

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).

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

| | | | | | | | | |
|--|--|--------------|--|-----------------|--|-------------------------|--|------------------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX | | PROVIDER NO: | | PERIOD | | INTERMEDIARY USE ONLY | | DATE RECEIVED: |
| COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | | 15-0082 | | FROM 10/ 1/2009 | | --AUDITED --DESK REVIEW | | / / |
| | | | | TO 9/30/2010 | | --INITIAL --REOPENED | | INTERMEDIARY NO: |
| | | | | | | --FINAL 1-MCR CODE | | |
| | | | | | | 00 - # OF REOPENINGS | | |

ELECTRONICALLY FILED COST REPORT DATE: 10/ 3/2011 TIME 13: 32

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 IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 DEACONESS HOSPITAL 15-0082

FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2009 AND ENDING 9/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

| | TITLE V | A | B | TITLE XVIII | TITLE XIX |
|-----|--------------------|---|-----------|----------------|--------------|
| | 1 | 2 | 3 | 4 | |
| 1 | HOSPITAL | 0 | 1,559,626 | 168,378 | 0 |
| 2 | SUBPROVIDER | 0 | 32,847 | 0 | 0 |
| 5 | HOSPITAL-BASED SNF | 0 | 5,663 | 6 | 0 |
| 7 | HOSPITAL-BASED HHA | 0 | 0 | 0 | 0 |
| 100 | TOTAL | 0 | 1,598,136 | 168,384 | 0 |

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0082
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 10/3/2011
WORKSHEET S-3
PART I

| COMPONENT | NO. OF BEDS 1 | BED DAYS AVAILABLE 2 | CAH N/A 2.01 | I/P DAYS / O/P VISITS / | | TRIPS TOTAL TITLE XIX 5 |
|----------------------------------|------------------|-------------------------|-----------------|-------------------------|-----------------|----------------------------------|
| | | | | TITLE V 3 | TITLE XVII 4 | |
| 1 ADULTS & PEDIATRICS | 393 | 143,445 | | | 44,661 | 9,925 |
| 2 HMO | | | | | 10,992 | 4,473 |
| 2 01 HMO - (IRF PPS SUBPROVIDER) | | | | | | |
| 3 ADULTS & PED-SB SNF | | | | | | |
| 4 ADULTS & PED-SB NF | | | | | | |
| 5 TOTAL ADULTS AND PEDS | 393 | 143,445 | | | 44,661 | 9,925 |
| 6 INTENSIVE CARE UNIT | 37 | 13,505 | | | 4,578 | 1,054 |
| 7 CORONARY CARE UNIT | 26 | 9,490 | | | 3,992 | 840 |
| 8 BURN INTENSIVE CARE UNIT | | | | | | |
| 9 SURGICAL INTENSIVE CARE UNIT | | | | | | |
| 11 NURSERY | | | | | | |
| 12 TOTAL | 456 | 166,440 | | | 53,231 | 11,819 |
| 13 RPCH VISITS | | | | | | |
| 14 SUBPROVIDER | 13 | 4,745 | | | 1,031 | 427 |
| 15 SKILLED NURSING FACILITY | 28 | 10,220 | | | 4,086 | |
| 18 HOME HEALTH AGENCY | | | | | 21,193 | 2,343 |
| 21 HOSPICE | 4 | 1,460 | | | 1,159 | 46 |
| 25 TOTAL | 501 | | | | | |
| 26 OBSERVATION BED DAYS | | | | | | |
| 26 01 OBSERVATION BED DAYS-SUB I | | | | | | |
| 27 AMBULANCE TRIPS | | | | | | |
| 28 EMPLOYEE DISCOUNT DAYS | | | | | | |
| 28 01 EMP DISCOUNT DAYS -IRF | | | | | | |
| 29 LABOR & DELIVERY DAYS | | | | | | |

| COMPONENT | I/P DAYS / | | O/P VISITS / | TRIPS ----- | | -- INTERNS & RES. FTES -- | |
|----------------------------------|-------------------------------|--|--------------|-------------------------------|--|---------------------------|-------------------------------------|
| | TITLE XIX ADMITTED 5.01 | OBSERVATION BEDS NOT ADMITTED 5.02 | | TITLE XIX ADMITTED 6.01 | OBSERVATION BEDS NOT ADMITTED 6.02 | TOTAL 7 | LESS I&R REPL NON-PHYS ANES 8 |
| 1 ADULTS & PEDIATRICS | | | 93,417 | | | | |
| 2 HMO | | | | | | | |
| 2 01 HMO - (IRF PPS SUBPROVIDER) | | | | | | | |
| 3 ADULTS & PED-SB SNF | | | | | | | |
| 4 ADULTS & PED-SB NF | | | | | | | |
| 5 TOTAL ADULTS AND PEDS | | | 93,417 | | | | |
| 6 INTENSIVE CARE UNIT | | | 9,938 | | | | |
| 7 CORONARY CARE UNIT | | | 7,190 | | | | |
| 8 BURN INTENSIVE CARE UNIT | | | | | | | |
| 9 SURGICAL INTENSIVE CARE UNIT | | | | | | | |
| 11 NURSERY | | | | | | | |
| 12 TOTAL | | | 110,545 | | | 16.14 | |
| 13 RPCH VISITS | | | | | | | |
| 14 SUBPROVIDER | | | 2,149 | | | | |
| 15 SKILLED NURSING FACILITY | | | 5,314 | | | | |
| 18 HOME HEALTH AGENCY | | | 28,847 | | | | |
| 21 HOSPICE | | | 1,328 | | | | |
| 25 TOTAL | | | | | | 16.14 | |
| 26 OBSERVATION BED DAYS | | | 9,036 | | | | |
| 26 01 OBSERVATION BED DAYS-SUB I | | | | | | | |
| 27 AMBULANCE TRIPS | | | | | | | |
| 28 EMPLOYEE DISCOUNT DAYS | | | 677 | | | | |
| 28 01 EMP DISCOUNT DAYS -IRF | | | | | | | |
| 29 LABOR & DELIVERY DAYS | | | | | | | |

| COMPONENT | I & R FTES | | --- FULL TIME EQUIV --- | | ----- DISCHARGES ----- | | |
|----------------------------------|------------|-------------------------------|--------------------------|------------------|------------------------|--------------------|-----------------------------|
| | NET 9 | EMPLOYEES ON PAYROLL 10 | NONPAID WORKERS 11 | TITLE V 12 | TITLE XVII 13 | TITLE XIX 14 | TOTAL ALL PATIENTS 15 |
| 1 ADULTS & PEDIATRICS | | | | | 9,915 | 1,969 | 22,678 |
| 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 | | | | | | | |
| 7 CORONARY CARE UNIT | | | | | | | |
| 8 BURN INTENSIVE CARE UNIT | | | | | | | |
| 9 SURGICAL INTENSIVE CARE UNIT | | | | | | | |
| 11 NURSERY | | | | | | | |
| 12 TOTAL | 16.14 | 3,506.80 | | | 9,915 | 1,969 | 22,678 |
| 13 RPCH VISITS | | | | | | | |
| 14 SUBPROVIDER | | 17.50 | | | 94 | 46 | 245 |
| 15 SKILLED NURSING FACILITY | | 27.80 | | | | | |
| 18 HOME HEALTH AGENCY | | 38.70 | | | | | |
| 21 HOSPICE | | 29.40 | | | | | |
| 25 TOTAL | 16.14 | 3,620.20 | | | | | |
| 26 OBSERVATION BED DAYS | | | | | | | |
| 26 01 OBSERVATION BED DAYS-SUB I | | | | | | | |
| 27 AMBULANCE TRIPS | | | | | | | |
| 28 EMPLOYEE DISCOUNT DAYS | | | | | | | |

