERVICE OTHER PASS THROUGH COSTS | | |
| 29 | ANCILLARY SERVICE OTHER PASS THROUGH COSTS | | |
| 30 | SUBTOTAL | 4,168,024 | |
| 31 | CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY) | | |
| 32 | TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30 | 4,168,024 | |
| 33 | DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT) | | |
| | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | |
| 34 | EXCESS OF REASONABLE COST | | |
| 35 | SUBTOTAL | 4,168,024 | |
| 36 | COINSURANCE | | |
| 37 | SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19 | | |
| 38 | REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | | |
| 38.01 | ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS) | | |
| 38.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | | |
| 38.03 | ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS) | | |
| 39 | UTILIZATION REVIEW | | |
| 40 | SUBTOTAL (SEE INSTRUCTIONS) | 4,168,024 | |
| 41 | INPATIENT ROUTINE SERVICE COST | | |
| 42 | MEDICARE INPATIENT ROUTINE CHARGES | | |
| 43 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | | |
| 44 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES | | |
| 45 | RATIO OF LINE 43 TO 44 | | |
| 46 | TOTAL CUSTOMARY CHARGES | | |
| 47 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | | |
| 48 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | |
| 49 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | | |
| 50 | OTHER ADJUSTMENTS (SPECIFY) | | |
| 51 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | |
| 52 | SUBTOTAL | 4,168,024 | |
| 53 | INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY) | | |
| 54 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | | |
| 55 | TOTAL AMOUNT PAYABLE TO THE PROVIDER | 4,168,024 | |
| 56 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | | |
| 57 | INTERIM PAYMENTS | 1,629,793 | |
| 57.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

| PROVIDER NO: | PERIOD: | PREPARED 5/19/2009 |
|---|---|---|
| 15-0005 | FROM 1/ 1/2008 | WORKSHEET E-3 |
| COMPONENT NO: | TO 12/31/2008 | PART III |
| - | | |

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

| | TITLE XIX | HOSPITAL | OTHER TITLE V OR TITLE XIX 1 | TITLE XVIII SNF PPS 2 |
|---|---|---|---|---|
| 58 | BALANCE DUE PROVIDER/PROGRAM | | 2,538,231 | |
| 59 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2. | | | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

| PROVIDER NO: | PERIOD: | PREPARED 5/19/2009 |
|---|---|---|
| 15-0005 | FROM 1/ 1/2008 | WORKSHEET E-3 |
| COMPONENT NO: | TO 12/31/2008 | PART III |
| 15-S005 | | |

