# PUTNAM COUNTY HOSPITAL

GREENCASTLE, IN

**PROVIDER NUMBER**

15-1333 and 15-Z333

HOSPITAL STATEMENT OF REIMBURSABLE COST

YEAR ENDED DECEMBER 31, 2008

CPAS / ADVISORS

blue

IN LIEU OF FORM CMS-2552-96(04/2005)
PREPARED 5/28/2009 14:16
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: 15-1333 | 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: 5/28/2009 TIME 14:16

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:
PUTNAM COUNTY HOSPITAL 15-1333
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: 5/28/2009 TIME 14:16
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LA6HVuJgWYfULeWLU8cQfDZErmvROO
7bBJKOorLezEpiWrjOTbF.8QGPxLio
HXxFOlgp4xOjKvL5
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PI ENCRYPTION INFORMATION
DATE: 5/28/2009 TIME 14:16
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BZuF2DA6vAjtp6QoSYGfGc..oL2:OO
2pXOnOrBlSVitypTUw.UeMcG6ytso1
1.8p3zfZseORalyb
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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 | -102,920 | 259,810 | 280,977 |
| 3 | SWING BED - SNF | 0 | -5,788 | 0 | 0 |
| 100 | TOTAL | 0 | -108,708 | 259,810 | 280,977 |

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.

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WORKSHEET S
PARTS I & II

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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.

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 | -102,920 | 259,810 | 280,977 |
| 3 | SWING BED - SNF | 0 | -5,788 | 0 | 0 |
| 100 | TOTAL | 0 | -108,708 | 259,810 | 280,977 |

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

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HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO: 15-1333 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/28/2009 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
1 STREET: 1542 SOUTH BLOOMINGTON P.O. BOX:
1.01 CITY: GREENCASTLE STATE: IN ZIP CODE: 46135- COUNTY: PUTNAM

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 | PUTNAM COUNTY HOSPITAL | 15-1333 | | 12/31/2005 | N | O | O |
| 04.00 SWING BED - SNF | PUTNAM COUNTY HOSPITAL | 15-Z333 | | 12/31/2005 | N | O | N |

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

18 TYPE OF CONTROL 1 2
9

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
20 SUBPROVIDER

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. 2 Y

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 2

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 2

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?

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. Y 12/31/2005

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)

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

| | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| 28.01 | 0 | 0.0000 | 0.0000 | |
| 28.02 | 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% | |
| 28.07 | | 0.00% | |
| 28.08 | | 0.00% | |
| 28.09 | | 0.00% | |
| 28.10 | | 0.00% | |
| 28.11 | | 0.00% | |
| 28.12 | | 0.00% | |
| 28.13 | | 0.00% | |
| 28.14 | | 0.00% | |
| 28.15 | | 0.00% | |
| 28.16 | | 0.00% | |
| 28.17 | | 0.00% | |
| 28.18 | | 0.00% | |
| 28.19 | | 0.00% | |
| 28.20 | | 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) Y

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

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

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). N

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 N

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). N

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

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

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)?

| | V | XVIII | XIX |
|---|---|---|---|
| PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL | 1 | 2 | 3 |

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N 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? N
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? Y
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
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 1 | PART B 2 | OUTPATIENT ASC 3 | OUTPATIENT RADIOLOGY 4 | OUTPATIENT DIAGNOSTIC 5 |
|---|---|---|---|---|---|
| 47.00 HOSPITAL | 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: 562,669
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. Y
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).
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) 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) 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: 15-1333 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/28/2009 | WORKSHEET S-3 PART I

| | COMPONENT | NO. OF BEDS 1 | BED DAYS AVAILABLE 2 | CAH HOURS 2.01 | I/P DAYS TITLE V 3 | I/P DAYS TITLE XVIII 4 | O/P VISITS NOT LTCH N/A 4.01 | TRIPS TOTAL TITLE XIX 5 |
|---|---|---|---|---|---|---|---|---|
| 1 | ADULTS & PEDIATRICS | 20 | 7,320 | 175,680.00 | | 1,484 | | 250 |
| 2 | HMO | | | | | | | |
| 2 01 | HMO - (IRF PPS SUBPROVIDER) | | | | | | | |
| 3 | ADULTS & PED-SB SNF | | | | | 172 | | |
| 4 | ADULTS & PED-SB NF | | | | | | | |
| 5 | TOTAL ADULTS AND PEDS | 20 | 7,320 | 175,680.00 | | 1,656 | | 250 |
| 6 | INTENSIVE CARE UNIT | 5 | 1,830 | 43,920.00 | | 456 | | |
| 11 | NURSERY | | | | | | | |
| 12 | TOTAL | 25 | 9,150 | 219,600.00 | | 2,112 | | 250 |
| 13 | RPCH VISITS | | | | | | | |
| 25 | TOTAL | 25 | | | | | | |
| 26 | OBSERVATION BED DAYS | | | | | | | 127 |
| 27 | AMBULANCE TRIPS | | | | | | | |
| 28 | EMPLOYEE DISCOUNT DAYS | | | | | | | |
| 28 01 | EMP DISCOUNT DAYS -IRF | | | | | | | |

| | COMPONENT | I/P DAYS TITLE XIX ADMITTED 5.01 | I/P DAYS OBSERVATION BEDS NOT ADMITTED 5.02 | O/P VISITS TOTAL ALL PATS 6 | TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01 | TRIPS TOTAL OBSERVATION BEDS NOT ADMITTED 6.02 | INTERNS & RES. FTES TOTAL 7 | INTERNS & RES. FTES LESS I&R REPL NON-PHYS ANES 8 |
|---|---|---|---|---|---|---|---|---|
| 1 | ADULTS & PEDIATRICS | | | 2,774 | | | | |
| 2 | HMO | | | | | | | |
| 2 01 | HMO - (IRF PPS SUBPROVIDER) | | | | | | | |
| 3 | ADULTS & PED-SB SNF | | | 172 | | | | |
| 4 | ADULTS & PED-SB NF | | | 129 | | | | |
| 5 | TOTAL ADULTS AND PEDS | | | 3,075 | | | | |
| 6 | INTENSIVE CARE UNIT | | | 765 | | | | |
| 11 | NURSERY | | | 356 | | | | |
| 12 | TOTAL | | | 4,196 | | | | |
| 13 | RPCH VISITS | | | | | | | |
| 25 | TOTAL | | | | | | | |
| 26 | OBSERVATION BED DAYS | 26 | 101 | 846 | 217 | 629 | | |
| 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 | FULL TIME EQUIV NONPAID WORKERS 11 | DISCHARGES TITLE V 12 | DISCHARGES TITLE XVIII 13 | DISCHARGES TITLE XIX 14 | DISCHARGES TOTAL ALL PATIENTS 15 |
|---|---|---|---|---|---|---|---|---|
| 1 | ADULTS & PEDIATRICS | | | | | 550 | 98 | 1,173 |
| 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 | | 323.00 | | | 550 | 98 | 1,173 |
| 13 | RPCH VISITS | | | | | | | |
| 25 | TOTAL | | 323.00 | | | | | |
| 26 | OBSERVATION BED DAYS | | | | | | | |
| 27 | AMBULANCE TRIPS | | | | | | | |
| 28 | EMPLOYEE DISCOUNT DAYS | | | | | | | |
| 28 01 | EMP DISCOUNT DAYS -IRF | | | | | | | |

Health Financial Systems MCRIF32 FOR PUTNAM COUNTY HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1996)

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-1333 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 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 | | | | | |
| 3 | 0300 | NEW CAP REL COSTS-BLDG & FIXT | | 2,523,749 | 2,523,749 | 422,444 | 2,946,193 |
| 5 | 0500 | EMPLOYEE BENEFITS | | 3,999,657 | 3,999,657 | 53,510 | 4,053,167 |
| 6 | 0600 | ADMINISTRATIVE & GENERAL | 1,588,539 | 2,248,400 | 3,836,939 | -236,375 | 3,600,564 |
| 8 | 0800 | OPERATION OF PLANT | 224,479 | 1,026,399 | 1,250,878 | 9,113 | 1,259,991 |
| 9 | 0900 | LAUNDRY & LINEN SERVICE | 67,197 | 50,544 | 117,741 | | 117,741 |
| 10 | 1000 | HOUSEKEEPING | 470,862 | 73,651 | 544,513 | | 544,513 |
| 11 | 1100 | DIETARY | 370,696 | 273,221 | 643,917 | -491,824 | 152,093 |
| 12 | 1200 | CAFETERIA | | | | 491,824 | 491,824 |
| 14 | 1400 | NURSING ADMINISTRATION | 587,421 | 10,389 | 597,810 | | 597,810 |
| 17 | 1700 | MEDICAL RECORDS & LIBRARY | 522,094 | 101,900 | 623,994 | | 623,994 |
| 18 | 1800 | SOCIAL SERVICE | 31,733 | 1,485 | 33,218 | | 33,218 |
| 18.01 | 1950 | UTILIZATION REVIEW | 115,635 | 4,922 | 120,557 | | 120,557 |
| | | INPAT ROUTINE SRVC CNTRS | | | | | |
| 25 | 2500 | ADULTS & PEDIATRICS | 1,216,497 | 191,361 | 1,407,858 | -35,719 | 1,372,139 |
| 26 | 2600 | INTENSIVE CARE UNIT | 681,984 | 129,263 | 811,247 | -8,968 | 802,279 |
| 33 | 3300 | NURSERY | 122,621 | 1,426 | 124,047 | | 124,047 |
| | | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | 3700 | OPERATING ROOM | 533,964 | 924,233 | 1,458,197 | -574,221 | 883,976 |
| 38 | 3800 | RECOVERY ROOM | 153,657 | 20,505 | 174,162 | -19,001 | 155,161 |
| 39 | 3900 | DELIVERY ROOM & LABOR ROOM | 82,211 | 3,786 | 85,997 | -364 | 85,633 |
| 40 | 4000 | ANESTHESIOLOGY | 498,198 | 363,702 | 861,900 | -50,881 | 811,019 |
| 41 | 4100 | RADIOLOGY-DIAGNOSTIC | 655,656 | 306,837 | 962,493 | -18,948 | 943,545 |
| 41.01 | 3450 | NUCLEAR MEDICINE-DIAGNOSTIC | | 165,347 | 165,347 | -11 | 165,336 |
| 41.02 | 3230 | CAT SCAN | 144,882 | 331,307 | 476,189 | -3,400 | 472,789 |
| 44 | 4400 | LABORATORY | 777,053 | 1,292,069 | 2,069,122 | -159,205 | 1,909,917 |
| 48 | 4800 | INTRAVENOUS THERAPY | | | | | |
| 49 | 4900 | RESPIRATORY THERAPY | 297,052 | 108,136 | 405,188 | -3,726 | 401,462 |
| 50 | 5000 | PHYSICAL THERAPY | 389,577 | 64,473 | 454,050 | -27,130 | 426,920 |
| 51 | 5100 | OCCUPATIONAL THERAPY | 125,291 | 6,482 | 131,773 | -3,309 | 128,464 |
| 52 | 5200 | SPEECH PATHOLOGY | | 25,722 | 25,722 | | 25,722 |
| 53 | 5300 | ELECTROCARDIOLOGY | 34,431 | 88,184 | 122,615 | -33 | 122,582 |
| 53.01 | 3650 | CARDIAC REHAB | 59,739 | 9,757 | 69,496 | -241 | 69,255 |
| 55 | 5500 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 10,982 | 33,737 | 44,719 | 1,210,006 | 1,254,725 |
| 56 | 5600 | DRUGS CHARGED TO PATIENTS | 191,410 | 458,602 | 650,012 | 2,475,236 | 3,125,248 |
| 56.01 | 3480 | ONCOLOGY | 277,003 | 2,501,591 | 2,778,594 | -2,479,684 | 298,910 |
| | | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | 6000 | CLINIC | 37,078 | 742 | 37,820 | | 37,820 |
| 61 | 6100 | EMERGENCY | 794,279 | 1,323,713 | 2,117,992 | -45,518 | 2,072,474 |
| 62 | 6200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | |
| | | SPEC PURPOSE COST CENTERS | | | | | |
| 88 | 8800 | INTEREST EXPENSE | | | | | |
| 89 | 8900 | UTILIZATION REVIEW-SNF | | | | | |
| 95 | | SUBTOTALS | 11,062,221 | 18,665,292 | 29,727,513 | 503,575 | 30,231,088 |
| | | NONREIMBURS COST CENTERS | | | | | |
| 96 | 9600 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | | | |
| 98 | 9800 | PHYSICIANS' PRIVATE OFFICES | 3,068,666 | 1,278,890 | 4,347,556 | -503,562 | 3,843,994 |
| 99 | 9900 | NONPAID WORKERS | | | | | |
| 99.01 | 9901 | DME | 81,658 | 104,318 | 185,976 | -13 | 185,963 |
| 99.02 | 9902 | LACTATION CONSULTING | | | | | |
| 99.03 | 9903 | DIABETIC COUNSELING | | | | | |
| 100 | 7950 | VACANT SPACE | | | | | |
| 101 | | TOTAL | 14,212,545 | 20,048,500 | 34,261,045 | -0- | 34,261,045 |

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I 15-1333 I
I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I
I PREPARED 5/28/2009 I WORKSHEET A I

| | COST CENTER | COST CENTER DESCRIPTION | ADJUSTMENTS | NET EXPENSES FOR ALLOC |
|---|---|---|---|---|
| | | | 6 | 7 |
| | | GENERAL SERVICE COST CNTR | | |
| 3 | 0300 | NEW CAP REL COSTS-BLDG & FIXT | -209,331 | 2,736,862 |
| 5 | 0500 | EMPLOYEE BENEFITS | -132 | 4,053,035 |
| 6 | 0600 | ADMINISTRATIVE & GENERAL | -239,906 | 3,360,658 |
| 8 | 0800 | OPERATION OF PLANT | -1,796 | 1,258,195 |
| 9 | 0900 | LAUNDRY & LINEN SERVICE | | 117,741 |
| 10 | 1000 | HOUSEKEEPING | | 544,513 |
| 11 | 1100 | DIETARY | -12,322 | 139,771 |
| 12 | 1200 | CAFETERIA | -81,944 | 409,880 |
| 14 | 1400 | NURSING ADMINISTRATION | | 597,810 |
| 17 | 1700 | MEDICAL RECORDS & LIBRARY | -10,226 | 613,768 |
| 18 | 1800 | SOCIAL SERVICE | | 33,218 |
| 18.01 | 1950 | UTILIZATION REVIEW | | 120,557 |
| | | INPAT ROUTINE SRVC CNTRS | | |
| 25 | 2500 | ADULTS & PEDIATRICS | | 1,372,139 |
| 26 | 2600 | INTENSIVE CARE UNIT | | 802,279 |
| 33 | 3300 | NURSERY | -600 | 123,447 |
| | | ANCILLARY SRVC COST CNTRS | | |
| 37 | 3700 | OPERATING ROOM | | 883,976 |
| 38 | 3800 | RECOVERY ROOM | | 155,161 |
| 39 | 3900 | DELIVERY ROOM & LABOR ROOM | | 85,633 |
| 40 | 4000 | ANESTHESIOLOGY | -811,019 | |
| 41 | 4100 | RADIOLOGY-DIAGNOSTIC | -12,108 | 931,437 |
| 41.01 | 3450 | NUCLEAR MEDICINE-DIAGNOSTIC | -1,588 | 163,748 |
| 41.02 | 3230 | CAT SCAN | | 472,789 |
| 44 | 4400 | LABORATORY | | 1,909,917 |
| 48 | 4800 | INTRAVENOUS THERAPY | | |
| 49 | 4900 | RESPIRATORY THERAPY | -574 | 400,888 |
| 50 | 5000 | PHYSICAL THERAPY | -27,587 | 399,333 |
| 51 | 5100 | OCCUPATIONAL THERAPY | | 128,464 |
| 52 | 5200 | SPEECH PATHOLOGY | | 25,722 |
| 53 | 5300 | ELECTROCARDIOLOGY | | 122,582 |
| 53.01 | 3650 | CARDIAC REHAB | | 69,255 |
| 55 | 5500 | MEDICAL SUPPLIES CHARGED TO PATIENTS | -16,948 | 1,237,777 |
| 56 | 5600 | DRUGS CHARGED TO PATIENTS | -70,553 | 3,054,695 |
| 56.01 | 3480 | ONCOLOGY | -810 | 298,100 |
| | | OUTPAT SERVICE COST CNTRS | | |
| 60 | 6000 | CLINIC | -30,420 | 7,400 |
| 61 | 6100 | EMERGENCY | -990,604 | 1,081,870 |
| 62 | 6200 | OBSERVATION BEDS (NON-DISTINCT PART) | | |
| | | SPEC PURPOSE COST CENTERS | | |
| 88 | 8800 | INTEREST EXPENSE | | -0- |
| 89 | 8900 | UTILIZATION REVIEW-SNF | | -0- |
| 95 | | SUBTOTALS | -2,518,468 | 27,712,620 |
| | | NONREIMBURS COST CENTERS | | |
| 96 | 9600 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | | |
| 98 | 9800 | PHYSICIANS' PRIVATE OFFICES | | 3,843,994 |
| 99 | 9900 | NONPAID WORKERS | | |
| 99.01 | 9901 | DME | | 185,963 |
| 99.02 | 9902 | LACTATION CONSULTING | | |
| 99.03 | 9903 | DIABETIC COUNSELING | | |
| 100 | 7950 | VACANT SPACE | | |
| 101 | | TOTAL | -2,518,468 | 31,742,577 |

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I 15-1333 I
I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I
I PREPARED 5/28/2009 I NOT A CMS WORKSHEET I

| LINE NO. | COST CENTER DESCRIPTION | CMS CODE | STANDARD LABEL FOR NON-STANDARD CODES |
|---|---|---|---|
| | GENERAL SERVICE COST | | |
| 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 | |
| 17 | MEDICAL RECORDS & LIBRARY | 1700 | |
| 18 | SOCIAL SERVICE | 1800 | |
| 18.01 | UTILIZATION REVIEW | 1950 | OTHER GENERAL SERVICE COST CENTERS |
| | INPAT ROUTINE SRVC C | | |
| 25 | ADULTS & PEDIATRICS | 2500 | |
| 26 | INTENSIVE CARE UNIT | 2600 | |
| 33 | NURSERY | 3300 | |
| | ANCILLARY SRVC COST | | |
| 37 | OPERATING ROOM | 3700 | |
| 38 | RECOVERY ROOM | 3800 | |
| 39 | DELIVERY ROOM & LABOR ROOM | 3900 | |
| 40 | ANESTHESIOLOGY | 4000 | |
| 41 | RADIOLOGY-DIAGNOSTIC | 4100 | |
| 41.01 | NUCLEAR MEDICINE-DIAGNOSTIC | 3450 | NUCLEAR MEDICINE-DIAGNOSTIC |
| 41.02 | CAT SCAN | 3230 | CAT SCAN |
| 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 | |
| 53.01 | CARDIAC REHAB | 3650 | VASCULAR LAB |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 5500 | |
| 56 | DRUGS CHARGED TO PATIENTS | 5600 | |
| 56.01 | ONCOLOGY | 3480 | ONCOLOGY |
| | OUTPAT SERVICE COST | | |
| 60 | CLINIC | 6000 | |
| 61 | EMERGENCY | 6100 | |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | 6200 | |
| | SPEC PURPOSE COST CE | | |
| 88 | INTEREST EXPENSE | 8800 | |
| 89 | UTILIZATION REVIEW-SNF | 8900 | |
| 95 | SUBTOTALS | | OLD CAP REL COSTS-BLDG & FIXT |
| | NONREIMBURS COST CEN | | |
| 96 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 9600 | |
| 98 | PHYSICIANS' PRIVATE OFFICES | 9800 | |
| 99 | NONPAID WORKERS | 9900 | |
| 99.01 | DME | 9901 | NONPAID WORKERS |
| 99.02 | LACTATION CONSULTING | 9902 | NONPAID WORKERS |
| 99.03 | DIABETIC COUNSELING | 9903 | NONPAID WORKERS |
| 100 | VACANT SPACE | 7950 | OTHER NONREIMBURSABLE COST CENTERS |
| 101 | TOTAL | | OLD CAP REL COSTS-BLDG & FIXT |