HOSPITAL WAGE INDEX INFORMATION

| PART II - WAGE DATA | AMOUNT REPORTED 1 | RECLASS OF SALARIES 2 | ADJUSTED SALARIES 3 | PAID HOURS RELATED TO SALARY 4 | AVERAGE HOURLY WAGE 5 | DATA SOURCE 6 |
|--|----------------------|--------------------------|------------------------|-----------------------------------|--------------------------|------------------------|
| SALARIES | | | | | | |
| 1 TOTAL SALARY | 174,379,741 | 960,950 | 175,340,691 | 7,169,369.00 | 24.46 | |
| 2 NON-PHYSICIAN ANESTHETIST PART A | | | | | | |
| 3 NON-PHYSICIAN ANESTHETIST PART B | | | | | | |
| 4 PHYSICIAN - PART A | 192,231 | | 192,231 | 1,711.00 | 112.35 | Payroll data |
| 4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS) | 716,701 | | 716,701 | 7,884.00 | 90.91 | Payroll data |
| 5 PHYSICIAN - PART B | 17,496,367 | | 17,496,367 | 119,197.00 | 146.79 | Payroll data |
| 5.01 NON-PHYSICIAN - PART B | | | | | | |
| 6 INTERNS & RESIDENTS (APPRVD) | | 916,554 | 916,554 | 35,552.00 | 25.78 | Payroll data |
| 6.01 CONTRACT SERVICES, I&R | | | | | | |
| 7 HOME OFFICE PERSONNEL | | | | | | |
| 8 SNF | 1,177,247 | 21,981 | 1,199,228 | 53,057.00 | 22.60 | Payroll data |
| 8.01 EXCLUDED AREA SALARIES | 19,932,727 | 1,265,875 | 21,198,602 | 881,087.00 | 24.06 | Payroll data |
| OTHER WAGES & RELATED COSTS | | | | | | |
| 9 CONTRACT LABOR: | 1,394,515 | | 1,394,515 | 13,210.00 | 105.57 | Invoices |
| 9.01 PHARMACY SERVICES UNDER CONTRACT | | | | | | |
| 9.02 LABORATORY SERVICES UNDER CONTRACT | | | | | | |
| 9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT | | | | | | |
| 10 CONTRACT LABOR: PHYS PART A | 1,220,412 | | 1,220,412 | 6,768.00 | 180.32 | Invoices and contracts |
| 10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS) | | | | | | |
| 11 HOME OFFICE SALARIES & WAGE RELATED COSTS | 8,709,790 | | 8,709,790 | 290,387.00 | 29.99 | |
| 12 HOME OFFICE: PHYS PART A | | | | | | |
| 12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS) | | | | | | |
| WAGE RELATED COSTS | | | | | | |
| 13 WAGE-RELATED COSTS (CORE) | | 43,904,624 | 43,904,624 | | | CMS 339 |
| 14 WAGE-RELATED COSTS (OTHER) | | | | | | CMS 339 |
| 15 EXCLUDED AREAS | | 14,427,210 | 14,427,210 | | | CMS 339 |
| 16 NON-PHYS ANESTHETIST PART A | | | | | | CMS 339 |
| 17 NON-PHYS ANESTHETIST PART B | | | | | | CMS 339 |
| 18 PHYSICIAN PART A | | 51,278 | 51,278 | | | CMS 339 |
| 18.01 PART A TEACHING PHYSICIANS | | 118,688 | 118,688 | | | CMS 339 |
| 19 PHYSICIAN PART B | | 2,607,752 | 2,607,752 | | | CMS 339 |
| 19.01 WAGE-RELATD COSTS (RHC/FOHC) | | | | | | CMS 339 |
| 20 INTERNS & RESIDENTS (APPRVD) | | 218,575 | 218,575 | | | CMS 339 |
| OVERHEAD COSTS - DIRECT SALARIES | | | | | | |
| 21 EMPLOYEE BENEFITS | 1,989,293 | -44,804 | 1,944,489 | 133,620.00 | 14.55 | |
| 22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT | 25,590,968 | -2,497,822 | 23,093,146 | 1,028,217.00 | 22.46 | |
| 22.01 MAINTENANCE & REPAIRS | | | | | | |
| 23 OPERATION OF PLANT | 2,721,135 | 47,159 | 2,768,294 | 118,736.00 | 23.31 | |
| 24 LAUNDRY & LINEN SERVICE | 295,904 | 322,989 | 618,893 | 58,078.00 | 10.66 | |
| 25 HOUSEKEEPING | 2,936,858 | 106,484 | 3,043,342 | 268,047.00 | 11.35 | |
| 26.01 HOUSEKEEPING UNDER CONTRACT | | | | | | |
| 27 DIETARY | 2,705,211 | -1,283,915 | 1,421,296 | 116,744.00 | 12.17 | |
| 27.01 DIETARY UNDER CONTRACT | | | | | | |
| 28 CAFETERIA | | 733,545 | 733,545 | 62,319.00 | 11.77 | |
| 29 MAINTENANCE OF PERSONNEL | | | | | | |
| 30 NURSING ADMINISTRATION | 1,983,838 | 33,321 | 2,017,159 | 84,428.00 | 23.89 | |
| 31 CENTRAL SERVICE AND SUPPLY | 1,326,999 | 36,358 | 1,363,357 | 91,775.00 | 14.86 | |
| 32 PHARMACY | 6,714,061 | 102,313 | 6,816,374 | 187,634.00 | 36.33 | |
| 33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY | 2,171,529 | 665,370 | 2,836,899 | 166,069.00 | 17.08 | |
| 34 SOCIAL SERVICE | 2,154,113 | 36,990 | 2,191,103 | 94,255.00 | 23.25 | |
| 35 OTHER GENERAL SERVICE | | | | | | |
| PART III - HOSPITAL WAGE INDEX SUMMARY | | | | | | |
| 1 NET SALARIES | 156,166,673 | 44,396 | 156,211,069 | 7,006,736.00 | 22.29 | |
| 2 EXCLUDED AREA SALARIES | 21,109,974 | 1,287,856 | 22,397,830 | 934,144.00 | 23.98 | |
| 3 SUBTOTAL SALARIES | 135,056,699 | -1,243,460 | 133,813,239 | 6,072,592.00 | 22.04 | |
| 4 SUBTOTAL OTHER WAGES & RELATED COSTS | 11,324,717 | | 11,324,717 | 310,365.00 | 36.49 | |
| 5 SUBTOTAL WAGE-RELATED COSTS | | 43,955,902 | 43,955,902 | | 32.85 | |
| 6 TOTAL | 146,381,416 | 42,712,442 | 189,093,858 | 6,382,957.00 | 29.62 | |
| 7 NET SALARIES | | | | | | |
| 8 EXCLUDED AREA SALARIES | | | | | | |
| 9 SUBTOTAL SALARIES | | | | | | |
| 10 SUBTOTAL OTHER WAGES & RELATED COSTS | | | | | | |
| 11 SUBTOTAL WAGE-RELATED COSTS | | | | | | |
| 12 TOTAL | | | | | | |
| 13 TOTAL OVERHEAD COSTS | 50,589,909 | -1,742,012 | 48,847,897 | 2,409,922.00 | 20.27 | |

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 15-0082
HHA NO: 15-7132
COUNTY:
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 10/3/2011
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

| | TITLE V 1 | TITLE XVII 2 | TITLE XIX 3 | OTHER 4 |
|-----------------------------|--------------|-----------------|----------------|------------|
| 1 HOME HEALTH AIDE HOURS | 0 | 4,386 | 140 | 102 |
| 2 UNDUPLICATED CENSUS COUNT | | 886.00 | 74.00 | 427.00 |
| | TOTAL 5 | | | |

| | |
|-----------------------------|----------|
| 1 HOME HEALTH AIDE HOURS | 4,628 |
| 2 UNDUPLICATED CENSUS COUNT | 1,387.00 |

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

| | STAFF 1 | CONTRACT 2 | TOTAL 3 |
|--|------------|---------------|------------|
| 3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S) | | | |
| 4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S) | .35 | | .35 |
| 5 OTHER ADMINISTRATIVE PERSONEL | 16.07 | | 16.07 |
| 6 DIRECTING NURSING SERVICE | 19.07 | | 19.07 |
| 7 NURSING SUPERVISOR | | | |
| 8 PHYSICAL THERAPY SERVICE | | 4.25 | 4.25 |
| 9 PHYSICAL THERAPY SUPERVISOR | | 1.01 | 1.01 |
| 10 OCCUPATIONAL THERAPY SERVICE | | 2.53 | 2.53 |
| 11 OCCUPATIONAL THERAPY SUPERVISOR | | | |
| 12 SPEECH PATHOLOGY SERVICE | | .35 | .35 |
| 13 SPEECH PATHOLOGY SUPERVISOR | | | |
| 14 MEDICAL SOCIAL SERVICE | .95 | | .95 |
| 15 MEDICAL SOCIAL SERVICE SUPERVISOR | | | |
| 16 HOME HEALTH AIDE | 2.23 | | 2.23 |
| 17 HOME HEALTH AIDE SUPERVISOR | | | |
| 18 | | | |
| HOME HEALTH AGENCY MSA CODES | 1 | 1.01 | |
| 19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD? | 0 | 2 | |
| 20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE). | | 21780 | |
| 20.01 | | 99915 | |

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

| | FULL EPI SODES | | | |
|---|--------------------------|-----------------------|------------------------|----------------------------|
| | WITHOUT OUTLIERS 1 | WITH OUTLIERS 2 | LUPA EPI SODES 3 | PEP ONLY EPI SODES 4 |
| 21 SKILLED NURSING VISITS | 7,084 | 528 | 296 | 118 |
| 22 SKILLED NURSING VISIT CHARGES | 1,052,349 | 78,448 | 44,072 | 17,534 |
| 23 PHYSICAL THERAPY VISITS | 3,759 | 11 | 108 | 57 |
| 24 PHYSICAL THERAPY VISIT CHARGES | 603,247 | 1,771 | 17,388 | 9,161 |
| 25 OCCUPATIONAL THERAPY VISITS | 1,710 | 5 | 8 | 34 |
| 26 OCCUPATIONAL THERAPY VISIT CHARGES | 274,070 | 805 | 1,288 | 5,450 |
| 27 SPEECH PATHOLOGY VISITS | 285 | 0 | 0 | 0 |
| 28 SPEECH PATHOLOGY VISIT CHARGES | 46,025 | 0 | 0 | 0 |
| 29 MEDICAL SOCIAL SERVICE VISITS | 112 | 2 | 4 | 4 |
| 30 MEDICAL SOCIAL SERVICE VISIT CHARGES | 24,082 | 432 | 864 | 864 |
| 31 HOME HEALTH AIDE VISITS | 1,781 | 19 | 12 | 24 |
| 32 HOME HEALTH AIDE VISIT CHARGES | 150,942 | 1,615 | 1,020 | 2,040 |
| 33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31) | 14,731 | 565 | 428 | 237 |
| 34 OTHER CHARGES | 0 | 0 | 0 | 0 |
| 35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34) | 2,150,715 | 83,071 | 64,632 | 35,049 |
| 36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER) | 875 | 0 | 163 | 19 |
| 37 TOTAL NUMBER OF OUTLIER EPI SODES | 0 | 12 | 0 | 0 |
| 38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES | 76,644 | 4,266 | 4,749 | 630 |