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

| | TITLE XIX SUBPROVIDER 1 | OTHER TITLE V OR TITLE XIX 1 | TITLE XVIII SNF PPS 2 |
|---|---|---|---|
| | COMPUTATION OF NET COST OF COVERED SERVICE | | |
| 1 | INPATIENT HOSPITAL/SNF/NF SERVICES | 303,741 | |
| 2 | MEDICAL AND OTHER SERVICES | | |
| 3 | INTERNS AND RESIDENTS (SEE INSTRUCTIONS) | | |
| 4 | ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY) | | |
| 5 | COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS) | | |
| 6 | SUBTOTAL | 303,741 | |
| 7 | INPATIENT PRIMARY PAYER PAYMENTS | | |
| 8 | OUTPATIENT PRIMARY PAYER PAYMENTS | | |
| 9 | SUBTOTAL | 303,741 | |
| | COMPUTATION OF LESSER OF COST OR CHARGES | | |
| | REASONABLE CHARGES | | |
| 10 | ROUTINE SERVICE CHARGES | 162,870 | |
| 11 | ANCILLARY SERVICE CHARGES | 116,162 | |
| 12 | INTERNS AND RESIDENTS SERVICE CHARGES | | |
| 13 | ORGAN ACQUISITION CHARGES, NET OF REVENUE | | |
| 14 | TEACHING PHYSICIANS | | |
| 15 | INCENTIVE FROM TARGET AMOUNT COMPUTATION | | |
| 16 | TOTAL REASONABLE CHARGES | 279,032 | |
| | CUSTOMARY CHARGES | | |
| 17 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | | |
| 18 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e) | | |
| 19 | RATIO OF LINE 17 TO LINE 18 | | |
| 20 | TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) | 279,032 | |
| 21 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | | |
| 22 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | 24,709 | |
| 23 | COST OF COVERED SERVICES | 303,741 | |
| | PROSPECTIVE PAYMENT AMOUNT | | |
| 24 | OTHER THAN OUTLIER PAYMENTS | | |
| 25 | OUTLIER PAYMENTS | | |
| 26 | PROGRAM CAPITAL PAYMENTS | | |
| 27 | CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS) | | |
| 28 | ROUTINE SERVICE OTHER PASS THROUGH COSTS | | |
| 29 | ANCILLARY SERVICE OTHER PASS THROUGH COSTS | | |
| 30 | SUBTOTAL | 303,741 | |
| 31 | CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY) | | |
| 32 | TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30 | 303,741 | |
| 33 | DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT) | | |
| | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | |
| 34 | EXCESS OF REASONABLE COST | 24,709 | |
| 35 | SUBTOTAL | 279,032 | |
| 36 | COINSURANCE | | |
| 37 | SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19 | | |
| 38 | REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | | |
| 38.01 | ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS) | | |
| 38.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | | |
| 38.03 | ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS) | | |
| 39 | UTILIZATION REVIEW | | |
| 40 | SUBTOTAL (SEE INSTRUCTIONS) | 279,032 | |
| 41 | INPATIENT ROUTINE SERVICE COST | | |
| 42 | MEDICARE INPATIENT ROUTINE CHARGES | | |
| 43 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | | |
| 44 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES | | |
| 45 | RATIO OF LINE 43 TO 44 | | |
| 46 | TOTAL CUSTOMARY CHARGES | | |
| 47 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | | |
| 48 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | |
| 49 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | | |
| 50 | OTHER ADJUSTMENTS (SPECIFY) | | |
| 51 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | |
| 52 | SUBTOTAL | 279,032 | |
| 53 | INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY) | | |
| 54 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | | |
| 55 | TOTAL AMOUNT PAYABLE TO THE PROVIDER | 279,032 | |
| 56 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | | |
| 57 | INTERIM PAYMENTS | 100,715 | |
| 57.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

| PROVIDER NO: | PERIOD: | PREPARED 5/19/2009 |
|---|---|---|
| 15-0005 | FROM 1/ 1/2008 | WORKSHEET E-3 |
| COMPONENT NO: | TO 12/31/2008 | PART III |
| 15-S005 | | |

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

| | | TITLE XIX SUBPROVIDER 1 | OTHER TITLE V OR TITLE XIX 1 | TITLE XVIII SNF PPS 2 |
|---|---|---|---|---|
| 58 | BALANCE DUE PROVIDER/PROGRAM | | 178,317 | |
| 59 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2. | | | |

| | ASSETS | GENERAL FUND 1 | SPECIFIC PURPOSE FUND 2 | ENDOWMENT FUND 3 | PLANT FUND 4 |
|---|---|---|---|---|---|
| | CURRENT ASSETS | | | | |
| 1 | CASH ON HAND AND IN BANKS | 4,799,840 | | | |
| 2 | TEMPORARY INVESTMENTS | 497,003 | | | |
| 3 | NOTES RECEIVABLE | | | | |
| 4 | ACCOUNTS RECEIVABLE | 23,561,132 | | | |
| 5 | OTHER RECEIVABLES | | | | |
| 6 | LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE | | | | |
| 7 | INVENTORY | 798,799 | | | |
| 8 | PREPAID EXPENSES | | | | |
| 9 | OTHER CURRENT ASSETS | 2,660,556 | | | |
| 10 | DUE FROM OTHER FUNDS | | | | |
| 11 | TOTAL CURRENT ASSETS | 32,317,330 | | | |
| | FIXED ASSETS | | | | |
| 12 | LAND | | | | |
| 12.01 | | | | | |
| 13 | LAND IMPROVEMENTS | | | | |
| 13.01 | LESS ACCUMULATED DEPRECIATION | | | | |
| 14 | BUILDINGS | 255,989,967 | | | |
| 14.01 | LESS ACCUMULATED DEPRECIATION | -91,650,978 | | | |
| 15 | LEASEHOLD IMPROVEMENTS | | | | |
| 15.01 | LESS ACCUMULATED DEPRECIATION | | | | |
| 16 | FIXED EQUIPMENT | | | | |
| 16.01 | LESS ACCUMULATED DEPRECIATION | | | | |
| 17 | AUTOMOBILES AND TRUCKS | | | | |
| 17.01 | LESS ACCUMULATED DEPRECIATION | | | | |
| 18 | MAJOR MOVABLE EQUIPMENT | | | | |
| 18.01 | LESS ACCUMULATED DEPRECIATION | | | | |
| 19 | MINOR EQUIPMENT DEPRECIABLE | | | | |
| 19.01 | LESS ACCUMULATED DEPRECIATION | | | | |
| 20 | MINOR EQUIPMENT-NONDEPRECIABLE | | | | |
| 21 | TOTAL FIXED ASSETS | 164,338,989 | | | |
| | OTHER ASSETS | | | | |
| 22 | INVESTMENTS | | | | |
| 23 | DEPOSITS ON LEASES | | | | |
| 24 | DUE FROM OWNERS/OFFICERS | | | | |
| 25 | OTHER ASSETS | 42,137,078 | | | |
| 26 | TOTAL OTHER ASSETS | 42,137,078 | | | |
| 27 | TOTAL ASSETS | 238,793,397 | | | |