RECLASSIFICATIONS

| PROVIDER NO: | PERIOD: | PREPARED 5/28/2009 |
|---|---|---|
| 151333 | FROM 1/ 1/2008 | WORKSHEET A-6 |
| | TO 12/31/2008 | |

| | EXPLANATION OF RECLASSIFICATION | CODE (1) 1 | COST CENTER 2 | INCREASE LINE NO 3 | SALARY 4 | OTHER 5 |
|---|---|---|---|---|---|---|
| 1 | CAFE RECLASS | A | CAFETERIA | 12 | 283,138 | 208,686 |
| 2 | EMPLOYEE PROMOTIONS | B | EMPLOYEE BENEFITS | 5 | | 32,861 |
| 3 | INSURANCE RECLASS | C | NEW CAP REL COSTS-BLDG & FIXT | 3 | | 80,168 |
| 4 | | | EMPLOYEE BENEFITS | 5 | | 20,649 |
| 5 | DRUGS | D | DRUGS CHARGED TO PATIENTS | 56 | | 2,475,236 |
| 6 | PPO DEPRECIATION | E | NEW CAP REL COSTS-BLDG & FIXT | 3 | | 119,781 |
| 7 | MED SUPPLIES | F | MEDICAL SUPPLIES CHARGED TO PATIENTS | 55 | | 955,123 |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
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| 20 | | | | | | |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | PHYISICIAN PRACTICE | G | ADMINISTRATIVE & GENERAL | 6 | 150,486 | |
| 25 | ANESTHIOLOGY | H | OPERATING ROOM | 37 | | 25,802 |
| 26 | | | ANESTHESIOLOGY | 40 | | 498,198 |
| 27 | MATERIALS MANAGEMENT | I | MEDICAL SUPPLIES CHARGED TO PATIENTS | 55 | 115,527 | 139,356 |
| 28 | CLINIC RECLASS | J | ADMINISTRATIVE & GENERAL | 6 | | 1,700 |
| 29 | | | | | | |
| 30 | | | OPERATION OF PLANT | 8 | | 9,113 |
| 31 | | | NEW CAP REL COSTS-BLDG & FIXT | 3 | | 222,495 |
| 36 | TOTAL RECLASSIFICATIONS | | | | 549,151 | 4,789,168 |

(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 | LINE NO 7 | DECREASE SALARY 8 | DECREASE OTHER 9 | A-7 REF 10 |
|---|---|---|---|---|---|---|---|
| 1 | CAFE RECLASS | A | DIETARY | 11 | 283,138 | 208,686 | |
| 2 | EMPLOYEE PROMOTIONS | B | ADMINISTRATIVE & GENERAL | 6 | | 32,861 | |
| 3 | INSURANCE RECLASS | C | ADMINISTRATIVE & GENERAL | 6 | | 100,817 | 12 |
| 4 | | | | | | | |
| 5 | DRUGS | D | ONCOLOGY | 56.01 | | 2,475,236 | |
| 6 | PPO DEPRECIATION | E | PHYSICIANS' PRIVATE OFFICES | 98 | | 119,781 | 9 |
| 7 | MED SUPPLIES | F | ADULTS & PEDIATRICS | 25 | | 35,719 | |
| 8 | | | INTENSIVE CARE UNIT | 26 | | 8,968 | |
| 9 | | | OPERATING ROOM | 37 | | 600,023 | |
| 10 | | | RECOVERY ROOM | 38 | | 19,001 | |
| 11 | | | DELIVERY ROOM & LABOR ROOM | 39 | | 364 | |
| 12 | | | RADIOLOGY-DIAGNOSTIC | 41 | | 18,948 | |
| 13 | | | NUCLEAR MEDICINE-DIAGNOSTIC | 41.01 | | 11 | |
| 14 | | | CAT SCAN | 41.02 | | 3,400 | |
| 15 | | | LABORATORY | 44 | | 159,205 | |
| 16 | | | RESPIRATORY THERAPY | 49 | | 3,726 | |
| 17 | | | PHYSICAL THERAPY | 50 | | 27,130 | |
| 18 | | | OCCUPATIONAL THERAPY | 51 | | 3,309 | |
| 19 | | | ELECTROCARDIOLOGY | 53 | | 33 | |
| 20 | | | CARDIAC REHAB | 53.01 | | 241 | |
| 21 | | | ONCOLOGY | 56.01 | | 4,448 | |
| 22 | | | EMERGENCY | 61 | | 45,518 | |
| 23 | | | ANESTHESIOLOGY | 40 | | 25,079 | |
| 24 | PHYISICIAN PRACTICE | G | PHYSICIANS' PRIVATE OFFICES | 98 | 150,486 | | |
| 25 | ANESTHIOLOGY | H | ANESTHESIOLOGY | 40 | | 25,802 | |
| 26 | | | ANESTHESIOLOGY | 40 | 498,198 | | |
| 27 | MATERIALS MANAGEMENT | I | ADMINISTRATIVE & GENERAL | 6 | 115,527 | 139,356 | |
| 28 | CLINIC RECLASS | J | PHYSICIANS' PRIVATE OFFICES | 98 | | 1,687 | |
| 29 | | | DME | 99.01 | | 13 | |
| 30 | | | PHYSICIANS' PRIVATE OFFICES | 98 | | 9,113 | |
| 31 | | | PHYSICIANS' PRIVATE OFFICES | 98 | | 222,495 | 9 |
| 36 | TOTAL RECLASSIFICATIONS | | | | 1,047,349 | 4,290,970 | |

(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 : CAFE RECLASS

| INCREASE | | | | DECREASE | | |
|---|---|---|---|---|---|---|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT |
| 1.00 | CAFETERIA | 12 | 491,824 | DIETARY | 11 | 491,824 |
| TOTAL RECLASSIFICATIONS FOR CODE A | | | 491,824 | | | 491,824 |

RECLASS CODE: B
EXPLANATION : EMPLOYEE PROMOTIONS

| INCREASE | | | | DECREASE | | |
|---|---|---|---|---|---|---|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT |
| 1.00 | EMPLOYEE BENEFITS | 5 | 32,861 | ADMINISTRATIVE & GENERAL | 6 | 32,861 |
| TOTAL RECLASSIFICATIONS FOR CODE B | | | 32,861 | | | 32,861 |

RECLASS CODE: C
EXPLANATION : INSURANCE RECLASS

| INCREASE | | | | DECREASE | | |
|---|---|---|---|---|---|---|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT |
| 1.00 | NEW CAP REL COSTS-BLDG & FIXT | 3 | 80,168 | ADMINISTRATIVE & GENERAL | 6 | 100,817 |
| 2.00 | EMPLOYEE BENEFITS | 5 | 20,649 | | | 0 |
| TOTAL RECLASSIFICATIONS FOR CODE C | | | 100,817 | | | 100,817 |

RECLASS CODE: D
EXPLANATION : DRUGS

| INCREASE | | | | DECREASE | | |
|---|---|---|---|---|---|---|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT |
| 1.00 | DRUGS CHARGED TO PATIENTS | 56 | 2,475,236 | ONCOLOGY | 56.01 | 2,475,236 |
| TOTAL RECLASSIFICATIONS FOR CODE D | | | 2,475,236 | | | 2,475,236 |

RECLASS CODE: E
EXPLANATION : PPO DEPRECIATION

| INCREASE | | | | DECREASE | | |
|---|---|---|---|---|---|---|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT |
| 1.00 | NEW CAP REL COSTS-BLDG & FIXT | 3 | 119,781 | PHYSICIANS' PRIVATE OFFICES | 98 | 119,781 |
| TOTAL RECLASSIFICATIONS FOR CODE E | | | 119,781 | | | 119,781 |

RECLASS CODE: F
EXPLANATION : MED SUPPLIES

| INCREASE | | | | DECREASE | | |
|---|---|---|---|---|---|---|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT |
| 1.00 | MEDICAL SUPPLIES CHARGED TO PA | 55 | 955,123 | ADULTS & PEDIATRICS | 25 | 35,719 |
| 2.00 | | | 0 | INTENSIVE CARE UNIT | 26 | 8,968 |
| 3.00 | | | 0 | OPERATING ROOM | 37 | 600,023 |
| 4.00 | | | 0 | RECOVERY ROOM | 38 | 19,001 |
| 5.00 | | | 0 | DELIVERY ROOM & LABOR ROOM | 39 | 364 |
| 6.00 | | | 0 | RADIOLOGY-DIAGNOSTIC | 41 | 18,948 |
| 7.00 | | | 0 | NUCLEAR MEDICINE-DIAGNOSTIC | 41.01 | 11 |
| 8.00 | | | 0 | CAT SCAN | 41.02 | 3,400 |
| 9.00 | | | 0 | LABORATORY | 44 | 159,205 |
| 10.00 | | | 0 | RESPIRATORY THERAPY | 49 | 3,726 |
| 11.00 | | | 0 | PHYSICAL THERAPY | 50 | 27,130 |
| 12.00 | | | 0 | OCCUPATIONAL THERAPY | 51 | 3,309 |
| 13.00 | | | 0 | ELECTROCARDIOLOGY | 53 | 33 |
| 14.00 | | | 0 | CARDIAC REHAB | 53.01 | 241 |
| 15.00 | | | 0 | ONCOLOGY | 56.01 | 4,448 |
| 16.00 | | | 0 | EMERGENCY | 61 | 45,518 |
| 17.00 | | | 0 | ANESTHESIOLOGY | 40 | 25,079 |
| TOTAL RECLASSIFICATIONS FOR CODE F | | | 955,123 | | | 955,123 |

RECLASS CODE: G
EXPLANATION : PHYISICIAN PRACTICE

| INCREASE | | | | DECREASE | | |
|---|---|---|---|---|---|---|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT |
| 1.00 | ADMINISTRATIVE & GENERAL | 6 | 150,486 | PHYSICIANS' PRIVATE OFFICES | 98 | 150,486 |
| TOTAL RECLASSIFICATIONS FOR CODE G | | | 150,486 | | | 150,486 |

RECLASS CODE: H
EXPLANATION : ANESTHIOLOGY

| | INCREASE | | | DECREASE | | |
|---|---|---|---|---|---|---|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT |
| 1.00 | OPERATING ROOM | 37 | 25,802 | ANESTHESIOLOGY | 40 | 25,802 |
| 2.00 | ANESTHESIOLOGY | 40 | 498,198 | ANESTHESIOLOGY | 40 | 498,198 |
| TOTAL RECLASSIFICATIONS FOR CODE H | | | 524,000 | | | 524,000 |

RECLASS CODE: I
EXPLANATION : MATERIALS MANAGEMENT

| | INCREASE | | | DECREASE | | |
|---|---|---|---|---|---|---|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT |
| 1.00 | MEDICAL SUPPLIES CHARGED TO PA | 55 | 254,883 | ADMINISTRATIVE & GENERAL | 6 | 254,883 |
| TOTAL RECLASSIFICATIONS FOR CODE I | | | 254,883 | | | 254,883 |

RECLASS CODE: J
EXPLANATION : CLINIC RECLASS

| | INCREASE | | | DECREASE | | |
|---|---|---|---|---|---|---|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT |
| 1.00 | ADMINISTRATIVE & GENERAL | 6 | 1,700 | PHYSICIANS' PRIVATE OFFICES | 98 | 1,687 |
| 2.00 | | | 0 | DME | 99.01 | 13 |
| 3.00 | OPERATION OF PLANT | 8 | 9,113 | PHYSICIANS' PRIVATE OFFICES | 98 | 9,113 |
| 4.00 | NEW CAP REL COSTS-BLDG & FIXT | 3 | 222,495 | PHYSICIANS' PRIVATE OFFICES | 98 | 222,495 |
| TOTAL RECLASSIFICATIONS FOR CODE J | | | 233,308 | | | 233,308 |

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

| | DESCRIPTION | BEGINNING BALANCES 1 | ACQUISITIONS PURCHASES 2 | DONATION 3 | TOTAL 4 | DISPOSALS AND RETIREMENTS 5 | ENDING BALANCE 6 | FULLY DEPRECIATED ASSETS 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 1 | ACQUISITIONS PURCHASES 2 | DONATION 3 | TOTAL 4 | DISPOSALS AND RETIREMENTS 5 | ENDING BALANCE 6 | FULLY DEPRECIATED ASSETS 7 |
|---|---|---|---|---|---|---|---|---|
| 1 | LAND | 159,364 | | | | | 159,364 | |
| 2 | LAND IMPROVEMENTS | 288,900 | 7,179 | | 7,179 | | 296,079 | |
| 3 | BUILDINGS & FIXTURE | 24,334,079 | 1,445,606 | | 1,445,606 | | 25,779,685 | |
| 4 | BUILDING IMPROVEMEN | | | | | | | |
| 5 | FIXED EQUIPMENT | | | | | | | |
| 6 | MOVABLE EQUIPMENT | 11,931,073 | 684,960 | | 684,960 | | 12,616,033 | |
| 7 | SUBTOTAL | 36,713,416 | 2,137,745 | | 2,137,745 | | 38,851,161 | |
| 8 | RECONCILING ITEMS | 1,406,443 | | | | 1,353,874 | 52,569 | |
| 9 | TOTAL | 35,306,973 | 2,137,745 | | 2,137,745 | -1,353,874 | 38,798,592 | |

PART III - RECONCILIATION OF CAPITAL COST CENTERS

| | DESCRIPTION | COMPUTATION OF RATIOS | | | | ALLOCATION OF OTHER CAPITAL | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | GROSS ASSETS | CAPITLIZED GROSS ASSETS LEASES | FOR RATIO | RATIO | INSURANCE | TAXES | OTHER CAPITAL RELATED COSTS | TOTAL |
| * | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 3 | NEW CAP REL COSTS-BL | | | | | | | | |
| 5 | TOTAL | | | | 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 |
| 3 | NEW CAP REL COSTS-BL | 2,419,493 | | 237,201 | 80,168 | | | 2,736,862 |
| 5 | TOTAL | 2,419,493 | | 237,201 | 80,168 | | | 2,736,862 |

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 |
| 3 | NEW CAP REL COSTS-BL | 2,077,217 | | 446,532 | | | | 2,523,749 |
| 5 | TOTAL | 2,077,217 | | 446,532 | | | | 2,523,749 |

* 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: I 15-1333 I

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

I PREPARED 5/28/2009 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 | | | **COST CENTER DELETED** | 1 | |
| 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 | -1,488,743 | | | |
| 13 | SALE OF SCRAP, WASTE, ETC. | | | | | |
| 14 | RELATED ORGANIZATION TRANSACTIONS | A-8-1 | | | | |
| 15 | LAUNDRY AND LINEN SERVICE | | | | | |
| 16 | CAFETERIA--EMPLOYEES AND GUESTS | | | | | |
| 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 | | | UTILIZATION REVIEW-SNF | 89 | |
| 29 | DEPRECIATION-OLD BLDGS AND FIXTURES | | | **COST CENTER DELETED** | 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 | CAFETERIA SALES | B | -81,944 | CAFETERIA | 12 | |
| 38 | MED RECORDS FEES | B | -10,208 | MEDICAL RECORDS & LIBRARY | 17 | |
| 39 | VENDING MACHINES | B | -11,649 | DIETARY | 11 | |
| 40 | DISCOUNTS | B | -6,491 | ADMINISTRATIVE & GENERAL | 6 | |
| 41 | VENDOR REBATE/REFUND | B | -8,141 | ADMINISTRATIVE & GENERAL | 6 | |
| 42 | PHARMACY REBATES | B | -68,286 | DRUGS CHARGED TO PATIENTS | 56 | |
| 43 | BABY PHOTO SERVICE | B | -753 | ADMINISTRATIVE & GENERAL | 6 | |
| 44 | SILVER RECOVERY | B | -1,588 | NUCLEAR MEDICINE-DIAGNOST | 41.01 | |
| 45 | SPORTS MEDICINE- OTHER REVENUE | B | -27,111 | PHYSICAL THERAPY | 50 | |
| 46 | LOBBYING OFFSET | A | -3,750 | ADMINISTRATIVE & GENERAL | 6 | |
| 47 | ADVERTISING OFFSET | A | -51,641 | ADMINISTRATIVE & GENERAL | 6 | |
| 48 | SPORTS MEDICINE- ADVERTISING | A | -176 | PHYSICAL THERAPY | 50 | |
| 49 | EMERGENCY ROOM-ADVERTISING | A | -59 | EMERGENCY | 61 | |
| 49.01 | COMMUNITY RELATIONS OFFSET | A | -17,838 | ADMINISTRATIVE & GENERAL | 6 | |
| 49.03 | CRNA FEES OFFSET | A | -312,821 | ANESTHESIOLOGY | 40 | |
| 49.04 | NONALLOWABLE INTEREST EXPENSE | A | -102,955 | NEW CAP REL COSTS-BLDG & | 3 | 11 |
| 49.05 | INVESTMENT INCOME | B | -106,376 | NEW CAP REL COSTS-BLDG & | 3 | 11 |
| 49.06 | LIFELINE-A&G | A | -15,084 | MEDICAL SUPPLIES CHARGED | 55 | |
| 49.07 | TELEPHONE WAGES | A | -551 | ADMINISTRATIVE & GENERAL | 6 | |
| 49.08 | TELEPHONE BENEFITS | A | -132 | EMPLOYEE BENEFITS | 5 | |
| 49.09 | TELEPHONE OTHER | A | -602 | ADMINISTRATIVE & GENERAL | 6 | |
| 49.10 | TELEVISION OFFSET | A | -1,624 | OPERATION OF PLANT | 8 | |
| 49.11 | PHYSICIAN RECRUITMENT | A | -130,857 | ADMINISTRATIVE & GENERAL | 6 | |
| 49.12 | OTHER MISC INCOME | B | -108 | ADMINISTRATIVE & GENERAL | 6 | |
| 49.13 | OTHER MISC INCOME | B | -172 | OPERATION OF PLANT | 8 | |
| 49.14 | OTHER MISC INCOME | B | -673 | DIETARY | 11 | |
| 49.15 | OTHER MISC INCOME | B | -18 | MEDICAL RECORDS & LIBRARY | 17 | |
| 49.16 | OTHER MISC INCOME | B | -600 | NURSERY | 33 | |
| 49.17 | OTHER MISC INCOME | B | -12,108 | RADIOLOGY-DIAGNOSTIC | 41 | |
| 49.18 | OTHER MISC INCOME | B | -574 | RESPIRATORY THERAPY | 49 | |
| 49.19 | OTHER MISC INCOME | B | -300 | PHYSICAL THERAPY | 50 | |
| 49.20 | OTHER MISC INCOME | B | -1,864 | MEDICAL SUPPLIES CHARGED | 55 | |
| 49.21 | OTHER MISC INCOME | B | -2,267 | DRUGS CHARGED TO PATIENTS | 56 | |
| 49.22 | OTHER MISC INCOME | B | -810 | ONCOLOGY | 56.01 | |
| 49.23 | OTHER MISC INCOME | B | -40 | CLINIC | 60 | |
| 49.24 | CLINIC RENTAL INCOME | B | -30,380 | CLINIC | 60 | |
| 49.25 | COMMUNITY OUTREACH DISBURSEMENT | B | 245 | ADMINISTRATIVE & GENERAL | 6 | |
| 49.26 | BANK FEES | A | -19,419 | ADMINISTRATIVE & GENERAL | 6 | |
| 50 | TOTAL (SUM OF LINES 1 THRU 49) | | -2,518,468 | | | |

(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: I 15-1333 I
I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I
I PREPARED 5/28/2009 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 | 61 | ER | 1,174,674 | 990,545 | 184,129 | | | | |
| 2 | 40 | ANESTHESIA | 498,198 | 498,198 | | | | | |
| 3 | 44 | LAB | 82,500 | | 82,500 | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
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| 29 | | | | | | | | | |
| 30 | | | | | | | | | |
| 101 | | TOTAL | 1,755,372 | 1,488,743 | 266,629 | | | | |

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: 15-1333 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 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 | 61 | ER | | | | | | | 990,545 |
| 2 | 40 | ANESTHESIA | | | | | | | 498,198 |
| 3 | 44 | LAB | | | | | | | |
| 5 | | | | | | | | | |
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| 28 | | | | | | | | | |
| 29 | | | | | | | | | |
| 30 | | | | | | | | | |
| 101 | | TOTAL | | | | | | | 1,488,743 |