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 15-0082
HHA NO: 15-7132
COUNTY:
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 10/3/2011
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

| | SCIC WITHIN A PEP 5 | SCIC ONLY EPIISODES 6 | TOTAL (COLS. 1-6) 7 |
|---|---------------------------|-----------------------------|---------------------------|
| 21 SKILLED NURSING VISITS | 0 | 0 | 8,026 |
| 22 SKILLED NURSING VISIT CHARGES | 0 | 0 | 1,192,403 |
| 23 PHYSICAL THERAPY VISITS | 0 | 0 | 3,935 |
| 24 PHYSICAL THERAPY VISIT CHARGES | 0 | 0 | 631,567 |
| 25 OCCUPATIONAL THERAPY VISITS | 0 | 0 | 1,757 |
| 26 OCCUPATIONAL THERAPY VISIT CHARGES | 0 | 0 | 281,613 |
| 27 SPEECH PATHOLOGY VISITS | 0 | 0 | 285 |
| 28 SPEECH PATHOLOGY VISIT CHARGES | 0 | 0 | 46,025 |
| 29 MEDICAL SOCIAL SERVICE VISITS | 0 | 0 | 122 |
| 30 MEDICAL SOCIAL SERVICE VISIT CHARGES | 0 | 0 | 26,242 |
| 31 HOME HEALTH AIDE VISITS | 0 | 0 | 1,836 |
| 32 HOME HEALTH AIDE VISIT CHARGES | 0 | 0 | 155,617 |
| 33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31) | 0 | 0 | 15,961 |
| 34 OTHER CHARGES | 0 | 0 | 0 |
| 35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34) | 0 | 0 | 2,333,467 |
| 36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER) | 0 | 0 | 1,057 |
| 37 TOTAL NUMBER OF OUTLIER EPIISODES | 0 | 0 | 12 |
| 38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES | 0 | 0 | 86,289 |

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-0082
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 10/3/2011
WORKSHEET S-7

| GROUP(1) | M3PI REVENUE CODE | SERVICES PRIOR TO 10/1 RATE | 10/1 DAYS | SERVICES ON/AFTER 10/1 RATE | 10/1 DAYS | SRVCS 4/1/01 TO 9/30/01 RATE | 4.03 DAYS |
|----------|-------------------|-----------------------------|-----------|-----------------------------|-----------|------------------------------|-----------|
| 1 | 2 | 3 | 3.01 | 4 | 4.01 | 4.02 | 4.03 |
| 1 | RUC | | | | | | |
| 2 | RUB | | 1 | | | | |
| 3 | RUA | | 5 | | | | |
| 3.01 | RUX | | | | | | |
| 3.02 | RUL | | 127 | | | | |
| 4 | RVC | | 14 | | | | |
| 5 | RVB | | 99 | | | | |
| 6 | RVA | | 145 | | | | |
| 6.01 | RVX | | 74 | | | | |
| 6.02 | RVL | | 544 | | | | |
| 7 | RHC | | 192 | | | | |
| 8 | RHB | | 74 | | | | |
| 9 | RHA | | 461 | | | | |
| 9.01 | RHX | | | | | | |
| 9.02 | RHL | | | | | | |
| 10 | RMC | | | | | | |
| 11 | RMB | | 5 | | | | |
| 12 | RMA | | 150 | | | | |
| 12.01 | RMX | | 629 | | | | |
| 12.02 | RML | | 1,430 | | | | |
| 13 | RLB | | | | | | |
| 14 | RLA | | | | | | |
| 14.01 | RLX | | | | | | |
| 15 | SE3 | | 14 | | | | |
| 16 | SE2 | | 52 | | | | |
| 17 | SE1 | | | | | | |
| 18 | SSC | | | | | | |
| 19 | SSB | | | | | | |
| 20 | SSA | | 70 | | | | |
| 21 | CC2 | | | | | | |
| 22 | CC1 | | | | | | |
| 23 | CB2 | | | | | | |
| 24 | CB1 | | | | | | |
| 25 | CA2 | | | | | | |
| 26 | CA1 | | | | | | |
| 27 | IB2 | | | | | | |
| 28 | IB1 | | | | | | |
| 29 | IA2 | | | | | | |
| 30 | IA1 | | | | | | |
| 31 | BB2 | | | | | | |
| 32 | BB1 | | | | | | |
| 33 | BA2 | | | | | | |
| 34 | BA1 | | | | | | |
| 35 | PE2 | | | | | | |
| 36 | PE1 | | | | | | |
| 37 | PD2 | | | | | | |
| 38 | PD1 | | | | | | |
| 39 | PC2 | | | | | | |
| 40 | PC1 | | | | | | |
| 41 | PB2 | | | | | | |
| 42 | PB1 | | | | | | |
| 43 | PA2 | | | | | | |
| 44 | PA1 | | | | | | |
| 45 | AAA | | | | | | |
| 45.01 | ES3 | | | | | | |
| 45.02 | ES2 | | | | | | |
| 45.03 | ES1 | | | | | | |
| 45.04 | HE2 | | | | | | |
| 45.05 | HE1 | | | | | | |
| 45.06 | HD2 | | | | | | |
| 45.07 | HD1 | | | | | | |
| 45.08 | HC2 | | | | | | |
| 45.09 | HC1 | | | | | | |
| 45.10 | HB2 | | | | | | |
| 45.11 | HB1 | | | | | | |
| 45.12 | LE2 | | | | | | |
| 45.13 | LE1 | | | | | | |
| 45.14 | LD2 | | | | | | |
| 45.15 | LD1 | | | | | | |
| 45.16 | LC2 | | | | | | |
| 45.17 | LC1 | | | | | | |
| 45.18 | LB2 | | | | | | |
| 45.19 | LB1 | | | | | | |
| 45.20 | CE2 | | | | | | |
| 45.21 | CE1 | | | | | | |
| 45.22 | CD2 | | | | | | |
| 45.23 | CD1 | | | | | | |
| 46 | TOTAL | | 4,086 | | | | |

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-0082
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 10/3/2011
WORKSHEET S-7

| GROUP(1) | M3PI REVENUE CODE | SERVICES PRIOR TO 10/1 RATE | 10/1 DAYS | SERVICES ON/AFTER 10/1 RATE | 10/1 DAYS | SRVCS 4/1/01 TO 9/30/01 RATE | DAYS |
|----------|-------------------|-----------------------------|-----------|-----------------------------|-----------|------------------------------|------|
| 1 | 2 | 3 | 3.01 | 4 | 4.01 | 4.02 | 4.03 |

Worksheet S-2 reference data:

Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01): 0.8522
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 2440
 SNF CBSA Code : 21780