| | LIABILITIES AND FUND BALANCE | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 |
| | CURRENT LIABILITIES | | | | |
| 28 | ACCOUNTS PAYABLE | 3,975,556 | | | |
| 29 | SALARIES, WAGES & FEES PAYABLE | 8,059,575 | | | |
| 30 | PAYROLL TAXES PAYABLE | | | | |
| 31 | NOTES AND LOANS PAYABLE (SHORT TERM) | 1,350,000 | | | |
| 32 | DEFERRED INCOME | | | | |
| 33 | ACCELERATED PAYMENTS | | | | |
| 34 | DUE TO OTHER FUNDS | | | | |
| 35 | OTHER CURRENT LIABILITIES | 4,314,726 | | | |
| 36 | TOTAL CURRENT LIABILITIES | 17,699,857 | | | |
| | LONG TERM LIABILITIES | | | | |
| 37 | MORTGAGE PAYABLE | | | | |
| 38 | NOTES PAYABLE | 51,537,964 | | | |
| 39 | UNSECURED LOANS | | | | |
| 40.01 | LOANS PRIOR TO 7/1/66 | | | | |
| 40.02 | ON OR AFTER 7/1/66 | | | | |
| 41 | OTHER LONG TERM LIABILITIES | 857,573 | | | |
| 42 | TOTAL LONG-TERM LIABILITIES | 52,395,537 | | | |
| 43 | TOTAL LIABILITIES | 70,095,394 | | | |
| | CAPITAL ACCOUNTS | | | | |
| 44 | GENERAL FUND BALANCE | 168,698,003 | | | |
| 45 | SPECIFIC PURPOSE FUND | | | | |
| 46 | DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED | | | | |
| 47 | DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT | | | | |
| 48 | GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE | | | | |
| 49 | PLANT FUND BALANCE-INVESTED IN PLANT | | | | |
| 50 | PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION | | | | |
| 51 | TOTAL FUND BALANCES | 168,698,003 | | | |
| 52 | TOTAL LIABILITIES AND FUND BALANCES | 238,793,397 | | | |

STATEMENT OF CHANGES IN FUND BALANCES

PROVIDER NO: 15-0005 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/19/2009 | WORKSHEET G-1

| | | GENERAL FUND 1 | 2 | SPECIFIC PURPOSE FUND 3 | 4 |
|---|---|---|---|---|---|
| 1 | FUND BALANCE AT BEGINNING OF PERIOD | | 161,626,478 | | |
| 2 | NET INCOME (LOSS) | | 7,071,525 | | |
| 3 | TOTAL | | 168,698,003 | | |
| | ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY) | | | | |
| 4 | ADDITIONS (CREDIT ADJUSTM | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | TOTAL ADDITIONS | | | | |
| 11 | SUBTOTAL | | 168,698,003 | | |
| | DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY) | | | | |
| 12 | DEDUCTIONS (DEBIT ADJUSTM | | | | |
| 13 | | | | | |
| 14 | | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | TOTAL DEDUCTIONS | | | | |
| 19 | FUND BALANCE AT END OF PERIOD PER BALANCE SHEET | | 168,698,003 | | |