PHYSICAL THERAPY

PART I - GENERAL INFORMATION

| | | |
|---|---|---|
| 1 | TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS) | 52 |
| 2 | LINE 1 MULTIPLIED BY 15 HOURS PER WEEK | 780 |
| 3 | NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS) | |
| 4 | NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS) | |
| 5 | NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS) | |
| 6 | NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS) | |
| 7 | STANDARD TRAVEL EXPENSE RATE | 3.45 |
| 8 | OPTIONAL TRAVEL EXPENSE RATE PER MILE | |

| | | SUPERVISORS 1 | THERAPISTS 2 | ASSISTANTS 3 | AIDES 4 | TRAINEES 5 |
|---|---|---|---|---|---|---|
| 9 | TOTAL HOURS WORKED | | 584.00 | | | |
| 10 | AHSEA (SEE INSTRUCTIONS) | | 69.31 | | | |
| 11 | STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE-HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10) | 34.66 | 34.66 | | | |
| 12 | NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS) | | | | | |
| 12.01 | NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS) | | | | | |
| 13 | NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS) | | | | | |
| 13.01 | NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS) | | | | | |

PART II - SALARY EQUIVALENCY COMPUTATION

| | | |
|---|---|---|
| 14 | SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10) | |
| 15 | THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10) | 40,477 |
| 16 | ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10) | |
| 17 | SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS ) | 40,477 |
| 18 | AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10) | |
| 19 | TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10) | |
| 20 | TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS) | 40,477 |

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

| | | |
|---|---|---|
| 21 | WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS) | 69.31 |
| 22 | WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS) | 54,062 |
| 23 | TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS) | 54,062 |

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

STANDARD TRAVEL ALLOWANCE

| | |
|---|---|
| 24 | THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11) |
| 25 | ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11) |
| 26 | SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS) |
| 27 | STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4) |
| 28 | TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27) |

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

| | |
|---|---|
| 29 | THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12) |
| 30 | ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12) |

PHYSICAL THERAPY

31 SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)
32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)
33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28)
34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

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

STANDARD TRAVEL EXPENSE

36 THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)
37 ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)
38 SUBTOTAL (SUM OF LINES 36 AND 37)
39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)
40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)
41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)
42 SUBTOTAL (SUM OF LINES 40 AND 41)
43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)

TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;
COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE

44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)
45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)
46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

| | THERAPISTS | ASSISTANTS | AIDES | TRAINEES | TOTAL |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| 47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56) | | | | | |
| 48 OVERTIME RATE (SEE INSTRUCTIONS) | | | | | |
| CALCULATION OF LIMIT | | | | | |
| 49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE)(MULTIPLY LINE 47 TIMES LINE 48) | | | | | |
| 50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47) | 100.00 | | | | 100.00 |
| 51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS) | | | | | |
| DETERMINATION OF OVERTIME ALLOWANCE | | | | | |
| 52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS) | | | | | |
| 53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52) | | | | | |
| 54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53) | | | | | |
| 55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52) | | | | | |
| 56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO)(ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.) | | | | | |

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 54,062
58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35)
59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
60 OVERTIME ALLOWANCE(FROM COLUMN 5, LINE 56)

PHYSICAL THERAPY

| | | |
|---|---|---|
| 61 | EQUIPMENT COST (SEE INSTRUCTIONS) | |
| 62 | SUPPLIES (SEE INSTRUCTIONS) | |
| 63 | TOTAL ALLOWANCE (SUM OF LINES 57-62) | 54,062 |
| 64 | TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) | 22,713 |
| 65 | EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS) | |

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

| | | |
|---|---|---|
| 66 | COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS)(FROM YOUR RECORDS) | 22,713 |
| 66.01 | COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS)(FROM YOUR RECORDS) | |
| 66.31 | COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS)(FROM YOUR RECORDS) | |
| 67 | TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64) | 22,713 |
| 68 | RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67) | 1.000000 |
| 68.01 | RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67) | |
| 68.31 | RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67) | |
| 69 | EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS) | |
| 69.01 | EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS) | |
| 69.31 | EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS) | |
| 70 | TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE WITH LINE 65) | |

RESPIRATORY THERAPY

PART I - GENERAL INFORMATION

| | | |
|---|---|---|
| 1 | TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS) | 52 |
| 2 | LINE 1 MULTIPLIED BY 15 HOURS PER WEEK | 780 |
| 3 | NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS) | |
| 4 | NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS) | |
| 5 | NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS) | |
| 6 | NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS) | |
| 7 | STANDARD TRAVEL EXPENSE RATE | 3.45 |
| 8 | OPTIONAL TRAVEL EXPENSE RATE PER MILE | |

| | | SUPERVISORS 1 | THERAPISTS 2 | ASSISTANTS 3 | AIDES 4 | TRAINEES 5 |
|---|---|---|---|---|---|---|
| 9 | TOTAL HOURS WORKED | | 1565.00 | | | |
| 10 | AHSEA (SEE INSTRUCTIONS) | | 54.48 | | | |
| 11 | STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE-HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10) | 27.24 | 27.24 | | | |
| 12 | NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS) | | | | | |
| 12.01 | NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS) | | | | | |
| 13 | NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS) | | | | | |
| 13.01 | NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS) | | | | | |

PART II - SALARY EQUIVALENCY COMPUTATION

| | | |
|---|---|---|
| 14 | SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10) | |
| 15 | THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10) | 85,261 |
| 16 | ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10) | |
| 17 | SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS ) | 85,261 |
| 18 | AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10) | |
| 19 | TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10) | |
| 20 | TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS) | 85,261 |

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

| | | |
|---|---|---|
| 21 | WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS) | |
| 22 | WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS) | |
| 23 | TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS) | 85,261 |

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

STANDARD TRAVEL ALLOWANCE

| | |
|---|---|
| 24 | THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11) |
| 25 | ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11) |
| 26 | SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS) |
| 27 | STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4) |
| 28 | TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27) |

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

| | |
|---|---|
| 29 | THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12) |
| 30 | ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12) |

31 SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)
32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)
33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28)
34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE
STANDARD TRAVEL EXPENSE
36 THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)
37 ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)
38 SUBTOTAL (SUM OF LINES 36 AND 37)
39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)
40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)
41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)
42 SUBTOTAL (SUM OF LINES 40 AND 41)
43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)
TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;
COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)
45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)
46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

| | | THERAPISTS | ASSISTANTS | AIDES | TRAINEES | TOTAL |
|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 |
| 47 | OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56) | | | | | |
| 48 | OVERTIME RATE (SEE INSTRUCTIONS) | | | | | |
| | CALCULATION OF LIMIT | | | | | |
| 49 | TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE)(MULTIPLY LINE 47 TIMES LINE 48) | | | | | |
| 50 | PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47) | 100.00 | | | | 100.00 |
| 51 | ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS) | | | | | |
| | DETERMINATION OF OVERTIME ALLOWANCE | | | | | |
| 52 | ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS) | | | | | |
| 53 | OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52) | | | | | |
| 54 | MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53) | | | | | |
| 55 | PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52) | | | | | |
| 56 | OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO)(ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.) | | | | | |

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT
57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 85,261
58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35)
59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
60 OVERTIME ALLOWANCE(FROM COLUMN 5, LINE 56)

RESPIRATORY THERAPY

| | | |
|---|---|---|
| 61 | EQUIPMENT COST (SEE INSTRUCTIONS) | |
| 62 | SUPPLIES (SEE INSTRUCTIONS) | |
| 63 | TOTAL ALLOWANCE (SUM OF LINES 57-62) | 85,261 |
| 64 | TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) | 38,343 |
| 65 | EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS) | |

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

| | | |
|---|---|---|
| 66 | COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS)(FROM YOUR RECORDS) | 38,343 |
| 66.01 | COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS)(FROM YOUR RECORDS) | |
| 66.31 | COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS)(FROM YOUR RECORDS) | |
| 67 | TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64) | 38,343 |
| 68 | RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67) | 1.000000 |
| 68.01 | RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67) | |
| 68.31 | RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67) | |
| 69 | EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS) | |
| 69.01 | EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS) | |
| 69.31 | EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS) | |
| 70 | TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE WITH LINE 65) | |

SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

| | | |
|---|---|---|
| 1 | TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS) | 52 |
| 2 | LINE 1 MULTIPLIED BY 15 HOURS PER WEEK | 780 |
| 3 | NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS) | |
| 4 | NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS) | |
| 5 | NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS) | |
| 6 | NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS) | |
| 7 | STANDARD TRAVEL EXPENSE RATE | 3.45 |
| 8 | OPTIONAL TRAVEL EXPENSE RATE PER MILE | |

| | | SUPERVISORS 1 | THERAPISTS 2 | ASSISTANTS 3 | AIDES 4 | TRAINEES 5 |
|---|---|---|---|---|---|---|
| 9 | TOTAL HOURS WORKED | | 508.00 | | | |
| 10 | AHSEA (SEE INSTRUCTIONS) | | 63.15 | | | |
| 11 | STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE-HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10) | 31.58 | 31.58 | | | |
| 12 | NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS) | | | | | |
| 12.01 | NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS) | | | | | |
| 13 | NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS) | | | | | |
| 13.01 | NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS) | | | | | |

PART II - SALARY EQUIVALENCY COMPUTATION

| | | |
|---|---|---|
| 14 | SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10) | |
| 15 | THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10) | 32,080 |
| 16 | ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10) | |
| 17 | SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS ) | 32,080 |
| 18 | AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10) | |
| 19 | TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10) | |
| 20 | TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS) | 32,080 |

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

| | | |
|---|---|---|
| 21 | WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS) | 63.15 |
| 22 | WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS) | 49,257 |
| 23 | TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS) | 49,257 |

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

STANDARD TRAVEL ALLOWANCE

| | |
|---|---|
| 24 | THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11) |
| 25 | ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11) |
| 26 | SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS) |
| 27 | STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4) |
| 28 | TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27) |

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

| | |
|---|---|
| 29 | THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12) |
| 30 | ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12) |

SPEECH PATHOLOGY

31 SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)
32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)
33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28)
34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

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

STANDARD TRAVEL EXPENSE

36 THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)
37 ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)
38 SUBTOTAL (SUM OF LINES 36 AND 37)
39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)
40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)
41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)
42 SUBTOTAL (SUM OF LINES 40 AND 41)
43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)

TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;
COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE

44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)
45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)
46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

| | THERAPISTS | ASSISTANTS | AIDES | TRAINEES | TOTAL |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| 47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56) | | | | | |
| 48 OVERTIME RATE (SEE INSTRUCTIONS) | | | | | |
| CALCULATION OF LIMIT | | | | | |
| 49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE)(MULTIPLY LINE 47 TIMES LINE 48) | | | | | |
| 50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47) | 100.00 | | | | 100.00 |
| 51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS) | | | | | |
| DETERMINATION OF OVERTIME ALLOWANCE | | | | | |
| 52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS) | | | | | |
| 53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52) | | | | | |
| 54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53) | | | | | |
| 55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52) | | | | | |
| 56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO)(ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.) | | | | | |

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 49,257
58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35)
59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
60 OVERTIME ALLOWANCE(FROM COLUMN 5, LINE 56)

SPEECH PATHOLOGY

| | | |
|---|---|---|
| 61 | EQUIPMENT COST (SEE INSTRUCTIONS) | |
| 62 | SUPPLIES (SEE INSTRUCTIONS) | |
| 63 | TOTAL ALLOWANCE (SUM OF LINES 57-62) | 49,257 |
| 64 | TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) | 25,388 |
| 65 | EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS) | |

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

| | | |
|---|---|---|
| 66 | COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS)(FROM YOUR RECORDS) | 25,388 |
| 66.01 | COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS)(FROM YOUR RECORDS) | |
| 66.31 | COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS)(FROM YOUR RECORDS) | |
| 67 | TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64) | 25,388 |
| 68 | RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67) | 1.000000 |
| 68.01 | RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67) | |
| 68.31 | RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67) | |
| 69 | EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS) | |
| 69.01 | EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS) | |
| 69.31 | EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS) | |
| 70 | TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE WITH LINE 65) | |

Health Financial Systems MCRIF32 FOR PUTNAM COUNTY HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1997)

COST ALLOCATION STATISTICS

I PROVIDER NO: I 15-1333 I
I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I
I PREPARED 5/28/2009 I NOT A CMS WORKSHEET I

| LINE NO. | COST CENTER DESCRIPTION | STATISTICS CODE | STATISTICS DESCRIPTION | | |
|---|---|---|---|---|---|
| | GENERAL SERVICE COST | | | | |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 3 | SQUARE | FEET | ENTERED |
| 5 | EMPLOYEE BENEFITS | S | GROSS | SALARIES | NOT ENTERED |
| 6 | ADMINISTRATIVE & GENERAL | -6 | ACCUM. | COST | NOT ENTERED |
| 8 | OPERATION OF PLANT | 3 | SQUARE | FEET | ENTERED |
| 9 | LAUNDRY & LINEN SERVICE | 9 | POUNDS OF | LAUNDRY | ENTERED |
| 10 | HOUSEKEEPING | 3 | SQUARE | FEET | ENTERED |
| 11 | DIETARY | 11 | MEALS | SERVED | ENTERED |
| 12 | CAFETERIA | 12 | MANHOURS | | ENTERED |
| 14 | NURSING ADMINISTRATION | 14 | DIRECT | NRSING HRS | ENTERED |
| 17 | MEDICAL RECORDS & LIBRARY | 17 | TIME | SPENT | ENTERED |
| 18 | SOCIAL SERVICE | 18 | PATIENT | DAYS | ENTERED |
| 18.01 | UTILIZATION REVIEW | 18 | PATIENT | DAYS | ENTERED |

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-1333 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/28/2009 | WORKSHEET B PART I

| | | COST CENTER DESCRIPTION | NET EXPENSES FOR COST ALLOCATION | NEW CAP REL COSTS-BLDG & | EMPLOYEE BENEFITS | SUBTOTAL | ADMINISTRATIVE & GENERAL | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE |
|---|---|---|---|---|---|---|---|---|---|
| | | | 0 | 3 | 5 | 5a.00 | 6 | 8 | 9 |
| | | GENERAL SERVICE COST CNTR | | | | | | | |
| 003 | | NEW CAP REL COSTS-BLDG & | 2,736,862 | 2,736,862 | | | | | |
| 005 | | EMPLOYEE BENEFITS | 4,053,035 | | 4,053,035 | | | | |
| 006 | | ADMINISTRATIVE & GENERAL | 3,360,658 | 358,792 | 479,796 | 4,199,246 | 4,199,246 | | |
| 008 | | OPERATION OF PLANT | 1,258,195 | 279,671 | 66,341 | 1,604,207 | 244,577 | 1,848,784 | |
| 009 | | LAUNDRY & LINEN SERVICE | 117,741 | 17,699 | 19,859 | 155,299 | 23,677 | 15,593 | 194,569 |
| 010 | | HOUSEKEEPING | 544,513 | 14,714 | 139,155 | 698,382 | 106,475 | 12,964 | |
| 011 | | DIETARY | 139,771 | 73,073 | 25,876 | 238,720 | 36,395 | 64,380 | |
| 012 | | CAFETERIA | 409,880 | 41,995 | 83,676 | 535,551 | 81,650 | 37,000 | |
| 014 | | NURSING ADMINISTRATION | 597,810 | 17,411 | 173,602 | 788,823 | 120,264 | 15,340 | |
| 017 | | MEDICAL RECORDS & LIBRARY | 613,768 | 106,611 | 154,295 | 874,674 | 133,353 | 93,929 | |
| 018 | | SOCIAL SERVICE | 33,218 | 6,022 | 9,378 | 48,618 | 7,412 | 5,305 | |
| 018 | 01 | UTILIZATION REVIEW | 120,557 | 4,713 | 34,174 | 159,444 | 24,309 | 4,152 | |
| | | INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 | | ADULTS & PEDIATRICS | 1,372,139 | 252,154 | 359,514 | 1,983,807 | 302,451 | 222,159 | 71,160 |
| 026 | | INTENSIVE CARE UNIT | 802,279 | 74,382 | 201,548 | 1,078,209 | 164,384 | 65,534 | 29,005 |
| 033 | | NURSERY | 123,447 | 12,410 | 36,238 | 172,095 | 26,238 | 10,934 | |
| | | ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 | | OPERATING ROOM | 883,976 | 244,379 | 157,803 | 1,286,158 | 196,088 | 215,309 | 36,615 |
| 038 | | RECOVERY ROOM | 155,161 | 60,087 | 45,411 | 260,659 | 39,740 | 52,939 | |
| 039 | | DELIVERY ROOM & LABOR ROO | 85,633 | 43,985 | 24,296 | 153,914 | 23,466 | 38,753 | |
| 040 | | ANESTHESIOLOGY | | | | | | | |
| 041 | | RADIOLOGY-DIAGNOSTIC | 931,437 | 82,184 | 193,767 | 1,207,388 | 184,078 | 72,408 | |
| 041 | 01 | NUCLEAR MEDICINE-DIAGNOST | 163,748 | 3,665 | | 167,413 | 25,524 | 3,229 | |
| 041 | 02 | CAT SCAN | 472,789 | 34,560 | 42,817 | 550,166 | 83,878 | 30,449 | |
| 044 | | LABORATORY | 1,909,917 | 64,721 | 229,644 | 2,204,282 | 336,065 | 57,022 | |
| 048 | | INTRAVENOUS THERAPY | | | | | | | |
| 049 | | RESPIRATORY THERAPY | 400,888 | 11,860 | 87,788 | 500,536 | 76,312 | 10,449 | |
| 050 | | PHYSICAL THERAPY | 399,333 | 80,456 | 115,132 | 594,921 | 90,702 | 70,885 | 7,095 |
| 051 | | OCCUPATIONAL THERAPY | 128,464 | | 37,027 | 165,491 | 25,231 | | |
| 052 | | SPEECH PATHOLOGY | 25,722 | 3,718 | | 29,440 | 4,488 | 3,276 | |
| 053 | | ELECTROCARDIOLOGY | 122,582 | 2,618 | 10,175 | 135,375 | 20,639 | 2,307 | |
| 053 | 01 | CARDIAC REHAB | 69,255 | 18,929 | 17,655 | 105,839 | 16,136 | 16,678 | |
| 055 | | MEDICAL SUPPLIES CHARGED | 1,237,777 | | 37,387 | 1,275,164 | 194,412 | | 2,703 |
| 056 | | DRUGS CHARGED TO PATIENTS | 3,054,695 | 20,317 | 56,568 | 3,131,580 | 477,441 | 17,900 | |
| 056 | 01 | ONCOLOGY | 298,100 | 127,635 | 81,863 | 507,598 | 77,388 | 112,452 | |
| | | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 060 | | CLINIC | 7,400 | 27,988 | 10,958 | 46,346 | 7,066 | 24,659 | |
| 061 | | EMERGENCY | 1,081,870 | 140,516 | 234,735 | 1,457,121 | 222,153 | 123,801 | 38,815 |
| 062 | | OBSERVATION BEDS (NON-DIS | | | | | | | |
| | | SPEC PURPOSE COST CENTERS | | | | | | | |
| 095 | | SUBTOTALS | 27,712,620 | 2,227,265 | 3,166,478 | 26,316,466 | 3,371,992 | 1,399,806 | 185,393 |
| | | NONREIMBURS COST CENTERS | | | | | | | |
| 096 | | GIFT, FLOWER, COFFEE SHOP | | 12,489 | | 12,489 | 1,904 | 11,003 | |
| 098 | | PHYSICIANS' PRIVATE OFFIC | 3,843,994 | 412,228 | 862,424 | 5,118,646 | 780,378 | 363,191 | 9,176 |
| 099 | | NONPAID WORKERS | | | | | | | |
| 099 | 01 | DME | 185,963 | 18,222 | 24,133 | 228,318 | 34,809 | 16,055 | |
| 099 | 02 | LACTATION CONSULTING | | | | | | | |
| 099 | 03 | DIABETIC COUNSELING | | | | | | | |
| 100 | | VACANT SPACE | | 66,658 | | 66,658 | 10,163 | 58,729 | |
| 101 | | CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 | | NEGATIVE COST CENTER | | | | | | | |
| 103 | | TOTAL | 31,742,577 | 2,736,862 | 4,053,035 | 31,742,577 | 4,199,246 | 1,848,784 | 194,569 |