| GROUP(1) | M3PI REVENUE CODE | HIGH COST(2) RUGs | DAYS | SWING BED SNF DAYS | TOTAL |
|----------|-------------------|-------------------|------|--------------------|-------|
| 1 | 2 | 4.05 | | 4.06 | 5 |
| 1 | RUC | | | | |
| 2 | RUB | | | | |
| 3 | RUA | | | | |
| 3.01 | RUX | | | | |
| 3.02 | RUL | | | | |
| 4 | RVC | | | | |
| 5 | RVB | | | | |
| 6 | RVA | | | | |
| 6.01 | RVX | | | | |
| 6.02 | RVL | | | | |
| 7 | RHC | | | | |
| 8 | RHB | | | | |
| 9 | RHA | | | | |
| 9.01 | RHX | | | | |
| 9.02 | RHL | | | | |
| 10 | RMC | | | | |
| 11 | RMB | | | | |
| 12 | RMA | | | | |
| 12.01 | RMX | | | | |
| 12.02 | RML | | | | |
| 13 | RLB | | | | |
| 14 | RLA | | | | |
| 14.01 | RLX | | | | |
| 15 | SE3 | | | | |
| 16 | SE2 | | | | |
| 17 | SE1 | | | | |
| 18 | SSC | | | | |
| 19 | SSB | | | | |
| 20 | SSA | | | | |
| 21 | CC2 | | | | |
| 22 | CC1 | | | | |
| 23 | CB2 | | | | |
| 24 | CB1 | | | | |
| 25 | CA2 | | | | |
| 26 | CA1 | | | | |
| 27 | IB2 | | | | |
| 28 | IB1 | | | | |
| 29 | IA2 | | | | |
| 30 | IA1 | | | | |
| 31 | BB2 | | | | |
| 32 | BB1 | | | | |
| 33 | BA2 | | | | |
| 34 | BA1 | | | | |
| 35 | PE2 | | | | |
| 36 | PE1 | | | | |
| 37 | PD2 | | | | |
| 38 | PD1 | | | | |
| 39 | PC2 | | | | |
| 40 | PC1 | | | | |
| 41 | PB2 | | | | |
| 42 | PB1 | | | | |
| 43 | PA2 | | | | |
| 44 | PA1 | | | | |
| 45 | AAA | | | | |
| 45.01 | ES3 | | | | |
| 45.02 | ES2 | | | | |
| 45.03 | ES1 | | | | |
| 45.04 | HE2 | | | | |
| 45.05 | HE1 | | | | |
| 45.06 | HD2 | | | | |
| 45.07 | HD1 | | | | |
| 45.08 | HC2 | | | | |
| 45.09 | HC1 | | | | |
| 45.10 | HB2 | | | | |
| 45.11 | HB1 | | | | |
| 45.12 | LE2 | | | | |
| 45.13 | LE1 | | | | |
| 45.14 | LD2 | | | | |
| 45.15 | LD1 | | | | |
| 45.16 | LC2 | | | | |
| 45.17 | LC1 | | | | |
| 45.18 | LB2 | | | | |

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

| | | |
|--------------|-----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 15-0082 | FROM 10/ 1/2009 | 10/ 3/2011 |
| | TO 9/30/2010 | WORKSHEET S-7 |

| GROUP(1) | M3PI REVENUE CODE | HIGH COST(2) | | SWING BED SNF | TOTAL |
|------------|----------------------|--------------|------|---------------|-------|
| | | RUGs | DAYS | DAYS | |
| 1 | 2 | 4.05 | 4.06 | | 5 |
| 45 .19 LB1 | | | | | |
| 45 .20 CE2 | | | | | |
| 45 .21 CE1 | | | | | |
| 45 .22 CD2 | | | | | |
| 45 .23 CD1 | | | | | |
| 46 TOTAL | | | | | |

- (2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.
- (3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.
- (4) Additional RUGs were published in the "Federal Register", Vol. 74 No. 153 August 11, 2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

NOTE: The default line code designation has been changed to "AAA".

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01) : 0.8522
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 2440
 SNF CBSA Code : 21780

HOSPICE IDENTIFICATION DATA

| | | |
|--------------|-----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| 15-0082 | FROM 10/ 1/2009 | WORKSHEET S-9 |
| HOSPICE NO: | TO 9/30/2010 | |
| 15-1512 | | |

HOSPICE 1

PART I - ENROLLMENT DAYS

| | TITLE XVIII UNDUPLICATED MEDI CARE DAYS 1 | TITLE XIX UNDUPLICATED MEDI CAID DAYS 2 | TITLE XVIII UNDUPLICATED SNF DAYS 3 | TITLE XIX UNDUPLICATED NF DAYS 4 |
|---------------------------|--|--|--|---|
| 1 CONTINUOUS HOME CARE | | | | |
| 2 ROUTINE HOME CARE | 11,120 | 274 | | |
| 3 INPATIENT RESPI TE CARE | 104 | 13 | | |
| 4 GENERAL INPATIENT CARE | 1,159 | 46 | | |
| 5 TOTAL HOSPICE DAYS | 12,383 | 333 | | |

PART I - ENROLLMENT DAYS (CONTINUED)

| | OTHER UNDUPLICATED DAYS 5 | TOTAL UNDUPLICATED DAYS 6 |
|---------------------------|------------------------------------|------------------------------------|
| 1 CONTINUOUS HOME CARE | | |
| 2 ROUTINE HOME CARE | 1,174 | 12,568 |
| 3 INPATIENT RESPI TE CARE | | 117 |
| 4 GENERAL INPATIENT CARE | 187 | 1,392 |
| 5 TOTAL HOSPICE DAYS | 1,361 | 14,077 |

PART II - CENSUS DATA

| | TITLE XVIII 1 | TITLE XIX 2 | TITLE XVIII SNF 3 | TITLE XIX NF 4 |
|--|------------------|----------------|-------------------------|----------------------|
| 6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE | 345 | 17 | | |
| 7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE | | | | |
| 8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6) | 35.89 | 19.59 | | |
| 9 UNDUPLICATED CENSUS COUNT | 345 | 17 | | |

PART II - CENSUS DATA (CONTINUED)

| | OTHER 5 | TOTAL 6 |
|--|------------|------------|
| 6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE | 77 | 439 |
| 7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE | | |
| 8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6) | 17.68 | 32.07 |
| 9 UNDUPLICATED CENSUS COUNT | 77 | 439 |

HOSPITAL UNCOMPENSATED CARE DATA

| | | |
|--------------|-----------------|----------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 15-0082 | FROM 10/ 1/2009 | 10/ 3/2011 |
| | TO 9/30/2010 | WORKSHEET S-10 |

DESCRIPTION

| | | |
|--------------------------------|---|-------------|
| UNCOMPENSATED CARE INFORMATION | | |
| 1 | DO YOU HAVE A WRITTEN CHARITY CARE POLICY? | |
| 2 | ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04 | |
| 2.01 | IS IT AT THE TIME OF ADMISSION? | |
| 2.02 | IS IT AT THE TIME OF FIRST BILLING? | |
| 2.03 | IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE? | |
| 2.04 | | |
| 3 | ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS? | |
| 4 | ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA? | |
| 5 | ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY? | |
| 6 | ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA? | |
| 7 | ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA? | |
| 8 | DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01 | |
| 8.01 | DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES? | |
| 9 | IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04 | |
| 9.01 | IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY? | |
| 9.02 | IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT? | |
| 9.03 | IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION? | |
| 9.04 | IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT? | |
| 10 | IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF? | |
| 11 | IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04 | |
| 11.01 | IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL? | |
| 11.02 | IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL? | |
| 11.03 | IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL? | |
| 11.04 | IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL? | |
| 12 | ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE? | |
| 13 | IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES? | |
| 14 | IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02 | |
| 14.01 | DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE? | |
| 14.02 | WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING? | |
| 15 | DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS? | |
| 16 | ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE? | |
| UNCOMPENSATED CARE REVENUES | | |
| 17 | REVENUE FROM UNCOMPENSATED CARE | |
| 17.01 | GROSS MEDICAID REVENUES | 19,315,920 |
| 18 | REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS | |
| 19 | REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS) | |
| 20 | RESTRICTED GRANTS | |
| 21 | NON-RESTRICTED GRANTS | |
| 22 | TOTAL GROSS UNCOMPENSATED CARE REVENUES | 19,315,920 |
| UNCOMPENSATED CARE COST | | |
| 23 | TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS | |
| 24 | COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) | .278769 |
| 25 | TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24) | |
| 26 | TOTAL SCHIP CHARGES FROM YOUR RECORDS | |
| 27 | TOTAL SCHIP COST, (LINE 24 * LINE 26) | |
| 28 | TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS | 107,324,950 |

HOSPITAL UNCOMPENSATED CARE DATA

| | | |
|--|-----------------|---------------------|
| IN LIEU OF FORM CMS-2552-96 S-10 (05/2004) | | |
| PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| 15-0082 | FROM 10/ 1/2009 | WORKSHEET S-10 |
| | TO 9/30/2010 | |

DESCRIPTION

| | | |
|----|--|------------|
| 29 | TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28) | 29,918,869 |
| 30 | OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS | 83,931,365 |
| 31 | UNCOMPENSATED CARE COST (LINE 24 * LINE 30) | 23,397,463 |
| 32 | TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29) | 29,918,869 |