| | | ENDOWMENT FUND 5 | 6 | PLANT FUND 7 | 8 |
|---|---|---|---|---|---|
| 1 | FUND BALANCE AT BEGINNING OF PERIOD | | | | |
| 2 | NET INCOME (LOSS) | | | | |
| 3 | TOTAL | | | | |
| | ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY) | | | | |
| 4 | ADDITIONS (CREDIT ADJUSTM | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | TOTAL ADDITIONS | | | | |
| 11 | SUBTOTAL | | | | |
| | DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY) | | | | |
| 12 | DEDUCTIONS (DEBIT ADJUSTM | | | | |
| 13 | | | | | |
| 14 | | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | TOTAL DEDUCTIONS | | | | |
| 19 | FUND BALANCE AT END OF PERIOD PER BALANCE SHEET | | | | |

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 15-0005 PERIOD: FROM 1/ 1/2008 TO 12/31/2008 PREPARED 5/19/2009 WORKSHEET G-2 PARTS I & II

PART I - PATIENT REVENUES

| | | REVENUE CENTER | INPATIENT 1 | OUTPATIENT 2 | TOTAL 3 |
|---|---|---|---|---|---|
| | | GENERAL INPATIENT ROUTINE CARE SERVICES | | | |
| 1 | 00 | HOSPITAL | 17,877,689 | | 17,877,689 |
| 2 | 00 | SUBPROVIDER | 1,213,330 | | 1,213,330 |
| 4 | 00 | SWING BED - SNF | | | |
| 5 | 00 | SWING BED - NF | | | |
| 9 | 00 | TOTAL GENERAL INPATIENT ROUTINE CARE | 19,091,019 | | 19,091,019 |
| | | INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS | | | |
| 10 | 00 | INTENSIVE CARE UNIT | 5,005,672 | | 5,005,672 |
| 15 | 00 | TOTAL INTENSIVE CARE TYPE INPAT HOSP | 5,005,672 | | 5,005,672 |
| 16 | 00 | TOTAL INPATIENT ROUTINE CARE SERVICE | 24,096,691 | | 24,096,691 |
| 17 | 00 | ANCILLARY SERVICES | 67,828,136 | | 67,828,136 |
| 18 | 00 | OUTPATIENT SERVICES | | 211,771,289 | 211,771,289 |
| 24 | 00 | | | | |
| 25 | 00 | TOTAL PATIENT REVENUES | 91,924,827 | 211,771,289 | 303,696,116 |

PART II-OPERATING EXPENSES

| | | | | |
|---|---|---|---|---|
| 26 | 00 | OPERATING EXPENSES | | 156,234,350 |
| | | ADD (SPECIFY) | | |
| 27 | 00 | | | |
| 28 | 00 | | | |
| 29 | 00 | | | |
| 30 | 00 | | | |
| 31 | 00 | | | |
| 32 | 00 | | | |
| 33 | 00 | TOTAL ADDITIONS | | |
| | | DEDUCT (SPECIFY) | | |
| 34 | 00 | FOUNDATION | 215,357 | |
| 35 | 00 | | | |
| 36 | 00 | | | |
| 37 | 00 | | | |
| 38 | 00 | | | |
| 39 | 00 | TOTAL DEDUCTIONS | | 215,357 |
| 40 | 00 | TOTAL OPERATING EXPENSES | | 156,018,993 |

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0005 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/19/2009 | WORKSHEET G-3

| | DESCRIPTION | |
|---|---|---|
| 1 | TOTAL PATIENT REVENUES | 303,696,116 |
| 2 | LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS | 140,857,704 |
| 3 | NET PATIENT REVENUES | 162,838,412 |
| 4 | LESS: TOTAL OPERATING EXPENSES | 156,018,993 |
| 5 | NET INCOME FROM SERVICE TO PATIENTS | 6,819,419 |
| | OTHER INCOME | |
| 6 | CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC. | |
| 7 | INCOME FROM INVESTMENTS | |
| 8 | REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE | |
| 9 | REVENUE FROM TELEVISION AND RADIO SERVICE | |
| 10 | PURCHASE DISCOUNTS | |
| 11 | REBATES AND REFUNDS OF EXPENSES | |
| 12 | PARKING LOT RECEIPTS | |
| 13 | REVENUE FROM LAUNDRY AND LINEN SERVICE | |
| 14 | REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS | |
| 15 | REVENUE FROM RENTAL OF LIVING QUARTERS | |
| 16 | REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS | |
| 17 | REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS | |
| 18 | REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS | |
| 19 | TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC) | |
| 20 | REVENUE FROM GIFTS,FLOWER, COFFEE SHOP & CANTEEN | |
| 21 | RENTAL OF VENDING MACHINES | |
| 22 | RENTAL OF HOSPITAL SPACE | |
| 23 | GOVERNMENTAL APPROPRIATIONS | |
| 24 | OTHER REVENUE | 3,599,555 |
| 25 | TOTAL OTHER INCOME | 3,599,555 |
| 26 | TOTAL | 10,418,974 |
| | OTHER EXPENSES | |
| 27 | INVESTMENT LOSS | 3,347,449 |
| 28 | | |
| 29 | | |
| 30 | TOTAL OTHER EXPENSES | 3,347,449 |
| 31 | NET INCOME (OR LOSS) FOR THE PERIOD | 7,071,525 |