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-1333 PERIOD: FROM 1/ 1/2008 TO 12/31/2008 PREPARED 5/28/2009

WORKSHEET B PART I

| | COST CENTER DESCRIPTION | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMINISTRATION | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | UTILIZATION REVIEW |
|---|---|---|---|---|---|---|---|---|
| | | 10 | 11 | 12 | 14 | 17 | 18 | 18.01 |
| | GENERAL SERVICE COST CNTR | | | | | | | |
| 003 | NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 | EMPLOYEE BENEFITS | | | | | | | |
| 006 | ADMINISTRATIVE & GENERAL | | | | | | | |
| 008 | OPERATION OF PLANT | | | | | | | |
| 009 | LAUNDRY & LINEN SERVICE | | | | | | | |
| 010 | HOUSEKEEPING | 817,821 | | | | | | |
| 011 | DIETARY | 28,926 | 368,421 | | | | | |
| 012 | CAFETERIA | 16,624 | | 670,825 | | | | |
| 014 | NURSING ADMINISTRATION | 6,892 | | 24,718 | 956,037 | | | |
| 017 | MEDICAL RECORDS & LIBRARY | 42,202 | | 64,655 | | 1,208,813 | | |
| 018 | SOCIAL SERVICE | 2,384 | | 2,098 | | | 65,817 | |
| 018 01 | UTILIZATION REVIEW | 1,866 | | 6,583 | | | | 196,354 |
| | INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 | ADULTS & PEDIATRICS | 99,815 | 295,025 | 99,035 | 276,459 | 284,496 | 52,705 | 157,237 |
| 026 | INTENSIVE CARE UNIT | 29,444 | 73,396 | 88,557 | 247,206 | 31,745 | 13,112 | 39,117 |
| 033 | NURSERY | 4,913 | | 8,409 | 23,474 | 44,345 | | |
| | ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 | OPERATING ROOM | 96,737 | | 39,628 | 110,622 | 442,757 | | |
| 038 | RECOVERY ROOM | 23,785 | | 19,439 | 54,263 | | | |
| 039 | DELIVERY ROOM & LABOR ROO | 17,411 | | 4,945 | 13,803 | | | |
| 040 | ANESTHESIOLOGY | | | | | | | |
| 041 | RADIOLOGY-DIAGNOSTIC | 32,533 | | 52,167 | | 169,707 | | |
| 041 01 | NUCLEAR MEDICINE-DIAGNOST | 1,451 | | | | | | |
| 041 02 | CAT SCAN | 13,680 | | 10,749 | | | | |
| 044 | LABORATORY | 25,620 | | 72,927 | | | | |
| 048 | INTRAVENOUS THERAPY | | | | | | | |
| 049 | RESPIRATORY THERAPY | 4,695 | | 20,391 | | | | |
| 050 | PHYSICAL THERAPY | 31,848 | | 26,114 | | | | |
| 051 | OCCUPATIONAL THERAPY | | | 6,807 | | | | |
| 052 | SPEECH PATHOLOGY | 1,472 | | | | | | |
| 053 | ELECTROCARDIOLOGY | 1,036 | | 3,421 | | 2,823 | | |
| 053 01 | CARDIAC REHAB | 7,493 | | 3,714 | 10,367 | | | |
| 055 | MEDICAL SUPPLIES CHARGED | | | 15,154 | | | | |
| 056 | DRUGS CHARGED TO PATIENTS | 8,042 | | 12,614 | | | | |
| 056 01 | ONCOLOGY | 50,524 | | 21,375 | 59,668 | 38,802 | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 060 | CLINIC | 11,079 | | 4,727 | 13,195 | | | |
| 061 | EMERGENCY | 55,623 | | 52,653 | 146,980 | 179,433 | | |
| 062 | OBSERVATION BEDS (NON-DIS | | | | | | | |
| | SPEC PURPOSE COST CENTERS | | | | | | | |
| 095 | SUBTOTALS | 616,095 | 368,421 | 660,880 | 956,037 | 1,194,108 | 65,817 | 196,354 |
| | NONREIMBURS COST CENTERS | | | | | | | |
| 096 | GIFT, FLOWER, COFFEE SHOP | 4,944 | | | | | | |
| 098 | PHYSICIANS' PRIVATE OFFIC | 163,182 | | | | 14,705 | | |
| 099 | NONPAID WORKERS | | | | | | | |
| 099 01 | DME | 7,213 | | 9,945 | | | | |
| 099 02 | LACTATION CONSULTING | | | | | | | |
| 099 03 | DIABETIC COUNSELING | | | | | | | |
| 100 | VACANT SPACE | 26,387 | | | | | | |
| 101 | CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 | NEGATIVE COST CENTER | | | | | | | |
| 103 | TOTAL | 817,821 | 368,421 | 670,825 | 956,037 | 1,208,813 | 65,817 | 196,354 |

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-1333 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET B I PART I

| | | COST CENTER DESCRIPTION | SUBTOTAL 25 | I&R COST POST STEP-DOWN ADJ 26 | TOTAL 27 |
|---|---|---|---|---|---|
| | | GENERAL SERVICE COST CNTR | | | |
| 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 | | | |
| 017 | | MEDICAL RECORDS & LIBRARY | | | |
| 018 | | SOCIAL SERVICE | | | |
| 018 | 01 | UTILIZATION REVIEW | | | |
| | | INPAT ROUTINE SRVC CNTRS | | | |
| 025 | | ADULTS & PEDIATRICS | 3,844,349 | | 3,844,349 |
| 026 | | INTENSIVE CARE UNIT | 1,859,709 | | 1,859,709 |
| 033 | | NURSERY | 290,408 | | 290,408 |
| | | ANCILLARY SRVC COST CNTRS | | | |
| 037 | | OPERATING ROOM | 2,423,914 | | 2,423,914 |
| 038 | | RECOVERY ROOM | 450,825 | | 450,825 |
| 039 | | DELIVERY ROOM & LABOR ROO | 252,292 | | 252,292 |
| 040 | | ANESTHESIOLOGY | | | |
| 041 | | RADIOLOGY-DIAGNOSTIC | 1,718,281 | | 1,718,281 |
| 041 | 01 | NUCLEAR MEDICINE-DIAGNOST | 197,617 | | 197,617 |
| 041 | 02 | CAT SCAN | 688,922 | | 688,922 |
| 044 | | LABORATORY | 2,695,916 | | 2,695,916 |
| 048 | | INTRAVENOUS THERAPY | | | |
| 049 | | RESPIRATORY THERAPY | 612,383 | | 612,383 |
| 050 | | PHYSICAL THERAPY | 821,565 | | 821,565 |
| 051 | | OCCUPATIONAL THERAPY | 197,529 | | 197,529 |
| 052 | | SPEECH PATHOLOGY | 38,676 | | 38,676 |
| 053 | | ELECTROCARDIOLOGY | 165,601 | | 165,601 |
| 053 | 01 | CARDIAC REHAB | 160,227 | | 160,227 |
| 055 | | MEDICAL SUPPLIES CHARGED | 1,487,433 | | 1,487,433 |
| 056 | | DRUGS CHARGED TO PATIENTS | 3,647,577 | | 3,647,577 |
| 056 | 01 | ONCOLOGY | 867,807 | | 867,807 |
| | | OUTPAT SERVICE COST CNTRS | | | |
| 060 | | CLINIC | 107,072 | | 107,072 |
| 061 | | EMERGENCY | 2,276,579 | | 2,276,579 |
| 062 | | OBSERVATION BEDS (NON-DIS | | | |
| | | SPEC PURPOSE COST CENTERS | | | |
| 095 | | SUBTOTALS | 24,804,682 | | 24,804,682 |
| | | NONREIMBURS COST CENTERS | | | |
| 096 | | GIFT, FLOWER, COFFEE SHOP | 30,340 | | 30,340 |
| 098 | | PHYSICIANS' PRIVATE OFFIC | 6,449,278 | | 6,449,278 |
| 099 | | NONPAID WORKERS | | | |
| 099 | 01 | DME | 296,340 | | 296,340 |
| 099 | 02 | LACTATION CONSULTING | | | |
| 099 | 03 | DIABETIC COUNSELING | | | |
| 100 | | VACANT SPACE | 161,937 | | 161,937 |
| 101 | | CROSS FOOT ADJUSTMENT | | | |
| 102 | | NEGATIVE COST CENTER | | | |
| 103 | | TOTAL | 31,742,577 | | 31,742,577 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-1333 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET B I PART III

| | COST CENTER DESCRIPTION | DIR ASSGNED NEW CAPITAL REL COSTS | NEW CAP REL C OSTS-BLDG & | SUBTOTAL | EMPLOYEE BENE FITS | ADMINISTRATIV E & GENERAL | OPERATION OF PLANT | LAUNDRY & LIN EN SERVICE |
|---|---|---|---|---|---|---|---|---|
| | | 0 | 3 | 4a | 5 | 6 | 8 | 9 |
| | GENERAL SERVICE COST CNTR | | | | | | | |
| 003 | NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 | EMPLOYEE BENEFITS | | | | | | | |
| 006 | ADMINISTRATIVE & GENERAL | | 358,792 | 358,792 | | 358,792 | | |
| 008 | OPERATION OF PLANT | | 279,671 | 279,671 | | 20,896 | 300,567 | |
| 009 | LAUNDRY & LINEN SERVICE | | 17,699 | 17,699 | | 2,023 | 2,535 | 22,257 |
| 010 | HOUSEKEEPING | | 14,714 | 14,714 | | 9,097 | 2,108 | |
| 011 | DIETARY | | 73,073 | 73,073 | | 3,110 | 10,467 | |
| 012 | CAFETERIA | | 41,995 | 41,995 | | 6,976 | 6,015 | |
| 014 | NURSING ADMINISTRATION | | 17,411 | 17,411 | | 10,275 | 2,494 | |
| 017 | MEDICAL RECORDS & LIBRARY | | 106,611 | 106,611 | | 11,394 | 15,271 | |
| 018 | SOCIAL SERVICE | | 6,022 | 6,022 | | 633 | 863 | |
| 018 01 | UTILIZATION REVIEW | | 4,713 | 4,713 | | 2,077 | 675 | |
| | INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 | ADULTS & PEDIATRICS | | 252,154 | 252,154 | | 25,841 | 36,118 | 8,140 |
| 026 | INTENSIVE CARE UNIT | | 74,382 | 74,382 | | 14,045 | 10,654 | 3,318 |
| 033 | NURSERY | | 12,410 | 12,410 | | 2,242 | 1,778 | |
| | ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 | OPERATING ROOM | | 244,379 | 244,379 | | 16,753 | 35,004 | 4,188 |
| 038 | RECOVERY ROOM | | 60,087 | 60,087 | | 3,395 | 8,607 | |
| 039 | DELIVERY ROOM & LABOR ROO | | 43,985 | 43,985 | | 2,005 | 6,300 | |
| 040 | ANESTHESIOLOGY | | | | | | | |
| 041 | RADIOLOGY-DIAGNOSTIC | | 82,184 | 82,184 | | 15,727 | 11,772 | |
| 041 01 | NUCLEAR MEDICINE-DIAGNOST | | 3,665 | 3,665 | | 2,181 | 525 | |
| 041 02 | CAT SCAN | | 34,560 | 34,560 | | 7,166 | 4,950 | |
| 044 | LABORATORY | | 64,721 | 64,721 | | 28,713 | 9,270 | |
| 048 | INTRAVENOUS THERAPY | | | | | | | |
| 049 | RESPIRATORY THERAPY | | 11,860 | 11,860 | | 6,520 | 1,699 | |
| 050 | PHYSICAL THERAPY | | 80,456 | 80,456 | | 7,749 | 11,524 | 812 |
| 051 | OCCUPATIONAL THERAPY | | | | | 2,156 | | |
| 052 | SPEECH PATHOLOGY | | 3,718 | 3,718 | | 383 | 533 | |
| 053 | ELECTROCARDIOLOGY | | 2,618 | 2,618 | | 1,763 | 375 | |
| 053 01 | CARDIAC REHAB | | 18,929 | 18,929 | | 1,379 | 2,711 | |
| 055 | MEDICAL SUPPLIES CHARGED | | | | | 16,610 | | 309 |
| 056 | DRUGS CHARGED TO PATIENTS | | 20,317 | 20,317 | | 40,792 | 2,910 | |
| 056 01 | ONCOLOGY | | 127,635 | 127,635 | | 6,612 | 18,282 | |
| | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 060 | CLINIC | | 27,988 | 27,988 | | 604 | 4,009 | |
| 061 | EMERGENCY | | 140,516 | 140,516 | | 18,980 | 20,127 | 4,440 |
| 062 | OBSERVATION BEDS (NON-DIS | | | | | | | |
| | SPEC PURPOSE COST CENTERS | | | | | | | |
| 095 | SUBTOTALS | | 2,227,265 | 2,227,265 | | 288,097 | 227,576 | 21,207 |
| | NONREIMBURS COST CENTERS | | | | | | | |
| 096 | GIFT, FLOWER, COFFEE SHOP | | 12,489 | 12,489 | | 163 | 1,789 | |
| 098 | PHYSICIANS' PRIVATE OFFIC | | 412,228 | 412,228 | | 66,690 | 59,044 | 1,050 |
| 099 | NONPAID WORKERS | | | | | | | |
| 099 01 | DME | | 18,222 | 18,222 | | 2,974 | 2,610 | |
| 099 02 | LACTATION CONSULTING | | | | | | | |
| 099 03 | DIABETIC COUNSELING | | | | | | | |
| 100 | VACANT SPACE | | 66,658 | 66,658 | | 868 | 9,548 | |
| 101 | CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 | NEGATIVE COST CENTER | | | | | | | |
| 103 | TOTAL | | 2,736,862 | 2,736,862 | | 358,792 | 300,567 | 22,257 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-1333 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/28/2009 | WORKSHEET B PART III

| | COST CENTER DESCRIPTION | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMINISTRATION | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | UTILIZATION REVIEW |
|---|---|---|---|---|---|---|---|---|
| | | 10 | 11 | 12 | 14 | 17 | 18 | 18.01 |
| | GENERAL SERVICE COST CNTR | | | | | | | |
| 003 | NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 | EMPLOYEE BENEFITS | | | | | | | |
| 006 | ADMINISTRATIVE & GENERAL | | | | | | | |
| 008 | OPERATION OF PLANT | | | | | | | |
| 009 | LAUNDRY & LINEN SERVICE | | | | | | | |
| 010 | HOUSEKEEPING | 25,919 | | | | | | |
| 011 | DIETARY | 917 | 87,567 | | | | | |
| 012 | CAFETERIA | 527 | | 55,513 | | | | |
| 014 | NURSING ADMINISTRATION | 218 | | 2,045 | 32,443 | | | |
| 017 | MEDICAL RECORDS & LIBRARY | 1,338 | | 5,350 | | 139,964 | | |
| 018 | SOCIAL SERVICE | 76 | | 174 | | | 7,768 | |
| 018 01 | UTILIZATION REVIEW | 59 | | 545 | | | | 8,069 |
| | INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 | ADULTS & PEDIATRICS | 3,163 | 70,122 | 8,197 | 9,381 | 32,941 | 6,220 | 6,462 |
| 026 | INTENSIVE CARE UNIT | 933 | 17,445 | 7,328 | 8,389 | 3,676 | 1,548 | 1,607 |
| 033 | NURSERY | 156 | | 696 | 797 | 5,135 | | |
| | ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 | OPERATING ROOM | 3,066 | | 3,279 | 3,754 | 51,263 | | |
| 038 | RECOVERY ROOM | 754 | | 1,609 | 1,841 | | | |
| 039 | DELIVERY ROOM & LABOR ROO | 552 | | 409 | 468 | | | |
| 040 | ANESTHESIOLOGY | | | | | | | |
| 041 | RADIOLOGY-DIAGNOSTIC | 1,031 | | 4,317 | | 19,650 | | |
| 041 01 | NUCLEAR MEDICINE-DIAGNOST | 46 | | | | | | |
| 041 02 | CAT SCAN | 434 | | 890 | | | | |
| 044 | LABORATORY | 812 | | 6,035 | | | | |
| 048 | INTRAVENOUS THERAPY | | | | | | | |
| 049 | RESPIRATORY THERAPY | 149 | | 1,687 | | | | |
| 050 | PHYSICAL THERAPY | 1,009 | | 2,161 | | | | |
| 051 | OCCUPATIONAL THERAPY | | | 563 | | | | |
| 052 | SPEECH PATHOLOGY | 47 | | | | | | |
| 053 | ELECTROCARDIOLOGY | 33 | | 283 | | 327 | | |
| 053 01 | CARDIAC REHAB | 237 | | 307 | 352 | | | |
| 055 | MEDICAL SUPPLIES CHARGED | | | 1,254 | | | | |
| 056 | DRUGS CHARGED TO PATIENTS | 255 | | 1,044 | | | | |
| 056 01 | ONCOLOGY | 1,601 | | 1,769 | 2,025 | 4,493 | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 060 | CLINIC | 351 | | 391 | 448 | | | |
| 061 | EMERGENCY | 1,763 | | 4,357 | 4,988 | 20,776 | | |
| 062 | OBSERVATION BEDS (NON-DIS | | | | | | | |
| | SPEC PURPOSE COST CENTERS | | | | | | | |
| 095 | SUBTOTALS | 19,527 | 87,567 | 54,690 | 32,443 | 138,261 | 7,768 | 8,069 |
| | NONREIMBURS COST CENTERS | | | | | | | |
| 096 | GIFT, FLOWER, COFFEE SHOP | 157 | | | | | | |
| 098 | PHYSICIANS' PRIVATE OFFIC | 5,170 | | | | 1,703 | | |
| 099 | NONPAID WORKERS | | | | | | | |
| 099 01 | DME | 229 | | 823 | | | | |
| 099 02 | LACTATION CONSULTING | | | | | | | |
| 099 03 | DIABETIC COUNSELING | | | | | | | |
| 100 | VACANT SPACE | 836 | | | | | | |
| 101 | CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 | NEGATIVE COST CENTER | | | | | | | |
| 103 | TOTAL | 25,919 | 87,567 | 55,513 | 32,443 | 139,964 | 7,768 | 8,069 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-1333 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/28/2009 | WORKSHEET B PART III

| | | COST CENTER DESCRIPTION | SUBTOTAL 25 | POST STEPDOWN ADJUSTMENT 26 | TOTAL 27 |
|---|---|---|---|---|---|
| | | GENERAL SERVICE COST CNTR | | | |
| 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 | | | |
| 017 | | MEDICAL RECORDS & LIBRARY | | | |
| 018 | | SOCIAL SERVICE | | | |
| 018 | 01 | UTILIZATION REVIEW | | | |
| | | INPAT ROUTINE SRVC CNTRS | | | |
| 025 | | ADULTS & PEDIATRICS | 458,739 | | 458,739 |
| 026 | | INTENSIVE CARE UNIT | 143,325 | | 143,325 |
| 033 | | NURSERY | 23,214 | | 23,214 |
| | | ANCILLARY SRVC COST CNTRS | | | |
| 037 | | OPERATING ROOM | 361,686 | | 361,686 |
| 038 | | RECOVERY ROOM | 76,293 | | 76,293 |
| 039 | | DELIVERY ROOM & LABOR ROO | 53,719 | | 53,719 |
| 040 | | ANESTHESIOLOGY | | | |
| 041 | | RADIOLOGY-DIAGNOSTIC | 134,681 | | 134,681 |
| 041 | 01 | NUCLEAR MEDICINE-DIAGNOST | 6,417 | | 6,417 |
| 041 | 02 | CAT SCAN | 48,000 | | 48,000 |
| 044 | | LABORATORY | 109,551 | | 109,551 |
| 048 | | INTRAVENOUS THERAPY | | | |
| 049 | | RESPIRATORY THERAPY | 21,915 | | 21,915 |
| 050 | | PHYSICAL THERAPY | 103,711 | | 103,711 |
| 051 | | OCCUPATIONAL THERAPY | 2,719 | | 2,719 |
| 052 | | SPEECH PATHOLOGY | 4,681 | | 4,681 |
| 053 | | ELECTROCARDIOLOGY | 5,399 | | 5,399 |
| 053 | 01 | CARDIAC REHAB | 23,915 | | 23,915 |
| 055 | | MEDICAL SUPPLIES CHARGED | 18,173 | | 18,173 |
| 056 | | DRUGS CHARGED TO PATIENTS | 65,318 | | 65,318 |
| 056 | 01 | ONCOLOGY | 162,417 | | 162,417 |
| | | OUTPAT SERVICE COST CNTRS | | | |
| 060 | | CLINIC | 33,791 | | 33,791 |
| 061 | | EMERGENCY | 215,947 | | 215,947 |
| 062 | | OBSERVATION BEDS (NON-DIS | | | |
| | | SPEC PURPOSE COST CENTERS | | | |
| 095 | | SUBTOTALS | 2,073,611 | | 2,073,611 |
| | | NONREIMBURS COST CENTERS | | | |
| 096 | | GIFT, FLOWER, COFFEE SHOP | 14,598 | | 14,598 |
| 098 | | PHYSICIANS' PRIVATE OFFIC | 545,885 | | 545,885 |
| 099 | | NONPAID WORKERS | | | |
| 099 | 01 | DME | 24,858 | | 24,858 |
| 099 | 02 | LACTATION CONSULTING | | | |
| 099 | 03 | DIABETIC COUNSELING | | | |
| 100 | | VACANT SPACE | 77,910 | | 77,910 |
| 101 | | CROSS FOOT ADJUSTMENTS | | | |
| 102 | | NEGATIVE COST CENTER | | | |
| 103 | | TOTAL | 2,736,862 | | 2,736,862 |