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0082
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 10/3/2011 WORKSHEET A

| COST CENTER | COST CENTER DESCRIPTION | SALARIES | OTHER | TOTAL | RECLASSIFICATIONS | RECLASSIFIED TRIAL BALANCE |
|-------------|---|-------------|-------------|-------------|-------------------|----------------------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | GENERAL SERVICE COST CNTR | | | | | |
| 3 | 0300 NEW CAP REL COSTS-BLDG & FIXT | | 20,551,550 | 20,551,550 | -1,446,514 | 19,105,036 |
| 3.01 | 0301 NEW CAP REL COSTS- BLDG & FIXT | | | | 64,564 | 64,564 |
| 4 | 0400 NEW CAP REL COSTS-MVBLE EQUIP | | 7,319,927 | 7,319,927 | 19,451,514 | 26,771,441 |
| 5 | 0500 EMPLOYEE BENEFITS | 1,989,293 | 52,123,628 | 54,112,921 | 1,640,892 | 55,753,813 |
| 6 | 0600 ADMINISTRATIVE & GENERAL | 25,590,968 | 29,938,029 | 55,528,997 | -14,368,154 | 41,160,843 |
| 8 | 0800 OPERATION OF PLANT | 2,721,135 | 7,767,589 | 10,488,724 | -35,677 | 10,453,047 |
| 9 | 0900 LAUNDRY & LINEN SERVICE | 295,904 | 21,917 | 317,821 | 566,181 | 884,002 |
| 10 | 1000 HOUSEKEEPING | 2,936,858 | 734,347 | 3,671,205 | -120,209 | 3,550,996 |
| 11 | 1100 DIETARY | 2,705,211 | 2,220,432 | 4,925,643 | -2,478,791 | 2,446,852 |
| 12 | 1200 CAFETERIA | | | | 1,315,628 | 1,315,628 |
| 14 | 1400 NURSING ADMINISTRATION | 1,983,838 | 492,753 | 2,476,591 | -153,337 | 2,323,254 |
| 15 | 1500 CENTRAL SERVICES & SUPPLY | 1,326,999 | 3,547,479 | 4,874,478 | -3,264,051 | 1,610,427 |
| 16 | 1600 PHARMACY | 6,714,061 | 22,642,902 | 29,356,963 | -15,096,787 | 14,260,176 |
| 17 | 1700 MEDICAL RECORDS & LIBRARY | 2,171,529 | 21,847 | 2,193,376 | 18,122 | 2,211,498 |
| 18 | 1800 SOCIAL SERVICE | 2,154,113 | 422,689 | 2,576,802 | 36,380 | 2,613,182 |
| 22 | 2200 I&R SERVICES-SALARY & FRINGES APPRVD | | | | 916,554 | 916,554 |
| 23 | 2300 I&R SERVICES-OTHER PRGM COSTS APPRVD | | | | 890,581 | 890,581 |
| 24 | 2400 PARAMED ED PRGM | 201,173 | 9,075 | 210,248 | 2,459 | 212,707 |
| 24.01 | 2401 PARAMED ED PRGM-(CHAPLIN RESIDENCY) | | | | 194,003 | 194,003 |
| 24.03 | 2403 PARAMED ED PRGM-(NURSING) | | | | 236,213 | 236,213 |
| | INPAT ROUTINE SRVC CNTRS | | | | | |
| 25 | 2500 ADULTS & PEDIATRICS | 27,933,195 | 2,119,675 | 30,052,870 | -322,361 | 29,730,509 |
| 26 | 2600 INTENSIVE CARE UNIT | 5,778,815 | 386,874 | 6,165,689 | -12,167 | 6,153,522 |
| 27 | 2700 CORONARY CARE UNIT | 4,268,326 | 357,867 | 4,626,193 | -57,545 | 4,568,648 |
| 28 | 2800 BURN INTENSIVE CARE UNIT | | | | | |
| 29 | 2900 SURGICAL INTENSIVE CARE UNIT | | | | | |
| 31 | 3100 SUBPROVIDER | 845,696 | 133,641 | 979,337 | 13,573 | 992,910 |
| 33 | 3300 NURSERY | | | | | |
| 34 | 3400 SKILLED NURSING FACILITY | 1,177,247 | 98,172 | 1,275,419 | -9,752 | 1,265,667 |
| | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | 3700 OPERATING ROOM | 18,860,082 | 64,805,928 | 83,666,010 | -30,883,136 | 52,782,874 |
| 41 | 4100 RADIOLOGY-DIAGNOSTIC | 7,763,859 | 14,085,340 | 21,849,199 | -4,159,114 | 17,690,085 |
| 44 | 4400 LABORATORY | 10,167,676 | 14,678,001 | 24,845,677 | -296,715 | 24,548,962 |
| 49 | 4900 RESPIRATORY THERAPY | 3,316,053 | 729,705 | 4,045,758 | -359,154 | 3,686,604 |
| 49.01 | 3950 WOUND CARE CENTER | 217,022 | 134,221 | 351,243 | -35,097 | 316,146 |
| 50 | 5000 PHYSICAL THERAPY | | 7,393,628 | 7,393,628 | -87,058 | 7,306,570 |
| 53 | 5300 ELECTROCARDIOLOGY | 412,182 | 773,784 | 1,185,966 | -1,772 | 1,184,194 |
| 53.01 | 5301 CARDIAC CATH LAB | 1,258,311 | 9,138,764 | 10,397,075 | -8,629,841 | 1,767,234 |
| 55 | 5500 MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | 21,566,372 | 21,566,372 |
| 55.30 | 5530 IMPL. DEV. CHARGED TO PATIENT | | | | 21,032,351 | 21,032,351 |
| 56 | 5600 DRUGS CHARGED TO PATIENTS | | | | 15,043,526 | 15,043,526 |
| 57 | 5700 RENAL DIALYSIS | 213,285 | 1,569,398 | 1,782,683 | -26,390 | 1,756,293 |
| 59 | 3951 BEHAVIORAL HEALTH SERVICES | 689,311 | 8,102 | 697,413 | 14,616 | 712,029 |
| | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | 6000 CLINIC | 1,058,357 | 800,313 | 1,858,670 | 8,376 | 1,867,046 |
| 60.01 | 6001 CLINIC - FAMILY PRACTICE | 2,426,673 | 472,476 | 2,899,149 | -1,780,494 | 1,118,655 |
| 60.02 | 6002 OUTPATIENT PSYCHIATRIC SERVICES | 509,001 | 21,112 | 530,113 | 7,389 | 537,502 |
| 60.03 | 6003 OUTPATIENT CHEMO | 291,122 | 158,542 | 449,664 | -6,270 | 443,394 |
| 60.04 | 6004 PRIMARY CARE SENIORS | 1,666,460 | 447,382 | 2,113,842 | -3,023 | 2,110,819 |
| 61 | 6100 EMERGENCY | 14,088,261 | 4,362,936 | 18,451,197 | -65,906 | 18,385,291 |
| 62 | 6200 OBSERVATION BEDS (NON-DISTINCT PART) | | | | | |
| 62.01 | 6201 OBSERVATION BEDS (DISTINCT PART) CVS | 496,152 | 39,441 | 535,593 | -5,462 | 530,131 |
| | OTHER REIMBURS COST CNTRS | | | | | |
| 66 | 6600 DURABLE MEDICAL EQUIP-RENTED | 1,265,715 | 2,416,885 | 3,682,600 | -274,700 | 3,407,900 |
| 71 | 7100 HOME HEALTH AGENCY | 2,004,834 | 1,484,495 | 3,489,329 | -161,018 | 3,328,311 |
| | SPEC PURPOSE COST CENTERS | | | | | |
| 90 | 9000 OTHER CAPITAL RELATED COSTS | | | | | |
| 93 | 9300 HOSPICE | 1,354,930 | 863,241 | 2,218,171 | 111,304 | 2,329,475 |
| 95 | SUBTOTALS | 158,853,647 | 275,294,087 | 434,147,734 | -1,009,897 | 433,137,837 |
| | NONREIMBURS COST CENTERS | | | | | |
| 96 | 9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | | 1,153,828 | 1,153,828 |
| 100 | 7950 OTHER NONREIMBURSABLE COST CENTERS | | | | | |
| 100.01 | 7951 DEACONESS URGENT CARE | 1,916,038 | 870,026 | 2,786,064 | 7,604 | 2,793,668 |
| 100.02 | 7952 OCCUPATIONAL HEALTH | 1,148,700 | 1,067,568 | 2,216,268 | -13,059 | 2,203,209 |
| 100.03 | 7979 OTHER NONREIMBURSABLE COST CENTERS | 1,336,111 | 53,585 | 1,389,696 | 105,811 | 1,495,507 |
| 100.04 | 7953 OAKLAND CITY CLINIC | 976,797 | 211,100 | 1,187,897 | 8,532 | 1,196,429 |
| 100.05 | 7954 THE HEART HOSPITAL | 92,544 | | 92,544 | | 92,544 |
| 100.09 | 7957 USI HEALTH CENTER | 348,538 | 75,750 | 424,288 | 4,334 | 428,622 |
| 100.20 | 7966 PHYSICIAN OFFICES | 9,332,300 | 5,980,746 | 15,313,046 | -200,058 | 15,112,988 |
| 100.27 | 7969 PUBLIC RELATIONS | 269,370 | 1,186,990 | 1,456,360 | -58,928 | 1,397,432 |
| 100.31 | 7980 WOMEN'S HOSPITAL/GATEWAY MOB | 105,696 | 3,068,681 | 3,174,377 | 1,833 | 3,176,210 |
| 101 | TOTAL | 174,379,741 | 287,808,533 | 462,188,274 | -0- | 462,188,274 |