CALCULATION OF CAPITAL PAYMENT

| | | |
|---|---|---|
| PROVIDER NO: 15-0005 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/19/2009 |
| COMPONENT NO: 15-0005 | | WORKSHEET L PARTS I-IV |

TITLE XVIII, PART A HOSPITAL FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

| | | |
|---|---|---|
| 1 | CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS CAPITAL FEDERAL AMOUNT | |
| 2 | CAPITAL DRG OTHER THAN OUTLIER | 1,208,580 |
| 3 | CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997 | |
| 3 .01 | CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT | 145,248 |
| 4 | TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD | 58.17 |
| 4 .01 | NUMBER OF INTERNS AND RESIDENTS (SEE INSTRUCTIONS) | .00 |
| 4 .02 | INDIRECT MEDICAL EDUCATION PERCENTAGE | .00 |
| 4 .03 | INDIRECT MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 5 | PERCENTAGE OF SSI RECEIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS | .00 |
| 5 .01 | PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON S-3, PART I | 9.69 |
| 5 .02 | SUM OF 5 AND 5.01 | 9.69 |
| 5 .03 | ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE | 1.98 |
| 5 .04 | DISPROPORTIONATE SHARE ADJUSTMENT | 23,930 |
| 6 | TOTAL PROSPECTIVE CAPITAL PAYMENTS | 1,377,758 |
| PART II - HOLD HARMLESS METHOD | | |
| 1 | NEW CAPITAL | |
| 2 | OLD CAPITAL | |
| 3 | TOTAL CAPITAL | |
| 4 | RATIO OF NEW CAPITAL TO OLD CAPITAL | .000000 |
| 5 | TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE | |
| 6 | REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT | |
| 7 | REDUCED OLD CAPITAL AMOUNT | |
| 8 | HOLD HARMLESS PAYMENT FOR NEW CAPITAL | |
| 9 | SUBTOTAL | |
| 10 | PAYMENT UNDER HOLD HARMLESS | |
| PART III - PAYMENT UNDER REASONABLE COST | | |
| 1 | PROGRAM INPATIENT ROUTINE CAPITAL COST | |
| 2 | PROGRAM INPATIENT ANCILLARY CAPITAL COST | |
| 3 | TOTAL INPATIENT PROGRAM CAPITAL COST | |
| 4 | CAPITAL COST PAYMENT FACTOR | |
| 5 | TOTAL INPATIENT PROGRAM CAPITAL COST | |
| PART IV - COMPUTATION OF EXCEPTION PAYMENTS | | |
| 1 | PROGRAM INPATIENT CAPITAL COSTS | |
| 2 | PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES | |
| 3 | NET PROGRAM INPATIENT CAPITAL COSTS | |
| 4 | APPLICABLE EXCEPTION PERCENTAGE | .00 |
| 5 | CAPITAL COST FOR COMPARISON TO PAYMENTS | |
| 6 | PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES | .00 |
| 7 | ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES | |
| 8 | CAPITAL MINIMUM PAYMENT LEVEL | |
| 9 | CURRENT YEAR CAPITAL PAYMENTS | |
| 10 | CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS | |
| 11 | CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT | |
| 12 | NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS | |
| 13 | CURRENT YEAR EXCEPTION PAYMENT | |
| 14 | CARRYOVER OF ACCUMULATED CAPITAL MINUMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD | |
| 15 | CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT | |
| 16 | CURRENT YEAR OPERATING AND CAPITAL COSTS | |
| 17 | CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS) | |