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: 15-1333 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET B-1

| | | COST CENTER DESCRIPTION | NEW CAP REL COSTS-BLDG & (SQUARE FEET) | EMPLOYEE BENEFITS (GROSS SALARIES) | RECONCIL-IATION | ADMINISTRATIVE & GENERAL (ACCUM. COST) | OPERATION OF PLANT (SQUARE FEET) | LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) |
|---|---|---|---|---|---|---|---|---|
| | | | 3 | 5 | 6a.00 | 6 | 8 | 9 |
| | | GENERAL SERVICE COST | | | | | | |
| 003 | | NEW CAP REL COSTS-BLD | 104,534 | | | | | |
| 005 | | EMPLOYEE BENEFITS | | 13,714,347 | | | | |
| 006 | | ADMINISTRATIVE & GENE | 13,704 | 1,623,498 | -4,199,246 | 27,543,331 | | |
| 008 | | OPERATION OF PLANT | 10,682 | 224,479 | | 1,604,207 | 80,148 | |
| 009 | | LAUNDRY & LINEN SERVI | 676 | 67,197 | | 155,299 | 676 | 49,090 |
| 010 | | HOUSEKEEPING | 562 | 470,862 | | 698,382 | 562 | |
| 011 | | DIETARY | 2,791 | 87,558 | | 238,720 | 2,791 | |
| 012 | | CAFETERIA | 1,604 | 283,138 | | 535,551 | 1,604 | |
| 014 | | NURSING ADMINISTRATIO | 665 | 587,421 | | 788,823 | 665 | |
| 017 | | MEDICAL RECORDS & LIB | 4,072 | 522,094 | | 874,674 | 4,072 | |
| 018 | | SOCIAL SERVICE | 230 | 31,733 | | 48,618 | 230 | |
| 018 | 01 | UTILIZATION REVIEW | 180 | 115,635 | | 159,444 | 180 | |
| | | INPAT ROUTINE SRVC CN | | | | | | |
| 025 | | ADULTS & PEDIATRICS | 9,631 | 1,216,497 | | 1,983,807 | 9,631 | 17,954 |
| 026 | | INTENSIVE CARE UNIT | 2,841 | 681,984 | | 1,078,209 | 2,841 | 7,318 |
| 033 | | NURSERY | 474 | 122,621 | | 172,095 | 474 | |
| | | ANCILLARY SRVC COST C | | | | | | |
| 037 | | OPERATING ROOM | 9,334 | 533,964 | | 1,286,158 | 9,334 | 9,238 |
| 038 | | RECOVERY ROOM | 2,295 | 153,657 | | 260,659 | 2,295 | |
| 039 | | DELIVERY ROOM & LABOR | 1,680 | 82,211 | | 153,914 | 1,680 | |
| 040 | | ANESTHESIOLOGY | | | | | | |
| 041 | | RADIOLOGY-DIAGNOSTIC | 3,139 | 655,656 | | 1,207,388 | 3,139 | |
| 041 | 01 | NUCLEAR MEDICINE-DIAG | 140 | | | 167,413 | 140 | |
| 041 | 02 | CAT SCAN | 1,320 | 144,882 | | 550,166 | 1,320 | |
| 044 | | LABORATORY | 2,472 | 777,053 | | 2,204,282 | 2,472 | |
| 048 | | INTRAVENOUS THERAPY | | | | | | |
| 049 | | RESPIRATORY THERAPY | 453 | 297,052 | | 500,536 | 453 | |
| 050 | | PHYSICAL THERAPY | 3,073 | 389,577 | | 594,921 | 3,073 | 1,790 |
| 051 | | OCCUPATIONAL THERAPY | | 125,291 | | 165,491 | | |
| 052 | | SPEECH PATHOLOGY | 142 | | | 29,440 | 142 | |
| 053 | | ELECTROCARDIOLOGY | 100 | 34,431 | | 135,375 | 100 | |
| 053 | 01 | CARDIAC REHAB | 723 | 59,739 | | 105,839 | 723 | |
| 055 | | MEDICAL SUPPLIES CHAR | | 126,509 | | 1,275,164 | | 682 |
| 056 | | DRUGS CHARGED TO PATI | 776 | 191,410 | | 3,131,580 | 776 | |
| 056 | 01 | ONCOLOGY | 4,875 | 277,003 | | 507,598 | 4,875 | |
| | | OUTPAT SERVICE COST C | | | | | | |
| 060 | | CLINIC | 1,069 | 37,078 | | 46,346 | 1,069 | |
| 061 | | EMERGENCY | 5,367 | 794,279 | | 1,457,121 | 5,367 | 9,793 |
| 062 | | OBSERVATION BEDS (NON | | | | | | |
| | | SPEC PURPOSE COST CEN | | | | | | |
| 095 | | SUBTOTALS | 85,070 | 10,714,509 | -4,199,246 | 22,117,220 | 60,684 | 46,775 |
| | | NONREIMBURS COST CENT | | | | | | |
| 096 | | GIFT, FLOWER, COFFEE | 477 | | | 12,489 | 477 | |
| 098 | | PHYSICIANS' PRIVATE O | 15,745 | 2,918,180 | | 5,118,646 | 15,745 | 2,315 |
| 099 | | NONPAID WORKERS | | | | | | |
| 099 | 01 | DME | 696 | 81,658 | | 228,318 | 696 | |
| 099 | 02 | LACTATION CONSULTING | | | | | | |
| 099 | 03 | DIABETIC COUNSELING | | | | | | |
| 100 | | VACANT SPACE | 2,546 | | | 66,658 | 2,546 | |
| 101 | | CROSS FOOT ADJUSTMENT | | | | | | |
| 102 | | NEGATIVE COST CENTER | | | | | | |
| 103 | | COST TO BE ALLOCATED (WRKSHT B, PART I) | 2,736,862 | 4,053,035 | | 4,199,246 | 1,848,784 | 194,569 |
| 104 | | UNIT COST MULTIPLIER (WRKSHT B, PT I) | 26.181549 | .295532 | | .152460 | 23.067126 | 3.963516 |
| 105 | | COST TO BE ALLOCATED (WRKSHT B, PART II) | | | | | | |
| 106 | | UNIT COST MULTIPLIER (WRKSHT B, PT II) | | | | | | |
| 107 | | COST TO BE ALLOCATED (WRKSHT B, PART III | | | | 358,792 | 300,567 | 22,257 |
| 108 | | UNIT COST MULTIPLIER (WRKSHT B, PT III) | | | | .013026 | 3.750150 | .453392 |

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-1333 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/28/2009 | WORKSHEET B-1

| | COST CENTER DESCRIPTION | HOUSEKEEPING (SQUARE FEET) | DIETARY (MEALS SERVED) | CAFETERIA (MANHOURS) | NURSING ADMINISTRATION (DIRECT NRSING HRS) | MEDICAL RECORDS & LIBRARY (TIME SPENT) | SOCIAL SERVICE (PATIENT DAYS) | UTILIZATION REVIEW (PATIENT DAYS) |
|---|---|---|---|---|---|---|---|---|
| | | 10 | 11 | 12 | 14 | 17 | 18 | 18.01 |
| | GENERAL SERVICE COST | | | | | | | |
| 003 | NEW CAP REL COSTS-BLD | | | | | | | |
| 005 | EMPLOYEE BENEFITS | | | | | | | |
| 006 | ADMINISTRATIVE & GENE | | | | | | | |
| 008 | OPERATION OF PLANT | | | | | | | |
| 009 | LAUNDRY & LINEN SERVI | | | | | | | |
| 010 | HOUSEKEEPING | 78,910 | | | | | | |
| 011 | DIETARY | 2,791 | 11,520 | | | | | |
| 012 | CAFETERIA | 1,604 | | 385,300 | | | | |
| 014 | NURSING ADMINISTRATIO | 665 | | 14,197 | 196,710 | | | |
| 017 | MEDICAL RECORDS & LIB | 4,072 | | 37,136 | | 47,104 | | |
| 018 | SOCIAL SERVICE | 230 | | 1,205 | | | 3,840 | |
| 018 01 | UTILIZATION REVIEW | 180 | | 3,781 | | | | 3,840 |
| | INPAT ROUTINE SRVC CN | | | | | | | |
| 025 | ADULTS & PEDIATRICS | 9,631 | 9,225 | 56,883 | 56,883 | 11,086 | 3,075 | 3,075 |
| 026 | INTENSIVE CARE UNIT | 2,841 | 2,295 | 50,864 | 50,864 | 1,237 | 765 | 765 |
| 033 | NURSERY | 474 | | 4,830 | 4,830 | 1,728 | | |
| | ANCILLARY SRVC COST C | | | | | | | |
| 037 | OPERATING ROOM | 9,334 | | 22,761 | 22,761 | 17,253 | | |
| 038 | RECOVERY ROOM | 2,295 | | 11,165 | 11,165 | | | |
| 039 | DELIVERY ROOM & LABOR | 1,680 | | 2,840 | 2,840 | | | |
| 040 | ANESTHESIOLOGY | | | | | | | |
| 041 | RADIOLOGY-DIAGNOSTIC | 3,139 | | 29,963 | | 6,613 | | |
| 041 01 | NUCLEAR MEDICINE-DIAG | 140 | | | | | | |
| 041 02 | CAT SCAN | 1,320 | | 6,174 | | | | |
| 044 | LABORATORY | 2,472 | | 41,887 | | | | |
| 048 | INTRAVENOUS THERAPY | | | | | | | |
| 049 | RESPIRATORY THERAPY | 453 | | 11,712 | | | | |
| 050 | PHYSICAL THERAPY | 3,073 | | 14,999 | | | | |
| 051 | OCCUPATIONAL THERAPY | | | 3,910 | | | | |
| 052 | SPEECH PATHOLOGY | 142 | | | | | | |
| 053 | ELECTROCARDIOLOGY | 100 | | 1,965 | | 110 | | |
| 053 01 | CARDIAC REHAB | 723 | | 2,133 | 2,133 | | | |
| 055 | MEDICAL SUPPLIES CHAR | | | 8,704 | | | | |
| 056 | DRUGS CHARGED TO PATI | 776 | | 7,245 | | | | |
| 056 01 | ONCOLOGY | 4,875 | | 12,277 | 12,277 | 1,512 | | |
| | OUTPAT SERVICE COST C | | | | | | | |
| 060 | CLINIC | 1,069 | | 2,715 | 2,715 | | | |
| 061 | EMERGENCY | 5,367 | | 30,242 | 30,242 | 6,992 | | |
| 062 | OBSERVATION BEDS (NON | | | | | | | |
| | SPEC PURPOSE COST CEN | | | | | | | |
| 095 | SUBTOTALS | 59,446 | 11,520 | 379,588 | 196,710 | 46,531 | 3,840 | 3,840 |
| | NONREIMBURS COST CENT | | | | | | | |
| 096 | GIFT, FLOWER, COFFEE | 477 | | | | | | |
| 098 | PHYSICIANS' PRIVATE O | 15,745 | | | | 573 | | |
| 099 | NONPAID WORKERS | | | | | | | |
| 099 01 | DME | 696 | | 5,712 | | | | |
| 099 02 | LACTATION CONSULTING | | | | | | | |
| 099 03 | DIABETIC COUNSELING | | | | | | | |
| 100 | VACANT SPACE | 2,546 | | | | | | |
| 101 | CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 | NEGATIVE COST CENTER | | | | | | | |
| 103 | COST TO BE ALLOCATED (WRKSHT B, PART I) | 817,821 | 368,421 | 670,825 | 956,037 | 1,208,813 | 65,817 | 196,354 |
| 104 | UNIT COST MULTIPLIER (WRKSHT B, PT I) | 10.363972 | 31.980990 | 1.741046 | 4.860134 | 25.662640 | 17.139844 | 51.133854 |
| 105 | COST TO BE ALLOCATED (WRKSHT B, PART II) | | | | | | | |
| 106 | UNIT COST MULTIPLIER (WRKSHT B, PT II) | | | | | | | |
| 107 | COST TO BE ALLOCATED (WRKSHT B, PART III | 25,919 | 87,567 | 55,513 | 32,443 | 139,964 | 7,768 | 8,069 |
| 108 | UNIT COST MULTIPLIER (WRKSHT B, PT III) | .328463 | 7.601302 | .144077 | .164928 | 2.971382 | 2.022917 | 2.101302 |

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: 15-1333 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET C I 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 | 3,844,349 | | 3,844,349 | | |
| 26 | | INTENSIVE CARE UNIT | 1,859,709 | | 1,859,709 | | |
| 33 | | NURSERY | 290,408 | | 290,408 | | |
| | | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | | OPERATING ROOM | 2,423,914 | | 2,423,914 | | |
| 38 | | RECOVERY ROOM | 450,825 | | 450,825 | | |
| 39 | | DELIVERY ROOM & LABOR ROO | 252,292 | | 252,292 | | |
| 40 | | ANESTHESIOLOGY | | | | | |
| 41 | | RADIOLOGY-DIAGNOSTIC | 1,718,281 | | 1,718,281 | | |
| 41 | 01 | NUCLEAR MEDICINE-DIAGNOST | 197,617 | | 197,617 | | |
| 41 | 02 | CAT SCAN | 688,922 | | 688,922 | | |
| 44 | | LABORATORY | 2,695,916 | | 2,695,916 | | |
| 48 | | INTRAVENOUS THERAPY | | | | | |
| 49 | | RESPIRATORY THERAPY | 612,383 | | 612,383 | | |
| 50 | | PHYSICAL THERAPY | 821,565 | | 821,565 | | |
| 51 | | OCCUPATIONAL THERAPY | 197,529 | | 197,529 | | |
| 52 | | SPEECH PATHOLOGY | 38,676 | | 38,676 | | |
| 53 | | ELECTROCARDIOLOGY | 165,601 | | 165,601 | | |
| 53 | 01 | CARDIAC REHAB | 160,227 | | 160,227 | | |
| 55 | | MEDICAL SUPPLIES CHARGED | 1,487,433 | | 1,487,433 | | |
| 56 | | DRUGS CHARGED TO PATIENTS | 3,647,577 | | 3,647,577 | | |
| 56 | 01 | ONCOLOGY | 867,807 | | 867,807 | | |
| | | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | | CLINIC | 107,072 | | 107,072 | | |
| 61 | | EMERGENCY | 2,276,579 | | 2,276,579 | | |
| 62 | | OBSERVATION BEDS (NON-DIS | 853,665 | | 853,665 | | |
| | | OTHER REIMBURS COST CNTRS | | | | | |
| 101 | | SUBTOTAL | 25,658,347 | | 25,658,347 | | |
| 102 | | LESS OBSERVATION BEDS | 853,665 | | 853,665 | | |
| 103 | | TOTAL | 24,804,682 | | 24,804,682 | | |

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: 15-1333 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET C I PART I

| WKST LINE | A 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 | 1,808,308 | | 1,808,308 | | | |
| 26 | | INTENSIVE CARE UNIT | 1,088,896 | | 1,088,896 | | | |
| 33 | | NURSERY | 204,840 | | 204,840 | | | |
| | | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | | OPERATING ROOM | 711,544 | 2,836,046 | 3,547,590 | .683257 | .683257 | |
| 38 | | RECOVERY ROOM | 127,440 | 452,396 | 579,836 | .777504 | .777504 | |
| 39 | | DELIVERY ROOM & LABOR ROO | 307,547 | 162,042 | 469,589 | .537261 | .537261 | |
| 40 | | ANESTHESIOLOGY | | | | | | |
| 41 | | RADIOLOGY-DIAGNOSTIC | 474,438 | 4,018,674 | 4,493,112 | .382426 | .382426 | |
| 41 | 01 | NUCLEAR MEDICINE-DIAGNOST | 37,422 | 510,178 | 547,600 | .360878 | .360878 | |
| 41 | 02 | CAT SCAN | 536,956 | 7,737,002 | 8,273,958 | .083264 | .083264 | |
| 44 | | LABORATORY | 1,236,333 | 6,340,410 | 7,576,743 | .355815 | .355815 | |
| 48 | | INTRAVENOUS THERAPY | | | | | | |
| 49 | | RESPIRATORY THERAPY | 697,742 | 325,866 | 1,023,608 | .598259 | .598259 | |
| 50 | | PHYSICAL THERAPY | 193,379 | 755,912 | 949,291 | .865451 | .865451 | |
| 51 | | OCCUPATIONAL THERAPY | 60,120 | 245,890 | 306,010 | .645499 | .645499 | |
| 52 | | SPEECH PATHOLOGY | 6,778 | 59,483 | 66,261 | .583692 | .583692 | |
| 53 | | ELECTROCARDIOLOGY | 41,997 | 677,802 | 719,799 | .230066 | .230066 | |
| 53 | 01 | CARDIAC REHAB | 916 | 125,695 | 126,611 | 1.265506 | 1.265506 | |
| 55 | | MEDICAL SUPPLIES CHARGED | 771,858 | 1,488,494 | 2,260,352 | .658054 | .658054 | |
| 56 | | DRUGS CHARGED TO PATIENTS | 1,988,176 | 6,269,729 | 8,257,905 | .441707 | .441707 | |
| 56 | 01 | ONCOLOGY | 1,789 | 637,712 | 639,501 | 1.357006 | 1.357006 | |
| | | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | | CLINIC | | 15,153 | 15,153 | 7.066060 | 7.066060 | |
| 61 | | EMERGENCY | 119,460 | 3,131,723 | 3,251,183 | .700231 | .700231 | |
| 62 | | OBSERVATION BEDS (NON-DIS | | 982,813 | 982,813 | .868594 | .868594 | |
| | | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | | SUBTOTAL | 10,415,939 | 36,773,020 | 47,188,959 | | | |
| 102 | | LESS OBSERVATION BEDS | | | | | | |
| 103 | | TOTAL | 10,415,939 | 36,773,020 | 47,188,959 | | | |