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0082
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 10/3/2011
WORKSHEET A

| COST CENTER | COST CENTER DESCRIPTION | ADJUSTMENTS | NET EXPENSES FOR ALLOC |
|-------------|---|-------------|------------------------|
| | | 6 | 7 |
| | GENERAL SERVICE COST CNTR | | |
| 3 | 0300 NEW CAP REL COSTS-BLDG & FIXT | -5,009,337 | 14,095,699 |
| 3.01 | 0301 NEW CAP REL COSTS- BLDG & FIXT | | 64,564 |
| 4 | 0400 NEW CAP REL COSTS-MVBLE EQUIP | 36,344 | 26,807,785 |
| 5 | 0500 EMPLOYEE BENEFITS | -8,664,601 | 47,089,212 |
| 6 | 0600 ADMINISTRATIVE & GENERAL | -2,445,728 | 38,715,115 |
| 8 | 0800 OPERATION OF PLANT | | 10,453,047 |
| 9 | 0900 LAUNDRY & LINEN SERVICE | 82,728 | 966,730 |
| 10 | 1000 HOUSEKEEPING | | 3,550,996 |
| 11 | 1100 DIETARY | 237,998 | 2,684,850 |
| 12 | 1200 CAFETERIA | -745,841 | 569,787 |
| 14 | 1400 NURSING ADMINISTRATION | | 2,323,254 |
| 15 | 1500 CENTRAL SERVICES & SUPPLY | | 1,610,427 |
| 16 | 1600 PHARMACY | | 14,260,176 |
| 17 | 1700 MEDICAL RECORDS & LIBRARY | 414,008 | 2,625,506 |
| 18 | 1800 SOCIAL SERVICE | -490,272 | 2,122,910 |
| 22 | 2200 I&R SERVICES-SALARY & FRINGES APPRVD | | 916,554 |
| 23 | 2300 I&R SERVICES-OTHER PRGM COSTS APPRVD | | 890,581 |
| 24 | 2400 PARAMED ED PRGM | | 212,707 |
| 24.01 | 2401 PARAMED ED PRGM-(CHAPLIN RESIDENCY) | | 194,003 |
| 24.03 | 2403 PARAMED ED PRGM-(NURSING) | | 236,213 |
| | INPAT ROUTINE SRVC CNTRS | | |
| 25 | 2500 ADULTS & PEDIATRICS | -594,330 | 29,136,179 |
| 26 | 2600 INTENSIVE CARE UNIT | | 6,153,522 |
| 27 | 2700 CORONARY CARE UNIT | | 4,568,648 |
| 28 | 2800 BURN INTENSIVE CARE UNIT | | |
| 29 | 2900 SURGICAL INTENSIVE CARE UNIT | | |
| 31 | 3100 SUBPROVIDER | -457 | 992,453 |
| 33 | 3300 NURSERY | | |
| 34 | 3400 SKILLED NURSING FACILITY | | 1,265,667 |
| | ANCILLARY SRVC COST CNTRS | | |
| 37 | 3700 OPERATING ROOM | -29,724,686 | 23,058,188 |
| 41 | 4100 RADIOLOGY-DIAGNOSTIC | -2,765,444 | 14,924,641 |
| 44 | 4400 LABORATORY | -386,656 | 24,162,306 |
| 49 | 4900 RESPIRATORY THERAPY | 4,797 | 3,691,401 |
| 49.01 | 3950 WOUND CARE CENTER | -10,525 | 305,621 |
| 50 | 5000 PHYSICAL THERAPY | -2,021,871 | 5,284,699 |
| 53 | 5300 ELECTROCARDIOLOGY | -350,038 | 834,156 |
| 53.01 | 5301 CARDIAC CATH LAB | 83,574 | 1,850,808 |
| 55 | 5500 MEDICAL SUPPLIES CHARGED TO PATIENTS | 333,414 | 21,899,786 |
| 55.30 | 5530 IMPL. DEV. CHARGED TO PATIENT | | 21,032,351 |
| 56 | 5600 DRUGS CHARGED TO PATIENTS | 43,381 | 15,086,907 |
| 57 | 5700 RENAL DIALYSIS | -3,302 | 1,752,991 |
| 59 | 3951 BEHAVIORAL HEALTH SERVICES | | 712,029 |
| | OUTPAT SERVICE COST CNTRS | | |
| 60 | 6000 CLINIC | -499,424 | 1,367,622 |
| 60.01 | 6001 CLINIC - FAMILY PRACTICE | 260,593 | 1,379,248 |
| 60.02 | 6002 OUTPATIENT PSYCHIATRIC SERVICES | | 537,502 |
| 60.03 | 6003 OUTPATIENT CHEMO | | 443,394 |
| 60.04 | 6004 PRIMARY CARE SENIORS | -1,167,560 | 943,259 |
| 61 | 6100 EMERGENCY | -9,139,778 | 9,245,513 |
| 62 | 6200 OBSERVATION BEDS (NON-DISTINCT PART) | | |
| 62.01 | 6201 OBSERVATION BEDS (DISTINCT PART) CVS | 10,633 | 540,764 |
| | OTHER REIMBURS COST CNTRS | | |
| 66 | 6600 DURABLE MEDICAL EQUIP-RENTED | | 3,407,900 |
| 71 | 7100 HOME HEALTH AGENCY | -14,688 | 3,313,623 |
| | SPEC PURPOSE COST CENTERS | | |
| 90 | 9000 OTHER CAPITAL RELATED COSTS | | -0- |
| 93 | 9300 HOSPICE | 189,954 | 2,519,429 |
| 95 | SUBTOTALS | -62,337,114 | 370,800,723 |
| | NONREIMBURS COST CENTERS | | |
| 96 | 9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | 1,153,828 |
| 100 | 7950 OTHER NONREIMBURSABLE COST CENTERS | | |
| 100.01 | 7951 DEACONESS URGENT CARE | | 2,793,668 |
| 100.02 | 7952 OCCUPATIONAL HEALTH | | 2,203,209 |
| 100.03 | 7979 OTHER NONREIMBURSABLE COST CENTERS | | 1,495,507 |
| 100.04 | 7953 OAKLAND CITY CLINIC | | 1,196,429 |
| 100.05 | 7954 THE HEART HOSPITAL | | 92,544 |
| 100.09 | 7957 USI HEALTH CENTER | | 428,622 |
| 100.20 | 7966 PHYSICIAN OFFICES | | 15,112,988 |
| 100.27 | 7969 PUBLIC RELATIONS | | 1,397,432 |
| 100.31 | 7980 WOMEN'S HOSPITAL/GATEWAY MOB | | 3,176,210 |
| 101 | TOTAL | -62,337,114 | 399,851,160 |

COST CENTERS USED IN COST REPORT

| LINE NO. | COST CENTER DESCRIPTION | CMS CODE | STANDARD LABEL FOR NON-STANDARD CODES |
|----------|--------------------------------------|----------|---------------------------------------|
| | GENERAL SERVICE COST | | |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 0300 | |
| 3.01 | NEW CAP REL COSTS- BLDG & FIXT | 0301 | NEW CAP REL COSTS-BLDG & FIXT |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 0400 | |
| 5 | EMPLOYEE BENEFITS | 0500 | |
| 6 | ADMINISTRATIVE & GENERAL | 0600 | |
| 8 | OPERATION OF PLANT | 0800 | |
| 9 | LAUNDRY & LINEN SERVICE | 0900 | |
| 10 | HOUSEKEEPING | 1000 | |
| 11 | DIETARY | 1100 | |
| 12 | CAFETERIA | 1200 | |
| 14 | NURSING ADMINISTRATION | 1400 | |
| 15 | CENTRAL SERVICES & SUPPLY | 1500 | |
| 16 | PHARMACY | 1600 | |
| 17 | MEDICAL RECORDS & LIBRARY | 1700 | |
| 18 | SOCIAL SERVICE | 1800 | |
| 22 | I&R SERVICES-SALARY & FRINGES APPRVD | 2200 | |
| 23 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 2300 | |
| 24 | PARAMED PRGM | 2400 | |
| 24.01 | PARAMED PRGM-(CHAPLIN RESIDENCY) | 2401 | PARAMED PRGM |
| 24.03 | PARAMED PRGM-(NURSING) | 2403 | PARAMED PRGM |
| | INPAT ROUTINE SRVC C | | |
| 25 | ADULTS & PEDIATRICS | 2500 | |
| 26 | INTENSIVE CARE UNIT | 2600 | |
| 27 | CORONARY CARE UNIT | 2700 | |
| 28 | BURN INTENSIVE CARE UNIT | 2800 | |
| 29 | SURGICAL INTENSIVE CARE UNIT | 2900 | |
| 31 | SUBPROVIDER | 3100 | |
| 33 | NURSERY | 3300 | |
| 34 | SKILLED NURSING FACILITY | 3400 | |
| | ANCILLARY SRVC COST | | |
| 37 | OPERATING ROOM | 3700 | |
| 41 | RADIOLOGY-DIAGNOSTIC | 4100 | |
| 44 | LABORATORY | 4400 | |
| 49 | RESPIRATORY THERAPY | 4900 | |
| 49.01 | WOUND CARE CENTER | 3950 | OTHER ANCILLARY SERVICE COST CENTERS |
| 50 | PHYSICAL THERAPY | 5000 | |
| 53 | ELECTROCARDIOLOGY | 5300 | |
| 53.01 | CARDIAC CATH LAB | 5301 | ELECTROCARDIOLOGY |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 5500 | |
| 55.30 | IMPL. DEV. CHARGED TO PATIENT | 5530 | IMPL. DEV. CHARGED TO PATIENT |
| 56 | DRUGS CHARGED TO PATIENTS | 5600 | |
| 57 | RENAL DIALYSIS | 5700 | |
| 59 | BEHAVIORAL HEALTH SERVICES | 3951 | OTHER ANCILLARY SERVICE COST CENTERS |
| | OUTPAT SERVICE COST | | |
| 60 | CLINIC | 6000 | |
| 60.01 | CLINIC - FAMILY PRACTICE | 6001 | CLINIC |
| 60.02 | OUTPATIENT PSYCHIATRIC SERVICES | 6002 | CLINIC |
| 60.03 | OUTPATIENT CHEMO | 6003 | CLINIC |
| 60.04 | PRIMARY CARE SENIORS | 6004 | CLINIC |
| 61 | EMERGENCY | 6100 | |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | 6200 | |
| 62.01 | OBSERVATION BEDS (DISTINCT PART) CVS | 6201 | OBSERVATION BEDS (NON-DISTINCT PART) |
| | OTHER REIMBURS COST | | |
| 66 | DURABLE MEDICAL EQUIP-RENTED | 6600 | |
| 71 | HOME HEALTH AGENCY | 7100 | |
| | SPEC PURPOSE COST CE | | |
| 90 | OTHER CAPITAL RELATED COSTS | 9000 | |
| 93 | HOSPICE | 9300 | |
| 95 | SUBTOTALS | | OLD CAP REL COSTS-BLDG & FIXT |
| | NONREIMBURS COST CEN | | |
| 96 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 9600 | |
| 100 | OTHER NONREIMBURSABLE COST CENTERS | 7950 | OTHER NONREIMBURSABLE COST CENTERS |
| 100.01 | DEACONESS URGENT CARE | 7951 | OTHER NONREIMBURSABLE COST CENTERS |
| 100.02 | OCCUPATIONAL HEALTH | 7952 | OTHER NONREIMBURSABLE COST CENTERS |
| 100.03 | OTHER NONREIMBURSABLE COST CENTERS | 7979 | OTHER NONREIMBURSABLE COST CENTERS |
| 100.04 | OAKLAND CITY CLINIC | 7953 | OTHER NONREIMBURSABLE COST CENTERS |
| 100.05 | THE HEART HOSPITAL | 7954 | OTHER NONREIMBURSABLE COST CENTERS |
| 100.09 | USI HEALTH CENTER | 7957 | OTHER NONREIMBURSABLE COST CENTERS |
| 100.20 | PHYSICIAN OFFICES | 7966 | OTHER NONREIMBURSABLE COST CENTERS |
| 100.27 | PUBLIC RELATIONS | 7969 | OTHER NONREIMBURSABLE COST CENTERS |
| 100.31 | WOMEN'S HOSPITAL/GATEWAY MOB | 7980 | OTHER NONREIMBURSABLE COST CENTERS |
| 101 | TOTAL | | OLD CAP REL COSTS-BLDG & FIXT |

RECLASSIFICATIONS

PROVIDER NO:
150082

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 10/ 3/2011
WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION | INCREASE | | | | |
|----------------------------------|----------|--------------------------------------|---------|---------|------------|
| | CODE (1) | COST CENTER | LINE NO | SALARY | OTHER |
| | 1 | 2 | 3 | 4 | 5 |
| 1 BUILDING DEPRECIATION | A | NEW CAP REL COSTS-BLDG & FIXT | 3 | | 151,333 |
| 2 EQUIPMENT DEPRECIATION | B | NEW CAP REL COSTS-MVBLE EQUIP | 4 | | 18,164,050 |
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| 1 EQUIPMENT DEPRECIATION | B | | | | |
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| 10 HSB BUILDING DEPRECIATION | C | NEW CAP REL COSTS- BLDG & FIXT | 3.01 | | 54,946 |
| 11 INTEREST EXPENSE | D | NEW CAP REL COSTS-MVBLE EQUIP | 4 | | 444,564 |
| 12 CAFETERIA/GARDEN CAFE | E | CAFETERIA | 12 | 709,168 | |
| 13 | | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 96 | 621,952 | |
| 14 | | CAFETERIA | 12 | | 582,083 |
| 15 | | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 96 | | 510,497 |
| 16 QUALITY SHARE/ INCENTIVE COMP | F | EMPLOYEE BENEFITS | 5 | 52,574 | |
| 17 | | OPERATION OF PLANT | 8 | 47,159 | |
| 18 | | LAUNDRY & LINEN SERVICE | 9 | 22,989 | |
| 19 | | HOUSEKEEPING | 10 | 106,484 | |
| 20 | | DIETARY | 11 | 47,205 | |
| 21 | | CAFETERIA | 12 | 24,377 | |
| 22 | | NURSING ADMINISTRATION | 14 | 33,321 | |
| 23 | | CENTRAL SERVICES & SUPPLY | 15 | 36,358 | |
| 24 | | PHARMACY | 16 | 74,963 | |
| 25 | | MEDICAL RECORDS & LIBRARY | 17 | 65,370 | |
| 26 | | SOCIAL SERVICE | 18 | 36,990 | |
| 27 | | I&R SERVICES-SALARY & FRINGES APPRVD | 22 | 13,537 | |
| 28 | | I&R SERVICES-OTHER PRGM COSTS APPRVD | 23 | 3,002 | |
| 29 | | PARAMED PRGM-(CHAPLIN RESIDENCY) | 24.01 | 4,949 | |
| 30 | | PARAMED PRGM-(NURSING) | 24.03 | 5,958 | |
| 31 | | PARAMED PRGM | 24 | 2,459 | |
| 32 | | ADULTS & PEDIATRICS | 25 | 500,880 | |
| 33 | | INTENSIVE CARE UNIT | 26 | 88,474 | |
| 34 | | CORONARY CARE UNIT | 27 | 62,888 | |
| 35 | | SUBPROVIDER | 31 | 13,855 | |

RECLASSIFICATIONS

PROVIDER NO:
150082

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 10/ 3/2011
WORKSHEET A-6
CONTD

| ----- INCREASE ----- | | | | | |
|----------------------------------|----------|--------------------------------------|-----------|----------|------------|
| EXPLANATION OF RECLASSIFICATION | CODE (1) | COST CENTER 2 | LINE NO 3 | SALARY 4 | OTHER 5 |
| 1 QUALITY SHARE/ INCENTIVE COMP | F | SKILLED NURSING FACILITY | 34 | 21,981 | |
| 2 | | OPERATING ROOM | 37 | 184,213 | |
| 3 | | RADIOLOGY-DIAGNOSTIC | 41 | 125,096 | |
| 4 | | LABORATORY | 44 | 211,781 | |
| 5 | | RESPIRATORY THERAPY | 49 | 54,654 | |
| 6 | | WOUND CARE CENTER | 49.01 | 4,229 | |
| 7 | | ELECTROCARDIOLOGY | 53 | 7,242 | |
| 8 | | CARDIAC CATH LAB | 53.01 | 17,005 | |
| 9 | | RENAL DIALYSIS | 57 | 2,856 | |
| 10 | | BEHAVIORAL HEALTH SERVICES | 59 | 14,616 | |
| 11 | | CLINIC | 60 | 19,739 | |
| 12 | | CLINIC - FAMILY PRACTICE | 60.01 | 19,264 | |
| 13 | | OUTPATIENT PSYCHIATRIC SERVICES | 60.02 | 9,390 | |
| 14 | | OUTPATIENT CHEMO | 60.03 | 1,295 | |
| 15 | | PRIMARY CARE SENIORS | 60.04 | 17,901 | |
| 16 | | EMERGENCY | 61 | 122,767 | |
| 17 | | OBSERVATION BEDS (DISTINCT PART) CVS | 62.01 | 8,377 | |
| 18 | | DURABLE MEDICAL EQUIP-RENTED | 66 | 28,794 | |
| 19 | | HOME HEALTH AGENCY | 71 | 30,628 | |
| 20 | | HOSPICE | 93 | 23,248 | |
| 21 | | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 96 | 21,379 | |
| 22 | | DEACONESS URGENT CARE | 100.01 | 25,363 | |
| 23 | | OCCUPATIONAL HEALTH | 100.02 | 17,375 | |
| 24 | | OTHER NONREIMBURSABLE COST CENTERS | 100.03 | 35,154 | |
| 25 | | OAKLAND CITY CLINIC | 100.04 | 10,831 | |
| 26 | | USI HEALTH CENTER | 100.09 | 5,581 | |
| 27 | | PHYSICIAN OFFICES | 100.20 | 57,415 | |
| 28 | | PUBLIC RELATIONS | 100.27 | 3,581 | |
| 29 | | WOMEN'S HOSPITAL/GATEWAY MOB | 100.31 | 2,615 | |
| 30 EQUIPMENT LEASES | G | NEW CAP REL COSTS-MVBLE EQUIP | 4 | | 694,044 |
| 31 DRUGS AND IVS | H | DRUGS CHARGED TO PATIENTS | 56 | | 15,043,526 |
| 32 MEDICAL SUPPLIES CHARGED | I | MEDICAL SUPPLIES CHARGED TO PATIENTS | 55 | | 3,022,355 |
| 33 | | IMPL. DEV. CHARGED TO PATIENT | 55.30 | | 33,891 |
| 34 INTERNS AND RESIDENT SALARIES | J | I&R SERVICES-SALARY & FRINGES APPRVD | 22 | 903,017 | |
| 35 CHILD CARE CENTER | K | OTHER NONREIMBURSABLE COST CENTERS | 100.03 | 97,378 | |
| 1 CHILD CARE CENTER | K | OTHER NONREIMBURSABLE COST CENTERS | 100.03 | | 19,832 |
| 2 TEACHING PHYSICIANS | L | I&R SERVICES-OTHER PRGM COSTS APPRVD | 23 | 713,699 | |
| 3 | | I&R SERVICES-OTHER PRGM COSTS APPRVD | 23 | | 173,880 |
| 4 PASTORAL EDUCATION | M | PARAMED ED PRGM-(CHAPLIN RESIDENCY) | 24.01 | 183,176 | |
| 5 | | PARAMED ED PRGM-(CHAPLIN RESIDENCY) | 24.01 | | 5,878 |
| 6 INSURANCE | N | NEW CAP REL COSTS-BLDG & FIXT | 3 | | 573,221 |
| 7 | | NEW CAP REL COSTS- BLDG & FIXT | 3.01 | | 9,618 |
| 8 HOME SERVICES | O | HOSPICE | 93 | 52,870 | |
| 9 | | HOSPICE | 93 | | 37,900 |
| 10 | | DURABLE MEDICAL EQUIP-RENTED | 66 | 87,776 | |
| 11 | | DURABLE MEDICAL EQUIP-RENTED | 66 | | 62,921 |
| 12 PUBLIC RELATIONS | P | ADMINISTRATIVE & GENERAL | 6 | 14,916 | |
| 13 | | ADMINISTRATIVE & GENERAL | 6 | | 47,593 |
| 14 PARAMED ED PGRM - NURSING | Q | PARAMED ED PRGM-(NURSING) | 24.03 | 230,255 | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | | | | | |
| 19 LAUNDRY | R | LAUNDRY & LINEN SERVICE | 9 | 300,000 | |
| 20 | | LAUNDRY & LINEN SERVICE | 9 | | 438,346 |
| 21 | | | | | |
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RECLASSIFICATIONS