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-1333
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 5/28/2009
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 | 3,844,349 | | 3,844,349 | | |
| 26 | | INTENSIVE CARE UNIT | 1,859,709 | | 1,859,709 | | |
| 33 | | NURSERY | 290,408 | | 290,408 | | |
| | | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | | OPERATING ROOM | 2,423,914 | | 2,423,914 | | |
| 38 | | RECOVERY ROOM | 450,825 | | 450,825 | | |
| 39 | | DELIVERY ROOM & LABOR ROO | 252,292 | | 252,292 | | |
| 40 | | ANESTHESIOLOGY | | | | | |
| 41 | | RADIOLOGY-DIAGNOSTIC | 1,718,281 | | 1,718,281 | | |
| 41 | 01 | NUCLEAR MEDICINE-DIAGNOST | 197,617 | | 197,617 | | |
| 41 | 02 | CAT SCAN | 688,922 | | 688,922 | | |
| 44 | | LABORATORY | 2,695,916 | | 2,695,916 | | |
| 48 | | INTRAVENOUS THERAPY | | | | | |
| 49 | | RESPIRATORY THERAPY | 612,383 | | 612,383 | | |
| 50 | | PHYSICAL THERAPY | 821,565 | | 821,565 | | |
| 51 | | OCCUPATIONAL THERAPY | 197,529 | | 197,529 | | |
| 52 | | SPEECH PATHOLOGY | 38,676 | | 38,676 | | |
| 53 | | ELECTROCARDIOLOGY | 165,601 | | 165,601 | | |
| 53 | 01 | CARDIAC REHAB | 160,227 | | 160,227 | | |
| 55 | | MEDICAL SUPPLIES CHARGED | 1,487,433 | | 1,487,433 | | |
| 56 | | DRUGS CHARGED TO PATIENTS | 3,647,577 | | 3,647,577 | | |
| 56 | 01 | ONCOLOGY | 867,807 | | 867,807 | | |
| | | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | | CLINIC | 107,072 | | 107,072 | | |
| 61 | | EMERGENCY | 2,276,579 | | 2,276,579 | | |
| 62 | | OBSERVATION BEDS (NON-DIS | 853,665 | | 853,665 | | |
| | | OTHER REIMBURS COST CNTRS | | | | | |
| 101 | | SUBTOTAL | 25,658,347 | | 25,658,347 | | |
| 102 | | LESS OBSERVATION BEDS | 853,665 | | 853,665 | | |
| 103 | | TOTAL | 24,804,682 | | 24,804,682 | | |

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-1333
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 5/28/2009
WORKSHEET C
PART I

| WKST LINE | A 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 | 1,808,308 | | 1,808,308 | | | |
| 26 | | INTENSIVE CARE UNIT | 1,088,896 | | 1,088,896 | | | |
| 33 | | NURSERY | 204,840 | | 204,840 | | | |
| | | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | | OPERATING ROOM | 711,544 | 2,836,046 | 3,547,590 | .683257 | .683257 | |
| 38 | | RECOVERY ROOM | 127,440 | 452,396 | 579,836 | .777504 | .777504 | |
| 39 | | DELIVERY ROOM & LABOR ROO | 307,547 | 162,042 | 469,589 | .537261 | .537261 | |
| 40 | | ANESTHESIOLOGY | | | | | | |
| 41 | | RADIOLOGY-DIAGNOSTIC | 474,438 | 4,018,674 | 4,493,112 | .382426 | .382426 | |
| 41 | 01 | NUCLEAR MEDICINE-DIAGNOST | 37,422 | 510,178 | 547,600 | .360878 | .360878 | |
| 41 | 02 | CAT SCAN | 536,956 | 7,737,002 | 8,273,958 | .083264 | .083264 | |
| 44 | | LABORATORY | 1,236,333 | 6,340,410 | 7,576,743 | .355815 | .355815 | |
| 48 | | INTRAVENOUS THERAPY | | | | | | |
| 49 | | RESPIRATORY THERAPY | 697,742 | 325,866 | 1,023,608 | .598259 | .598259 | |
| 50 | | PHYSICAL THERAPY | 193,379 | 755,912 | 949,291 | .865451 | .865451 | |
| 51 | | OCCUPATIONAL THERAPY | 60,120 | 245,890 | 306,010 | .645499 | .645499 | |
| 52 | | SPEECH PATHOLOGY | 6,778 | 59,483 | 66,261 | .583692 | .583692 | |
| 53 | | ELECTROCARDIOLOGY | 41,997 | 677,802 | 719,799 | .230066 | .230066 | |
| 53 | 01 | CARDIAC REHAB | 916 | 125,695 | 126,611 | 1.265506 | 1.265506 | |
| 55 | | MEDICAL SUPPLIES CHARGED | 771,858 | 1,488,494 | 2,260,352 | .658054 | .658054 | |
| 56 | | DRUGS CHARGED TO PATIENTS | 1,988,176 | 6,269,729 | 8,257,905 | .441707 | .441707 | |
| 56 | 01 | ONCOLOGY | 1,789 | 637,712 | 639,501 | 1.357006 | 1.357006 | |
| | | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | | CLINIC | | 15,153 | 15,153 | 7.066060 | 7.066060 | |
| 61 | | EMERGENCY | 119,460 | 3,131,723 | 3,251,183 | .700231 | .700231 | |
| 62 | | OBSERVATION BEDS (NON-DIS | | 982,813 | 982,813 | .868594 | .868594 | |
| | | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | | SUBTOTAL | 10,415,939 | 36,773,020 | 47,188,959 | | | |
| 102 | | LESS OBSERVATION BEDS | | | | | | |
| 103 | | TOTAL | 10,415,939 | 36,773,020 | 47,188,959 | | | |

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

PROVIDER NO: 15-1333 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/28/2009 | WORKSHEET C PART II

| WKST A LINE NO. | | COST CENTER DESCRIPTION | TOTAL COST WKST B, PT I COL. 27 | CAPITAL COST WKST B PT II & III,COL. 27 | OPERATING COST NET OF CAPITAL COST | CAPITAL REDUCTION | OPERATING COST REDUCTION AMOUNT | COST NET OF CAP AND OPER COST REDUCTION |
|---|---|---|---|---|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 | 6 |
| | | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | | OPERATING ROOM | 2,423,914 | 361,686 | 2,062,228 | | | 2,423,914 |
| 38 | | RECOVERY ROOM | 450,825 | 76,293 | 374,532 | | | 450,825 |
| 39 | | DELIVERY ROOM & LABOR ROO | 252,292 | 53,719 | 198,573 | | | 252,292 |
| 40 | | ANESTHESIOLOGY | | | | | | |
| 41 | | RADIOLOGY-DIAGNOSTIC | 1,718,281 | 134,681 | 1,583,600 | | | 1,718,281 |
| 41 | 01 | NUCLEAR MEDICINE-DIAGNOST | 197,617 | 6,417 | 191,200 | | | 197,617 |
| 41 | 02 | CAT SCAN | 688,922 | 48,000 | 640,922 | | | 688,922 |
| 44 | | LABORATORY | 2,695,916 | 109,551 | 2,586,365 | | | 2,695,916 |
| 48 | | INTRAVENOUS THERAPY | | | | | | |
| 49 | | RESPIRATORY THERAPY | 612,383 | 21,915 | 590,468 | | | 612,383 |
| 50 | | PHYSICAL THERAPY | 821,565 | 103,711 | 717,854 | | | 821,565 |
| 51 | | OCCUPATIONAL THERAPY | 197,529 | 2,719 | 194,810 | | | 197,529 |
| 52 | | SPEECH PATHOLOGY | 38,676 | 4,681 | 33,995 | | | 38,676 |
| 53 | | ELECTROCARDIOLOGY | 165,601 | 5,399 | 160,202 | | | 165,601 |
| 53 | 01 | CARDIAC REHAB | 160,227 | 23,915 | 136,312 | | | 160,227 |
| 55 | | MEDICAL SUPPLIES CHARGED | 1,487,433 | 18,173 | 1,469,260 | | | 1,487,433 |
| 56 | | DRUGS CHARGED TO PATIENTS | 3,647,577 | 65,318 | 3,582,259 | | | 3,647,577 |
| 56 | 01 | ONCOLOGY | 867,807 | 162,417 | 705,390 | | | 867,807 |
| | | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | | CLINIC | 107,072 | 33,791 | 73,281 | | | 107,072 |
| 61 | | EMERGENCY | 2,276,579 | 215,947 | 2,060,632 | | | 2,276,579 |
| 62 | | OBSERVATION BEDS (NON-DIS | 853,665 | | 853,665 | | | 853,665 |
| | | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | | SUBTOTAL | 19,663,881 | 1,448,333 | 18,215,548 | | | 19,663,881 |
| 102 | | LESS OBSERVATION BEDS | 853,665 | | 853,665 | | | 853,665 |
| 103 | | TOTAL | 18,810,216 | 1,448,333 | 17,361,883 | | | 18,810,216 |

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

PROVIDER NO: 15-1333 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/28/2009 | 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 | 3,547,590 | .683257 | .683257 |
| 38 | | RECOVERY ROOM | 579,836 | .777504 | .777504 |
| 39 | | DELIVERY ROOM & LABOR ROO | 469,589 | .537261 | .537261 |
| 40 | | ANESTHESIOLOGY | | | |
| 41 | | RADIOLOGY-DIAGNOSTIC | 4,493,112 | .382426 | .382426 |
| 41 | 01 | NUCLEAR MEDICINE-DIAGNOST | 547,600 | .360878 | .360878 |
| 41 | 02 | CAT SCAN | 8,273,958 | .083264 | .083264 |
| 44 | | LABORATORY | 7,576,743 | .355815 | .355815 |
| 48 | | INTRAVENOUS THERAPY | | | |
| 49 | | RESPIRATORY THERAPY | 1,023,608 | .598259 | .598259 |
| 50 | | PHYSICAL THERAPY | 949,291 | .865451 | .865451 |
| 51 | | OCCUPATIONAL THERAPY | 306,010 | .645499 | .645499 |
| 52 | | SPEECH PATHOLOGY | 66,261 | .583692 | .583692 |
| 53 | | ELECTROCARDIOLOGY | 719,799 | .230066 | .230066 |
| 53 | 01 | CARDIAC REHAB | 126,611 | 1.265506 | 1.265506 |
| 55 | | MEDICAL SUPPLIES CHARGED | 2,260,352 | .658054 | .658054 |
| 56 | | DRUGS CHARGED TO PATIENTS | 8,257,905 | .441707 | .441707 |
| 56 | 01 | ONCOLOGY | 639,501 | 1.357006 | 1.357006 |
| | | OUTPAT SERVICE COST CNTRS | | | |
| 60 | | CLINIC | 15,153 | 7.066060 | 7.066060 |
| 61 | | EMERGENCY | 3,251,183 | .700231 | .700231 |
| 62 | | OBSERVATION BEDS (NON-DIS | 982,813 | .868594 | .868594 |
| | | OTHER REIMBURS COST CNTRS | | | |
| 101 | | SUBTOTAL | 44,086,915 | | |
| 102 | | LESS OBSERVATION BEDS | 982,813 | | |
| 103 | | TOTAL | 43,104,102 | | |

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

PROVIDER NO: 15-1333
PERIOD: FROM 1/ 1/2008 TO 12/31/2008

PREPARED 5/28/2009
WORKSHEET C
PART II

| WKST LINE | A 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 | 2,423,914 | 361,686 | 2,062,228 | | | 2,423,914 |
| 38 | | RECOVERY ROOM | 450,825 | 76,293 | 374,532 | | | 450,825 |
| 39 | | DELIVERY ROOM & LABOR ROO | 252,292 | 53,719 | 198,573 | | | 252,292 |
| 40 | | ANESTHESIOLOGY | | | | | | |
| 41 | | RADIOLOGY-DIAGNOSTIC | 1,718,281 | 134,681 | 1,583,600 | | | 1,718,281 |
| 41 | 01 | NUCLEAR MEDICINE-DIAGNOST | 197,617 | 6,417 | 191,200 | | | 197,617 |
| 41 | 02 | CAT SCAN | 688,922 | 48,000 | 640,922 | | | 688,922 |
| 44 | | LABORATORY | 2,695,916 | 109,551 | 2,586,365 | | | 2,695,916 |
| 48 | | INTRAVENOUS THERAPY | | | | | | |
| 49 | | RESPIRATORY THERAPY | 612,383 | 21,915 | 590,468 | | | 612,383 |
| 50 | | PHYSICAL THERAPY | 821,565 | 103,711 | 717,854 | | | 821,565 |
| 51 | | OCCUPATIONAL THERAPY | 197,529 | 2,719 | 194,810 | | | 197,529 |
| 52 | | SPEECH PATHOLOGY | 38,676 | 4,681 | 33,995 | | | 38,676 |
| 53 | | ELECTROCARDIOLOGY | 165,601 | 5,399 | 160,202 | | | 165,601 |
| 53 | 01 | CARDIAC REHAB | 160,227 | 23,915 | 136,312 | | | 160,227 |
| 55 | | MEDICAL SUPPLIES CHARGED | 1,487,433 | 18,173 | 1,469,260 | | | 1,487,433 |
| 56 | | DRUGS CHARGED TO PATIENTS | 3,647,577 | 65,318 | 3,582,259 | | | 3,647,577 |
| 56 | 01 | ONCOLOGY | 867,807 | 162,417 | 705,390 | | | 867,807 |
| | | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | | CLINIC | 107,072 | 33,791 | 73,281 | | | 107,072 |
| 61 | | EMERGENCY | 2,276,579 | 215,947 | 2,060,632 | | | 2,276,579 |
| 62 | | OBSERVATION BEDS (NON-DIS | 853,665 | | 853,665 | | | 853,665 |
| | | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | | SUBTOTAL | 19,663,881 | 1,448,333 | 18,215,548 | | | 19,663,881 |
| 102 | | LESS OBSERVATION BEDS | 853,665 | | 853,665 | | | 853,665 |
| 103 | | TOTAL | 18,810,216 | 1,448,333 | 17,361,883 | | | 18,810,216 |

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

PROVIDER NO: 15-1333
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 5/28/2009
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 | 3,547,590 | .683257 | .683257 |
| 38 | | RECOVERY ROOM | 579,836 | .777504 | .777504 |
| 39 | | DELIVERY ROOM & LABOR ROO | 469,589 | .537261 | .537261 |
| 40 | | ANESTHESIOLOGY | | | |
| 41 | | RADIOLOGY-DIAGNOSTIC | 4,493,112 | .382426 | .382426 |
| 41 | 01 | NUCLEAR MEDICINE-DIAGNOST | 547,600 | .360878 | .360878 |
| 41 | 02 | CAT SCAN | 8,273,958 | .083264 | .083264 |
| 44 | | LABORATORY | 7,576,743 | .355815 | .355815 |
| 48 | | INTRAVENOUS THERAPY | | | |
| 49 | | RESPIRATORY THERAPY | 1,023,608 | .598259 | .598259 |
| 50 | | PHYSICAL THERAPY | 949,291 | .865451 | .865451 |
| 51 | | OCCUPATIONAL THERAPY | 306,010 | .645499 | .645499 |
| 52 | | SPEECH PATHOLOGY | 66,261 | .583692 | .583692 |
| 53 | | ELECTROCARDIOLOGY | 719,799 | .230066 | .230066 |
| 53 | 01 | CARDIAC REHAB | 126,611 | 1.265506 | 1.265506 |
| 55 | | MEDICAL SUPPLIES CHARGED | 2,260,352 | .658054 | .658054 |
| 56 | | DRUGS CHARGED TO PATIENTS | 8,257,905 | .441707 | .441707 |
| 56 | 01 | ONCOLOGY | 639,501 | 1.357006 | 1.357006 |
| | | OUTPAT SERVICE COST CNTRS | | | |
| 60 | | CLINIC | 15,153 | 7.066060 | 7.066060 |
| 61 | | EMERGENCY | 3,251,183 | .700231 | .700231 |
| 62 | | OBSERVATION BEDS (NON-DIS | 982,813 | .868594 | .868594 |
| | | OTHER REIMBURS COST CNTRS | | | |
| 101 | | SUBTOTAL | 44,086,915 | | |
| 102 | | LESS OBSERVATION BEDS | 982,813 | | |
| 103 | | TOTAL | 43,104,102 | | |

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

I PROVIDER NO: 15-1333 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET C I PART III

| WKST LINE | A NO. | COST CENTER DESCRIPTION | TOTAL COST WKST B, PT I COL. 27 | TOTAL ANCILLARY CHARGES | TOTAL INP ANCILLARY CHARGES | CHARGE TO CHARGE RATIO | TOTAL INPATIENT COST |
|---|---|---|---|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| | | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | | OPERATING ROOM | 2,423,914 | 3,547,590 | | | |
| 38 | | RECOVERY ROOM | 450,825 | 579,836 | | | |
| 39 | | DELIVERY ROOM & LABOR ROO | 252,292 | 469,589 | | | |
| 40 | | ANESTHESIOLOGY | | | | | |
| 41 | | RADIOLOGY-DIAGNOSTIC | 1,718,281 | 4,493,112 | | | |
| 41 | 01 | NUCLEAR MEDICINE-DIAGNOST | 197,617 | 547,600 | | | |
| 41 | 02 | CAT SCAN | 688,922 | 8,273,958 | | | |
| 44 | | LABORATORY | 2,695,916 | 7,576,743 | | | |
| 48 | | INTRAVENOUS THERAPY | | | | | |
| 49 | | RESPIRATORY THERAPY | 612,383 | 1,023,608 | | | |
| 50 | | PHYSICAL THERAPY | 821,565 | 949,291 | | | |
| 51 | | OCCUPATIONAL THERAPY | 197,529 | 306,010 | | | |
| 52 | | SPEECH PATHOLOGY | 38,676 | 66,261 | | | |
| 53 | | ELECTROCARDIOLOGY | 165,601 | 719,799 | | | |
| 53 | 01 | CARDIAC REHAB | 160,227 | 126,611 | | | |
| 55 | | MEDICAL SUPPLIES CHARGED | 1,487,433 | 2,260,352 | | | |
| 56 | | DRUGS CHARGED TO PATIENTS | 3,647,577 | 8,257,905 | | | |
| 56 | 01 | ONCOLOGY | 867,807 | 639,501 | | | |
| | | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | | CLINIC | 107,072 | 15,153 | | | |
| 61 | | EMERGENCY | 2,276,579 | 3,251,183 | | | |
| 62 | | OBSERVATION BEDS (NON-DIS | 853,665 | 982,813 | | | |
| | | OTHER REIMBURS COST CNTRS | | | | | |
| 101 | | TOTAL | 19,663,881 | 44,086,915 | | | |

COMPUTATION OF OUTPATIENT COST PER VISIT - RURAL PRIMARY CARE HOSPITAL

PROVIDER NO: 15-1333 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/28/2009 | WORKSHEET C PART V

| WKST LINE | A NO. | COST CENTER DESCRIPTION | TOTAL COST WKST B, PT I COL. 27 1 | PROVIDER-BASED PHYSICIAN ADJUSTMENT 2 | TOTAL COSTS 3 | TOTAL ANCILLARY CHARGES 4 | TOTAL OUTPATIENT CHARGES 5 | RATIO OF OUT-PATIENT CHRGS TO TTL CHARGES 6 | TOTAL OUT-PATIENT COSTS 7 |
|---|---|---|---|---|---|---|---|---|---|
| | | ANCILLARY SRVC COST CNTRS | | | | | | | |
| 37 | | OPERATING ROOM | 2,423,914 | | 2,423,914 | 3,547,590 | | | |
| 38 | | RECOVERY ROOM | 450,825 | | 450,825 | 579,836 | | | |
| 39 | | DELIVERY ROOM & LABOR ROO | 252,292 | | 252,292 | 469,589 | | | |
| 40 | | ANESTHESIOLOGY | | 498,198 | 498,198 | | | | |
| 41 | | RADIOLOGY-DIAGNOSTIC | 1,718,281 | | 1,718,281 | 4,493,112 | | | |
| 41 | 01 | NUCLEAR MEDICINE-DIAGNOST | 197,617 | | 197,617 | 547,600 | | | |
| 41 | 02 | CAT SCAN | 688,922 | | 688,922 | 8,273,958 | | | |
| 44 | | LABORATORY | 2,695,916 | | 2,695,916 | 7,576,743 | | | |
| 48 | | INTRAVENOUS THERAPY | | | | | | | |
| 49 | | RESPIRATORY THERAPY | 612,383 | | 612,383 | 1,023,608 | | | |
| 50 | | PHYSICAL THERAPY | 821,565 | | 821,565 | 949,291 | | | |
| 51 | | OCCUPATIONAL THERAPY | 197,529 | | 197,529 | 306,010 | | | |
| 52 | | SPEECH PATHOLOGY | 38,676 | | 38,676 | 66,261 | | | |
| 53 | | ELECTROCARDIOLOGY | 165,601 | | 165,601 | 719,799 | | | |
| 53 | 01 | CARDIAC REHAB | 160,227 | | 160,227 | 126,611 | | | |
| 55 | | MEDICAL SUPPLIES CHARGED | 1,487,433 | | 1,487,433 | 2,260,352 | | | |
| 56 | | DRUGS CHARGED TO PATIENTS | 3,647,577 | | 3,647,577 | 8,257,905 | | | |
| 56 | 01 | ONCOLOGY | 867,807 | | 867,807 | 639,501 | | | |
| | | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 60 | | CLINIC | 107,072 | | 107,072 | 15,153 | | | |
| 61 | | EMERGENCY | 2,276,579 | 990,545 | 3,267,124 | 3,251,183 | | | |
| 62 | | OBSERVATION BEDS (NON-DIS | 853,665 | | 853,665 | 982,813 | | | |
| | | OTHER REIMBURS COST CNTRS | | | | | | | |
| 101 | | TOTAL | 19,663,881 | 1,488,743 | 21,152,624 | 44,086,915 | | | |
| 102 | | TOTAL OUTPATIENT VISITS | | | | | | | |
| 103 | | AGGREGATE COST PER VISIT | | | | | | | |
| 104 | | TITLE V OUTPATIENT VISITS | | | | | | | |
| 105 | | TITLE XVIII OUTPAT VISITS | | | | | | | |
| 106 | | TITLE XIX OUTPAT VISITS | | | | | | | |
| 107 | | TITLE V OUTPAT COSTS | | | | | | | |
| 108 | | TITLE XVIII OUTPAT COSTS | | | | | | | |
| 109 | | TITLE XIX OUTPAT COSTS | | | | | | | |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-1333 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/28/2009
COMPONENT NO: 15-1333 | WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

| | | Cost Center Description | Cost/Charge Ratio (C, Pt I, col. 9) 1 | Cost/Charge Ratio (C, Pt I, col. 9) 1.01 | Cost/Charge Ratio (C, Pt II, col. 9) 1.02 | Outpatient Ambulatory Surgical Ctr 2 | Outpatient Radiology 3 |
|---|---|---|---|---|---|---|---|
| (A) | | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | | OPERATING ROOM | .683257 | | .683257 | | |
| 38 | | RECOVERY ROOM | .777504 | | .777504 | | |
| 39 | | DELIVERY ROOM & LABOR ROOM | .537261 | | .537261 | | |
| 40 | | ANESTHESIOLOGY | | | | | |
| 41 | | RADIOLOGY-DIAGNOSTIC | .382426 | | .382426 | | |
| 41 | 01 | NUCLEAR MEDICINE-DIAGNOSTIC | .360878 | | .360878 | | |
| 41 | 02 | CAT SCAN | .083264 | | .083264 | | |
| 44 | | LABORATORY | .355815 | | .355815 | | |
| 48 | | INTRAVENOUS THERAPY | | | | | |
| 49 | | RESPIRATORY THERAPY | .598259 | | .598259 | | |
| 50 | | PHYSICAL THERAPY | .865451 | | .865451 | | |
| 51 | | OCCUPATIONAL THERAPY | .645499 | | .645499 | | |
| 52 | | SPEECH PATHOLOGY | .583692 | | .583692 | | |
| 53 | | ELECTROCARDIOLOGY | .230066 | | .230066 | | |
| 53 | 01 | CARDIAC REHAB | 1.265506 | | 1.265506 | | |
| 55 | | MEDICAL SUPPLIES CHARGED TO PATIENTS | .658054 | | .658054 | | |
| 56 | | DRUGS CHARGED TO PATIENTS | .441707 | | .441707 | | |
| 56 | 01 | ONCOLOGY | 1.357006 | | 1.357006 | | |
| | | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | | CLINIC | 7.066060 | | 7.066060 | | |
| 61 | | EMERGENCY | .700231 | | .700231 | | |
| 62 | | OBSERVATION BEDS (NON-DISTINCT PART) | .868594 | | .868594 | | |
| 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

PROVIDER NO: 15-1333 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/28/2009
COMPONENT NO: 15-1333 | WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

| | Cost Center Description | Other Outpatient Diagnostic 4 | All Other (1) 5 | Outpatient Ambulatory Surgical Ctr 6 | Outpatient Radiology 7 | Other Outpatient Diagnostic 8 |
|---|---|---|---|---|---|---|
| (A) | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | OPERATING ROOM | | 897,509 | | | |
| 38 | RECOVERY ROOM | | 121,507 | | | |
| 39 | DELIVERY ROOM & LABOR ROOM | | 2,649 | | | |
| 40 | ANESTHESIOLOGY | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | 1,026,052 | | | |
| 41 01 | NUCLEAR MEDICINE-DIAGNOSTIC | | 190,866 | | | |
| 41 02 | CAT SCAN | | 2,169,873 | | | |
| 44 | LABORATORY | | 2,180,563 | | | |
| 48 | INTRAVENOUS THERAPY | | | | | |
| 49 | RESPIRATORY THERAPY | | 205,700 | | | |
| 50 | PHYSICAL THERAPY | | 215,918 | | | |
| 51 | OCCUPATIONAL THERAPY | | 72,733 | | | |
| 52 | SPEECH PATHOLOGY | | 2,850 | | | |
| 53 | ELECTROCARDIOLOGY | | 256,703 | | | |
| 53 01 | CARDIAC REHAB | | 28,340 | | | |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | | 466,923 | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | 2,240,214 | | | |
| 56 01 | ONCOLOGY | | 183,045 | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | CLINIC | | | | | |
| 61 | EMERGENCY | | 733,550 | | | |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | | 475,588 | | | |
| 101 | SUBTOTAL | | 11,470,583 | | | |
| 102 | CRNA CHARGES | | | | | |
| 103 | LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES | | | | | |
| 104 | NET CHARGES | | 11,470,583 | | | |

(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

PROVIDER NO: 15-1333 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/28/2009
COMPONENT NO: 15-1333 | WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

| | | Cost Center Description | All Other | Hospital I/P Part B Charges | Hospital I/P Part B Costs |
|---|---|---|---|---|---|
| | | | 9 | 10 | 11 |
| (A) | | ANCILLARY SRVC COST CNTRS | | | |
| 37 | | OPERATING ROOM | 613,229 | | |
| 38 | | RECOVERY ROOM | 94,472 | | |
| 39 | | DELIVERY ROOM & LABOR ROOM | 1,423 | | |
| 40 | | ANESTHESIOLOGY | | | |
| 41 | | RADIOLOGY-DIAGNOSTIC | 392,389 | | |
| 41 | 01 | NUCLEAR MEDICINE-DIAGNOSTIC | 68,879 | | |
| 41 | 02 | CAT SCAN | 180,672 | | |
| 44 | | LABORATORY | 775,877 | | |
| 48 | | INTRAVENOUS THERAPY | | | |
| 49 | | RESPIRATORY THERAPY | 123,062 | | |
| 50 | | PHYSICAL THERAPY | 186,866 | | |
| 51 | | OCCUPATIONAL THERAPY | 46,949 | | |
| 52 | | SPEECH PATHOLOGY | 1,664 | | |
| 53 | | ELECTROCARDIOLOGY | 59,059 | | |
| 53 | 01 | CARDIAC REHAB | 35,864 | | |
| 55 | | MEDICAL SUPPLIES CHARGED TO PATIENTS | 307,261 | | |
| 56 | | DRUGS CHARGED TO PATIENTS | 989,518 | | |
| 56 | 01 | ONCOLOGY | 248,393 | | |
| | | OUTPAT SERVICE COST CNTRS | | | |
| 60 | | CLINIC | | | |
| 61 | | EMERGENCY | 513,654 | | |
| 62 | | OBSERVATION BEDS (NON-DISTINCT PART) | 413,093 | | |
| 101 | | SUBTOTAL | 5,052,324 | | |
| 102 | | CRNA CHARGES | | | |
| 103 | | LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES | | | |
| 104 | | NET CHARGES | 5,052,324 | | |

(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: 15-1333 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/28/2009 |
| COMPONENT NO: 15-1333 | | WORKSHEET D PART VI |

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

| | | 1 |
|---|---|---|
| 1 | DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES | .441707 |
| 2 | PROGRAM VACCINE CHARGES | 12,852 |
| 3 | PROGRAM COSTS | 5,677 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-1333 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/28/2009
COMPONENT NO: 15-1333 | WORKSHEET D PART V

TITLE XIX - O/P HOSPITAL

| | | Cost Center Description | Cost/Charge Ratio (C, Pt I, col. 9) | Outpatient Ambulatory Surgical Ctr | Outpatient Radiology | Other Outpatient Diagnostic | All Other (1) |
|---|---|---|---|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| (A) | | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | | OPERATING ROOM | .683257 | | | | |
| 38 | | RECOVERY ROOM | .777504 | | | | |
| 39 | | DELIVERY ROOM & LABOR ROOM | .537261 | | | | |
| 40 | | ANESTHESIOLOGY | | | | | |
| 41 | | RADIOLOGY-DIAGNOSTIC | .382426 | | | | |
| 41 | 01 | NUCLEAR MEDICINE-DIAGNOSTIC | .360878 | | | | |
| 41 | 02 | CAT SCAN | .083264 | | | | |
| 44 | | LABORATORY | .355815 | | | | |
| 48 | | INTRAVENOUS THERAPY | | | | | |
| 49 | | RESPIRATORY THERAPY | .598259 | | | | |
| 50 | | PHYSICAL THERAPY | .865451 | | | | |
| 51 | | OCCUPATIONAL THERAPY | .645499 | | | | |
| 52 | | SPEECH PATHOLOGY | .583692 | | | | |
| 53 | | ELECTROCARDIOLOGY | .230066 | | | | |
| 53 | 01 | CARDIAC REHAB | 1.265506 | | | | |
| 55 | | MEDICAL SUPPLIES CHARGED TO PATIENTS | .658054 | | | | |
| 56 | | DRUGS CHARGED TO PATIENTS | .441707 | | | | |
| 56 | 01 | ONCOLOGY | 1.357006 | | | | |
| | | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | | CLINIC | 7.066060 | | | | |
| 61 | | EMERGENCY | .700231 | | | | |
| 62 | | OBSERVATION BEDS (NON-DISTINCT PART) | .868594 | | | | |
| 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

PROVIDER NO: 15-1333 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/28/2009
COMPONENT NO: 15-1333 | WORKSHEET D PART V

TITLE XIX - O/P HOSPITAL

| | | Cost Center Description | PPS Services FYB to 12/31 | Non-PPS Services | PPS Services 1/1 to FYE | Outpatient Ambulatory Surgical Ctr | Outpatient Radialogy |
|---|---|---|---|---|---|---|---|
| | | | 5.01 | 5.02 | 5.03 | 6 | 7 |
| (A) | | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | | OPERATING ROOM | | | | | |
| 38 | | RECOVERY ROOM | | | | | |
| 39 | | DELIVERY ROOM & LABOR ROOM | | | | | |
| 40 | | ANESTHESIOLOGY | | | | | |
| 41 | | RADIOLOGY-DIAGNOSTIC | | | | | |
| 41 | 01 | NUCLEAR MEDICINE-DIAGNOSTIC | | | | | |
| 41 | 02 | CAT SCAN | | | | | |
| 44 | | LABORATORY | | | | | |
| 48 | | INTRAVENOUS THERAPY | | | | | |
| 49 | | RESPIRATORY THERAPY | | | | | |
| 50 | | PHYSICAL THERAPY | | | | | |
| 51 | | OCCUPATIONAL THERAPY | | | | | |
| 52 | | SPEECH PATHOLOGY | | | | | |
| 53 | | ELECTROCARDIOLOGY | | | | | |
| 53 | 01 | CARDIAC REHAB | | | | | |
| 55 | | MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | | |
| 56 | | DRUGS CHARGED TO PATIENTS | | | | | |
| 56 | 01 | ONCOLOGY | | | | | |
| | | 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 COSTS

PROVIDER NO: 15-1333 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/28/2009
COMPONENT NO: 15-1333 | WORKSHEET D PART V

TITLE XIX - O/P HOSPITAL

| | | Cost Center Description | Other Outpatient Diagnostic | All Other | PPS Services FYB to 12/31 | Non-PPS Services | PPS Services 1/1 to FYE |
|---|---|---|---|---|---|---|---|
| | | | 8 | 9 | 9.01 | 9.02 | 9.03 |
| (A) | | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | | OPERATING ROOM | | | | | |
| 38 | | RECOVERY ROOM | | | | | |
| 39 | | DELIVERY ROOM & LABOR ROOM | | | | | |
| 40 | | ANESTHESIOLOGY | | | | | |
| 41 | | RADIOLOGY-DIAGNOSTIC | | | | | |
| 41 | 01 | NUCLEAR MEDICINE-DIAGNOSTIC | | | | | |
| 41 | 02 | CAT SCAN | | | | | |
| 44 | | LABORATORY | | | | | |
| 48 | | INTRAVENOUS THERAPY | | | | | |
| 49 | | RESPIRATORY THERAPY | | | | | |
| 50 | | PHYSICAL THERAPY | | | | | |
| 51 | | OCCUPATIONAL THERAPY | | | | | |
| 52 | | SPEECH PATHOLOGY | | | | | |
| 53 | | ELECTROCARDIOLOGY | | | | | |
| 53 | 01 | CARDIAC REHAB | | | | | |
| 55 | | MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | | |
| 56 | | DRUGS CHARGED TO PATIENTS | | | | | |
| 56 | 01 | ONCOLOGY | | | | | |
| | | 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)

TITLE XVIII PART A HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

| | | 1 |
|---|---|---|
| | **INPATIENT DAYS** | |
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN) | 3,921 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS) | 3,620 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 3,620 |
| 5 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | 172 |
| 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 | 129 |
| 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) | 1,484 |
| 10 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | 172 |
| 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 | 139.61 |
| 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 | 3,844,349 |
| 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 | 18,010 |
| 25 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | 191,568 |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 3,652,781 |
| | **PRIVATE ROOM DIFFERENTIAL ADJUSTMENT** | |
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 3,069,312 |
| 29 | PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | |
| 30 | SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 3,069,312 |
| 31 | GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | 1.190098 |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE | |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 847.88 |
| 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 | 3,652,781 |

TITLE XVIII PART A 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 | 1,009.06 |
| 39 | PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 1,497,445 |
| 40 | MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM | |
| 41 | TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 1,497,445 |

| | | 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 | 1,859,709 | 765 | 2,430.99 | 456 | 1,108,531 |
| 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 | 1,430,763 |
| 49 | TOTAL PROGRAM INPATIENT COSTS | 4,036,739 |

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) | 173,558 |
| 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 | 173,558 |
| 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 | 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 | 846 |
| 84 | ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 1,009.06 |
| 85 | OBSERVATION BED COST | 853,665 |

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 | | | | | |

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) | 3,921 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS) | 3,620 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 3,620 |
| 5 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | 172 |
| 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 | 129 |
| 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) | 250 |
| 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) | 356 |
| 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 | 139.61 |
| 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 | 139.61 |
| 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 | 3,844,349 |
| 22 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | 24,013 |
| 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 | 18,010 |
| 25 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | 191,568 |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 3,652,781 |
| | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | |
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 3,069,312 |
| 29 | PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | |
| 30 | SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 3,069,312 |
| 31 | GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | 1.190098 |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE | |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 847.88 |
| 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 | 3,652,781 |

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 CDST PER DIEM | 1,009.06 |
| 39 | PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 252,265 |
| 40 | MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM | |
| 41 | TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 252,265 |

| | | TOTAL I/P COST 1 | TOTAL I/P DAYS 2 | AVERAGE PER DIEM 3 | PRDGRAM DAYS 4 | PROGRAM COST 5 |
|---|---|---|---|---|---|---|
| 42 | NURSERY (TITLE V & XIX ONLY) | 290,408 | 356 | 815.75 | | |
| | INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS | | | | | |
| 43 | INTENSIVE CARE UNIT | 1,859,709 | 765 | 2,430.99 | | |
| 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 | 272,946 |
| 49 | TOTAL PROGRAM INPATIENT COSTS | 525,211 |

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 CDMPOUNDED BY THE MARKET BASKET
58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR CDST 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 | 846 |
| 84 | ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 1,009.06 |
| 85 | OBSERVATION BED COST | 853,665 |

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: 15-1333 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET D-4

I COMPONENT NO: 15-1333

TITLE XVIII, PART A 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 | | 943,945 | |
| 26 | INTENSIVE CARE UNIT | | 569,190 | |
| | ANCILLARY SRVC COST CNTRS | | | |
| 37 | OPERATING ROOM | .683257 | 175,978 | 120,238 |
| 38 | RECOVERY ROOM | .777504 | 35,371 | 27,501 |
| 39 | DELIVERY ROOM & LABOR ROOM | .537261 | 3,610 | 1,940 |
| 40 | ANESTHESIOLOGY | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | .382426 | 228,284 | 87,302 |
| 41 01 | NUCLEAR MEDICINE-DIAGNOSTIC | .360878 | 16,620 | 5,998 |
| 41 02 | CAT SCAN | .083264 | 210,799 | 17,552 |
| 44 | LABORATORY | .355815 | 570,673 | 203,054 |
| 48 | INTRAVENOUS THERAPY | | | |
| 49 | RESPIRATORY THERAPY | .598259 | 228,175 | 136,508 |
| 50 | PHYSICAL THERAPY | .865451 | 89,435 | 77,402 |
| 51 | OCCUPATIONAL THERAPY | .645499 | 25,554 | 16,495 |
| 52 | SPEECH PATHOLOGY | .583692 | 5,817 | 3,395 |
| 53 | ELECTROCARDIOLOGY | .230066 | 23,040 | 5,301 |
| 53 01 | CARDIAC REHAB | 1.265506 | | |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | .658054 | 480,556 | 316,232 |
| 56 | DRUGS CHARGED TO PATIENTS | .441707 | 926,648 | 409,307 |
| 56 01 | ONCOLOGY | 1.357006 | | |
| | OUTPAT SERVICE COST CNTRS | | | |
| 60 | CLINIC | 7.066060 | | |
| 61 | EMERGENCY | .700231 | 3,624 | 2,538 |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | .868594 | | |
| | OTHER REIMBURS COST CNTRS | | | |
| 101 | TOTAL | | 3,024,184 | 1,430,763 |
| 102 | LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES | | | |
| 103 | NET CHARGES | | 3,024,184 | |

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-1333 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/28/2009 | WORKSHEET D-4

COMPONENT NO: 15-Z333

TITLE XVIII, PART A SWING BED SNF 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 | | | |
| | | ANCILLARY SRVC COST CNTRS | | | |
| 37 | | OPERATING ROOM | .683257 | | |
| 38 | | RECOVERY ROOM | .777504 | | |
| 39 | | DELIVERY ROOM & LABOR ROOM | .537261 | | |
| 40 | | ANESTHESIOLOGY | | | |
| 41 | | RADIOLOGY-DIAGNOSTIC | .382426 | 3,024 | 1,156 |
| 41 | 01 | NUCLEAR MEDICINE-DIAGNOSTIC | .360878 | | |
| 41 | 02 | CAT SCAN | .083264 | 4,646 | 387 |
| 44 | | LABORATORY | .355815 | 16,894 | 6,011 |
| 48 | | INTRAVENOUS THERAPY | | | |
| 49 | | RESPIRATORY THERAPY | .598259 | 10,158 | 6,077 |
| 50 | | PHYSICAL THERAPY | .865451 | 26,118 | 22,604 |
| 51 | | OCCUPATIONAL THERAPY | .645499 | 15,766 | 10,177 |
| 52 | | SPEECH PATHOLOGY | .583692 | | |
| 53 | | ELECTROCARDIOLOGY | .230066 | 199 | 46 |
| 53 | 01 | CARDIAC REHAB | 1.265506 | | |
| 55 | | MEDICAL SUPPLIES CHARGED TO PATIENTS | .658054 | 7,869 | 5,178 |
| 56 | | DRUGS CHARGED TO PATIENTS | .441707 | 64,768 | 28,608 |
| 56 | 01 | ONCOLOGY | 1.357006 | | |
| | | OUTPAT SERVICE COST CNTRS | | | |
| 60 | | CLINIC | 7.066060 | | |
| 61 | | EMERGENCY | .700231 | | |
| 62 | | OBSERVATION BEDS (NON-DISTINCT PART) | .868594 | | |
| | | OTHER REIMBURS COST CNTRS | | | |
| 101 | | TOTAL | | 149,442 | 80,244 |
| 102 | | LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES | | | |
| 103 | | NET CHARGES | | 149,442 | |

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-1333 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/28/2009
COMPONENT NO: 15-1333 | WORKSHEET D-4

TITLE XIX HOSPITAL OTHER

| WKST LINE NO. | A | COST CENTER DESCRIPTION | RATIO COST TO CHARGES 1 | INPATIENT CHARGES 2 | INPATIENT COST 3 |
|---|---|---|---|---|---|
| | | INPAT ROUTINE SRVC CNTRS | | | |
| 25 | | ADULTS & PEDIATRICS | | 126,719 | |
| 26 | | INTENSIVE CARE UNIT | | 26,193 | |
| | | ANCILLARY SRVC COST CNTRS | | | |
| 37 | | OPERATING ROOM | .683257 | 84,899 | 58,008 |
| 38 | | RECOVERY ROOM | .777504 | 14,573 | 11,331 |
| 39 | | DELIVERY ROOM & LABOR ROOM | .537261 | 121,078 | 65,050 |
| 40 | | ANESTHESIOLOGY | | | |
| 41 | | RADIOLOGY-DIAGNOSTIC | .382426 | 17,255 | 6,599 |
| 41 | 01 | NUCLEAR MEDICINE-DIAGNOSTIC | .360878 | | |
| 41 | 02 | CAT SCAN | .083264 | 15,064 | 1,254 |
| 44 | | LABORATORY | .355815 | 66,454 | 23,645 |
| 48 | | INTRAVENOUS THERAPY | | | |
| 49 | | RESPIRATORY THERAPY | .598259 | 17,717 | 10,599 |
| 50 | | PHYSICAL THERAPY | .865451 | 4,218 | 3,650 |
| 51 | | OCCUPATIONAL THERAPY | .645499 | 377 | 243 |
| 52 | | SPEECH PATHOLOGY | .583692 | | |
| 53 | | ELECTROCARDIOLOGY | .230066 | 1,273 | 293 |
| 53 | 01 | CARDIAC REHAB | 1.265506 | | |
| 55 | | MEDICAL SUPPLIES CHARGED TO PATIENTS | .658054 | 59,114 | 38,900 |
| 56 | | DRUGS CHARGED TO PATIENTS | .441707 | 100,393 | 44,344 |
| 56 | 01 | ONCOLOGY | 1.357006 | 48 | 65 |
| | | OUTPAT SERVICE COST CNTRS | | | |
| 60 | | CLINIC | 7.066060 | | |
| 61 | | EMERGENCY | .700231 | 12,803 | 8,965 |
| 62 | | OBSERVATION BEDS (NON-DISTINCT PART) | .868594 | | |
| | | OTHER REIMBURS COST CNTRS | | | |
| 101 | | TOTAL | | 515,266 | 272,946 |
| 102 | | LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES | | | |
| 103 | | NET CHARGES | | 515,266 | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

| PROVIDER NO: | PERIOD: | PREPARED 5/28/2009 |
|---|---|---|
| 15-1333 | FROM 1/ 1/2008 | WORKSHEET E |
| COMPONENT NO: | TO 12/31/2008 | PART B |
| 15-1333 | | |

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | | HOSPITAL |
|---|---|---|
| 1 | MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) | 5,058,001 |
| 1.01 | MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS). | |
| 1.02 | PPS PAYMENTS RECEIVED INCLUDING OUTLIERS. | |
| 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) | 5,058,001 |
| | COMPUTATION OF LESSER OF COST OR CHARGES | |
| | REASONABLE CHARGES | |
| 6 | ANCILLARY SERVICE CHARGES | |
| 7 | INTERNS AND RESIDENTS SERVICE CHARGES | |
| 8 | ORGAN ACQUISITION CHARGES | |
| 9 | CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS. | |
| 10 | TOTAL REASONABLE CHARGES | |
| | 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) | |
| 15 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | |
| 16 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | |
| 17 | LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC) | 5,108,581 |
| 17.01 | TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07) | |
| | COMPUTATION OF REIMBURSEMENT SETTLEMENT | |
| 18 | CAH DEDUCTIBLES | 49,301 |
| 18.01 | CAH ACTUAL BILLED COINSURANCE LINE 17.01 (SEE INSTRUCTIONS) | 1,868,780 |
| 19 | SUBTOTAL (SEE INSTRUCTIONS) | 3,190,500 |
| 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 | 3,190,500 |
| 24 | PRIMARY PAYER PAYMENTS | 1,922 |
| 25 | SUBTOTAL | 3,188,578 |
| | REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | |
| 26 | COMPOSITE RATE ESRD | |
| 27 | BAD DEBTS (SEE INSTRUCTIONS) | 255,632 |
| 27.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 255,632 |
| 27.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | 224,426 |
| 28 | SUBTOTAL | 3,444,210 |
| 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) | |
| 31 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS. | |
| 32 | SUBTOTAL | 3,444,210 |
| 33 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 34 | INTERIM PAYMENTS | 3,184,400 |
| 34.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | |
| 35 | BALANCE DUE PROVIDER/PROGRAM | 259,810 |
| 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: | PERIOD: | PREPARED 5/28/2009 |
|---|---|---|
| 15-1333 | FROM 1/ 1/2008 | WORKSHEET E-1 |
| COMPONENT NO: | TO 12/31/2008 | |
| 15-1333 | | |

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 | | | 3,453,822 | | 2,937,718 |
| 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 | 8/19/2008 | 209,749 | 8/19/2008 | 44,542 |
| | ADJUSTMENTS TO PROVIDER | .02 | 8/19/2008 | 63,908 | 8/19/2008 | 132,656 |
| | ADJUSTMENTS TO PROVIDER | .03 | 12/18/2008 | 75,643 | 12/18/2008 | 148,565 |
| | ADJUSTMENTS TO PROVIDER | .04 | 12/31/2008 | 58,607 | 12/31/2008 | 80,334 |
| | ADJUSTMENTS TO PROVIDER | .05 | | | | |
| | ADJUSTMENTS TO PROGRAM | .50 | 12/18/2008 | 22,127 | 12/18/2008 | 159,415 |
| | ADJUSTMENTS TO PROGRAM | .51 | | | | |
| | ADJUSTMENTS TO PROGRAM | .52 | | | | |
| | ADJUSTMENTS TO PROGRAM | .53 | | | | |
| | ADJUSTMENTS TO PROGRAM | .54 | | | | |
| | SUBTOTAL | .99 | | 385,780 | | 246,682 |
| 4 | TOTAL INTERIM PAYMENTS | | | 3,839,602 | | 3,184,400 |
| | 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 | | | | 259,810 |
| | SETTLEMENT TO PROGRAM | .02 | | 102,920 | | |
| 7 | TOTAL MEDICARE PROGRAM LIABILITY | | | 3,736,682 | | 3,444,210 |

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 5/28/2009 |
|---|---|---|
| 15-1333 | FROM 1/ 1/2008 | WORKSHEET E-1 |
| COMPONENT NO: | TO 12/31/2008 | |
| 15-Z333 | | |

TITLE XVIII SWING BED SNF

| | 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 | | | 241,420 | | |
| 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 | 12/18/2008 | 4,340 | | |
| | ADJUSTMENTS TO PROVIDER | .02 | 8/19/2008 | 11,376 | | |
| | 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 | | 15,716 | | NONE |
| 4 | TOTAL INTERIM PAYMENTS | | | 257,136 | | |
| | 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 | | | | |
| | SETTLEMENT TO PROGRAM | .02 | | 5,788 | | |
| 7 | TOTAL MEDICARE PROGRAM LIABILITY | | | 251,348 | | |

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.

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

| PROVIDER NO: | PERIOD: | PREPARED 5/28/2009 |
|---|---|---|
| 15-1333 | FROM 1/ 1/2008 | |
| COMPONENT NO: | TO 12/31/2008 | WORKSHEET E-2 |
| 15-Z333 | | |

TITLE XVIII SWING BED SNF

| | COMPUTATION OF NET COST OF COVERED SERVICES | PART A 1 | PART B 2 |
|---|---|---|---|
| 1 | INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR) | 175,294 | |
| 2 | INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR) | | |
| 3 | ANCILLARY SERVICES (SEE INSTRUCTIONS) | 81,046 | |
| 4 | PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS) | | |
| 5 | PROGRAM DAYS | 172 | |
| 6 | INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS) | | |
| 7 | UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY | | |
| 8 | SUBTOTAL | 256,340 | |
| 9 | PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS) | | |
| 10 | SUBTOTAL | 256,340 | |
| 11 | DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES) | | |
| 12 | SUBTOTAL | 256,340 | |
| 13 | COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES) | 4,992 | |
| 14 | 80% OF PART B COSTS | | |
| 15 | SUBTOTAL | 251,348 | |
| 16 | OTHER ADJUSTMENTS (SPECIFY) | | |
| 17 | REIMBURSABLE BAD DEBTS | | |
| 17.01 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | | |
| 18 | TOTAL | 251,348 | |
| 19 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | | |
| 20 | INTERIM PAYMENTS | 257,136 | |
| 20.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | | |
| 21 | BALANCE DUE PROVIDER/PROGRAM | -5,788 | |
| 22 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2. | | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

| PROVIDER NO: | PERIOD: | PREPARED 5/28/2009 |
|---|---|---|
| 15-1333 | FROM 1/ 1/2008 | WORKSHEET E-3 |
| COMPONENT NO: | TO 12/31/2008 | PART II |
| 15-1333 | | |

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT
HOSPITAL

| | | |
|---|---|---|
| 1 | INPATIENT SERVICES | 4,036,739 |
| 1.01 | NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT | |
| 2 | ORGAN ACQUISITION | |
| 3 | COST OF TEACHING PHYSICIANS | |
| 4 | SUBTOTAL | 4,036,739 |
| 5 | PRIMARY PAYER PAYMENTS | 5,868 |
| 6 | TOTAL COST. FOR CAH (SEE INSTRUCTIONS) | 4,071,180 |
| | COMPUTATION OF LESSER OF COST OR CHARGES | |
| | REASONABLE CHARGES | |
| 7 | ROUTINE SERVICE CHARGES | |
| 8 | ANCILLARY SERVICE CHARGES | |
| 9 | ORGAN ACQUISITION CHARGES, NET OF REVENUE | |
| 10 | TEACHING PHYSICIANS | |
| 11 | TOTAL REASONABLE CHARGES | |
| | CUSTOMARY CHARGES | |
| 12 | AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | |
| 13 | 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) | |
| 14 | RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000) | |
| 15 | TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) | |
| 16 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | |
| 17 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | |
| | COMPUTATION OF REIMBURSEMENT SETTLEMENT | |
| 18 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | |
| 19 | COST OF COVERED SERVICES | 4,071,180 |
| 20 | DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT) | 402,710 |
| 21 | EXCESS REASONABLE COST | |
| 22 | SUBTOTAL | 3,668,470 |
| 23 | COINSURANCE | |
| 24 | SUBTOTAL | 3,668,470 |
| 25 | REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS) | 68,212 |
| 25.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 68,212 |
| 25.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | 58,063 |
| 26 | SUBTOTAL | 3,736,682 |
| 27 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | |
| 28 | OTHER ADJUSTMENTS (SPECIFY) | |
| 29 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | |
| 30 | SUBTOTAL | 3,736,682 |
| 31 | SEQUESTRATION ADJUSTMENT | |
| 32 | INTERIM PAYMENTS | 3,839,602 |
| 32.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | |
| 33 | BALANCE DUE PROVIDER/PROGRAM | -102,920 |
| 34 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2. | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

| PROVIDER NO: | PERIOD: | PREPARED 5/28/2009 |
|---|---|---|
| 15-1333 | 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 | 525,211 | |
| 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 | 525,211 | |
| 7 | INPATIENT PRIMARY PAYER PAYMENTS | | |
| 8 | OUTPATIENT PRIMARY PAYER PAYMENTS | | |
| 9 | SUBTOTAL | 525,211 | |
| | COMPUTATION OF LESSER OF COST OR CHARGES | | |
| | REASONABLE CHARGES | | |
| 10 | ROUTINE SERVICE CHARGES | 152,912 | |
| 11 | ANCILLARY SERVICE CHARGES | 515,266 | |
| 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 | 668,178 | |
| | 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) | 668,178 | |
| 21 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | 142,967 | |
| 22 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | |
| 23 | COST OF COVERED SERVICES | 525,211 | |
| | 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 | 525,211 | |
| 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 | 525,211 | |
| 33 | DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT) | | |
| | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | |
| 34 | EXCESS OF REASONABLE COST | | |
| 35 | SUBTOTAL | 525,211 | |
| 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) | 525,211 | |
| 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 | 525,211 | |
| 53 | INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY) | | |
| 54 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | | |
| 55 | TOTAL AMOUNT PAYABLE TO THE PROVIDER | 525,211 | |
| 56 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | | |
| 57 | INTERIM PAYMENTS | 244,234 | |
| 57.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)

| PROVIDER NO: | PERIOD: | PREPARED 5/28/2009 |
|---|---|---|
| 15-1333 | 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 | | 280,977 | |
| 59 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2. | | | |

| | ASSETS | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 |
| | CURRENT ASSETS | | | | |
| 1 | CASH ON HAND AND IN BANKS | 1,297,107 | | | |
| 2 | TEMPORARY INVESTMENTS | | | | |
| 3 | NOTES RECEIVABLE | | | | |
| 4 | ACCOUNTS RECEIVABLE | 4,125,378 | | | |
| 5 | OTHER RECEIVABLES | 289,049 | | | |
| 6 | LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE | | | | |
| 7 | INVENTORY | 979,898 | | | |
| 8 | PREPAID EXPENSES | 226,497 | | | |
| 9 | OTHER CURRENT ASSETS | | | | |
| 10 | DUE FROM OTHER FUNDS | | | | |
| 11 | TOTAL CURRENT ASSETS | 6,917,929 | | | |
| | FIXED ASSETS | | | | |
| 12 | LAND | 159,364 | | | |
| 12.01 | | | | | |
| 13 | LAND IMPROVEMENTS | 296,079 | | | |
| 13.01 | LESS ACCUMULATED DEPRECIATION | -208,065 | | | |
| 14 | BUILDINGS | 25,779,685 | | | |
| 14.01 | LESS ACCUMULATED DEPRECIATION | -12,373,039 | | | |
| 15 | LEASEHOLD IMPROVEMENTS | 52,569 | | | |
| 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 | 12,616,033 | | | |
| 18.01 | LESS ACCUMULATED DEPRECIATION | -10,045,752 | | | |
| 19 | MINOR EQUIPMENT DEPRECIABLE | | | | |
| 19.01 | LESS ACCUMULATED DEPRECIATION | | | | |
| 20 | MINOR EQUIPMENT-NONDEPRECIABLE | | | | |
| 21 | TOTAL FIXED ASSETS | 16,276,874 | | | |
| | OTHER ASSETS | | | | |
| 22 | INVESTMENTS | 4,342,363 | | | |
| 23 | DEPOSITS ON LEASES | | | | |
| 24 | DUE FROM OWNERS/OFFICERS | | | | |
| 25 | OTHER ASSETS | 3,049,069 | | | |
| 26 | TOTAL OTHER ASSETS | 7,391,432 | | | |
| 27 | TOTAL ASSETS | 30,586,235 | | | |

| | LIABILITIES AND FUND BALANCE | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 |
| | CURRENT LIABILITIES | | | | |
| 28 | ACCOUNTS PAYABLE | 666,548 | | | |
| 29 | SALARIES, WAGES & FEES PAYABLE | 1,445,354 | | | |
| 30 | PAYROLL TAXES PAYABLE | 122,233 | | | |
| 31 | NOTES AND LOANS PAYABLE (SHORT TERM) | 590,012 | | | |
| 32 | DEFERRED INCOME | | | | |
| 33 | ACCELERATED PAYMENTS | | | | |
| 34 | DUE TO OTHER FUNDS | 256,879 | | | |
| 35 | OTHER CURRENT LIABILITIES | 2,718 | | | |
| 36 | TOTAL CURRENT LIABILITIES | 3,083,744 | | | |
| | LONG TERM LIABILITIES | | | | |
| 37 | MORTGAGE PAYABLE | | | | |
| 38 | NOTES PAYABLE | 10,189,053 | | | |
| 39 | UNSECURED LOANS | | | | |
| 40.01 | LOANS PRIOR TO 7/1/66 | | | | |
| 40.02 | ON OR AFTER 7/1/66 | | | | |
| 41 | OTHER LONG TERM LIABILITIES | | | | |
| 42 | TOTAL LONG-TERM LIABILITIES | 10,189,053 | | | |
| 43 | TOTAL LIABILITIES | 13,272,797 | | | |
| | CAPITAL ACCOUNTS | | | | |
| 44 | GENERAL FUND BALANCE | 17,313,438 | | | |
| 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 | 17,313,438 | | | |
| 52 | TOTAL LIABILITIES AND FUND BALANCES | 30,586,235 | | | |

STATEMENT OF CHANGES IN FUND BALANCES

I PROVIDER NO: 15-1333 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET G-1

| | | GENERAL FUND 1 | 2 | SPECIFIC PURPOSE FUND 3 | 4 |
|---|---|---|---|---|---|
| 1 | FUND BALANCE AT BEGINNING OF PERIOD | | 17,258,048 | | |
| 2 | NET INCOME (LOSS) | | 55,389 | | |
| 3 | TOTAL | | 17,313,437 | | |
| | ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY) | | | | |
| 4 | ADDITIONS (CREDIT ADJUSTM | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | TOTAL ADDITIONS | | | | |
| 11 | SUBTOTAL | | 17,313,437 | | |
| | 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 | | 17,313,437 | | |

| | | 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: 15-1333 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/28/2009 | 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 | 2,042,533 | | 2,042,533 |
| 4 | 00 | SWING BED - SNF | | | |
| 5 | 00 | SWING BED - NF | | | |
| 9 | 00 | TOTAL GENERAL INPATIENT ROUTINE CARE | 2,042,533 | | 2,042,533 |
| | | INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS | | | |
| 10 | 00 | INTENSIVE CARE UNIT | 1,088,897 | | 1,088,897 |
| 15 | 00 | TOTAL INTENSIVE CARE TYPE INPAT HOSP | 1,088,897 | | 1,088,897 |
| 16 | 00 | TOTAL INPATIENT ROUTINE CARE SERVICE | 3,131,430 | | 3,131,430 |
| 17 | 00 | ANCILLARY SERVICES | 7,934,082 | 40,439,137 | 48,373,219 |
| 18 | 00 | OUTPATIENT SERVICES | | 5,547,982 | 5,547,982 |
| 24 | 00 | | | | |
| 25 | 00 | TOTAL PATIENT REVENUES | 11,065,512 | 45,987,119 | 57,052,631 |

PART II-OPERATING EXPENSES

| | | | |
|---|---|---|---|
| 26 | 00 | OPERATING EXPENSES | 34,261,045 |
| | | ADD (SPECIFY) | |
| 27 | 00 | ADD (SPECIFY) | |
| 28 | 00 | | |
| 29 | 00 | | |
| 30 | 00 | | |
| 31 | 00 | | |
| 32 | 00 | | |
| 33 | 00 | TOTAL ADDITIONS | |
| | | DEDUCT (SPECIFY) | |
| 34 | 00 | DEDUCT (SPECIFY) | |
| 35 | 00 | | |
| 36 | 00 | | |
| 37 | 00 | | |
| 38 | 00 | | |
| 39 | 00 | TOTAL DEDUCTIONS | |
| 40 | 00 | TOTAL OPERATING EXPENSES | 34,261,045 |

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-1333 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/28/2009 | WORKSHEET G-3

| | DESCRIPTION | |
|---|---|---|
| 1 | TOTAL PATIENT REVENUES | 57,052,631 |
| 2 | LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS | 23,395,058 |
| 3 | NET PATIENT REVENUES | 33,657,573 |
| 4 | LESS: TOTAL OPERATING EXPENSES | 34,261,045 |
| 5 | NET INCOME FROM SERVICE TO PATIENTS | -603,472 |
| | 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 OPERATING REVENUE | 329,212 |
| 24.01 | NON OPERATING REVENUE | 329,649 |
| 25 | TOTAL OTHER INCOME | 658,861 |
| 26 | TOTAL | 55,389 |
| | OTHER EXPENSES | |
| 27 | OTHER EXPENSES (SPECIFY) | |
| 28 | | |
| 29 | | |
| 30 | TOTAL OTHER EXPENSES | |
| 31 | NET INCOME (OR LOSS) FOR THE PERIOD | 55,389 |