| | | |
|------------------------|--|---|
| PROVIDER NO: 150082 | PERIOD: FROM 10/ 1/2009 TO 9/30/2010 | PREPARED 10/ 3/2011 WORKSHEET A-6 CONTD |
|------------------------|--|---|

| EXPLANATION OF RECLASSIFICATION | INCREASE | | | | |
|-----------------------------------|-------------|--------------------------------------|------------|-----------|------------|
| | CODE (1) | COST CENTER | LINE NO | SALARY | OTHER |
| | 1 | 2 | 3 | 4 | 5 |
| 1 LAUNDRY | R | | | | |
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| 10 | | | | | |
| 11 SALARIES | S | MEDICAL RECORDS & LIBRARY | 17 | 600,000 | |
| 12 | | PHARMACY | 16 | 27,350 | |
| 13 | | HOSPICE | 93 | 15,000 | |
| 14 MEDICAL DIRECTOR - EXEMPT UNIT | T | SUBPROVIDER | 31 | 2,600 | |
| 15 MEDICAL SUPPLIES CHARGED | U | MEDICAL SUPPLIES CHARGED TO PATIENTS | 55 | | 18,544,017 |
| 16 | | IMPL. DEV. CHARGED TO PATIENT | 55.30 | | 20,998,460 |
| 17 | | | | | |
| 18 | | | | | |
| 19 | | | | | |
| 20 | | | | | |
| 21 BENEFITS | V | EMPLOYEE BENEFITS | 5 | | 1,785,909 |
| 22 | | ADMINISTRATIVE & GENERAL | 6 | 18,600 | |
| 23 | | | | | |
| 24 PROPERTY TAXES | W | NEW CAP REL COSTS-MVBLE EQUIP | 4 | | 148,856 |
| 25 HOME VISITS DME | Y | HOME HEALTH AGENCY | 71 | | 88,960 |
| 26 PHYSICIAN PART A COSTS | Z | ADULTS & PEDIATRICS | 25 | 30,488 | |
| 27 | | INTENSIVE CARE UNIT | 26 | 11,697 | |
| 28 | | ADULTS & PEDIATRICS | 25 | | 50,394 |
| 36 TOTAL RECLASSIFICATIONS | | | | 6,968,104 | 81,687,074 |

(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.

RECLASSIFICATIONS

PROVIDER NO:
150082

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 10/ 3/2011
WORKSHEET A-6
CONTD

| EXPLANATION OF RECLASSIFICATION | CODE (1) | COST CENTER | DECREASE | | | A-7 REF |
|----------------------------------|-------------|---------------------------|------------|---------|------------|------------|
| | | | LINE NO | SALARY | OTHER | |
| 1 QUALITY SHARE/ INCENTIVE COMP | F | 6 | | | | |
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| 30 EQUIPMENT LEASES | G | RADIOLOGY-DIAGNOSTIC | 41 | | 694,044 | 10 |
| 31 DRUGS AND IVS | H | PHARMACY | 16 | | 15,043,526 | |
| 32 MEDICAL SUPPLIES CHARGED | I | CENTRAL SERVICES & SUPPLY | 15 | | 3,056,246 | |
| 33 | | | | | | |
| 34 INTERNS AND RESIDENT SALARIES | J | CLINIC - FAMILY PRACTICE | 60.01 | 903,017 | | |
| 35 CHILD CARE CENTER | K | EMPLOYEE BENEFITS | 5 | 97,378 | | |
| 1 CHILD CARE CENTER | K | EMPLOYEE BENEFITS | 5 | | 19,832 | |
| 2 TEACHING PHYSICIANS | L | CLINIC - FAMILY PRACTICE | 60.01 | 713,699 | | |
| 3 | | CLINIC - FAMILY PRACTICE | 60.01 | | 173,880 | |
| 4 PASTORAL EDUCATION | M | ADMINISTRATIVE & GENERAL | 6 | 183,176 | | |
| 5 | | ADMINISTRATIVE & GENERAL | 6 | | 5,878 | |
| 6 INSURANCE | N | ADMINISTRATIVE & GENERAL | 6 | | 582,839 | 12 |
| 7 | | | | | | 12 |
| 8 HOME SERVICES | O | HOME HEALTH AGENCY | 71 | 140,646 | | |
| 9 | | HOME HEALTH AGENCY | 71 | | 100,821 | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 PUBLIC RELATIONS | P | PUBLIC RELATIONS | 100.27 | 14,916 | | |
| 13 | | PUBLIC RELATIONS | 100.27 | | 47,593 | |
| 14 PARAMED ED PGRM - NURSING | Q | ADULTS & PEDIATRICS | 25 | 169,709 | | |
| 15 | | INTENSIVE CARE UNIT | 26 | 15,818 | | |
| 16 | | CORONARY CARE UNIT | 27 | 26,308 | | |
| 17 | | OPERATING ROOM | 37 | 8,704 | | |
| 18 | | EMERGENCY | 61 | 9,716 | | |
| 19 LAUNDRY | R | EMPLOYEE BENEFITS | 5 | | 26,066 | |
| 20 | | DIETARY | 11 | | 641 | |
| 21 | | CENTRAL SERVICES & SUPPLY | 15 | | 60,224 | |
| 22 | | PHARMACY | 16 | | 27 | |
| 23 | | ADULTS & PEDIATRICS | 25 | | 306,173 | |
| 24 | | INTENSIVE CARE UNIT | 26 | | 40,386 | |
| 25 | | CORONARY CARE UNIT | 27 | | 50,129 | |
| 26 | | SUBPROVIDER | 31 | | 1,757 | |
| 27 | | SKILLED NURSING FACILITY | 34 | | 23,830 | |
| 28 | | OPERATING ROOM | 37 | | 69,633 | |
| 29 | | RADIOLOGY-DIAGNOSTIC | 41 | | 63,375 | |
| 30 | | LABORATORY | 44 | | 2,555 | |
| 31 | | RESPIRATORY THERAPY | 49 | | 7,757 | |
| 32 | | WOUND CARE CENTER | 49.01 | | 2,876 | |
| 33 | | PHYSICAL THERAPY | 50 | | 20,560 | |
| 34 | | ELECTROCARDIOLOGY | 53 | | 466 | |
| 35 | | CARDIAC CATH LAB | 53.01 | | 3,181 | |

RECLASSIFICATIONS

PROVIDER NO:
150082

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 10/ 3/2011
WORKSHEET A-6
CONTD

| EXPLANATION OF RECLASSIFICATION | CODE (1) | DECREASE | | | | A-7 REF 10 | |
|-----------------------------------|-------------|------------------|---|-----------------|-------------|------------------|------------|
| | | COST CENTER 1 | 6 | LINE NO 7 | SALARY 8 | | OTHER 9 |
| 1 LAUNDRY | R | | | 60.01 | | 4,696 | |
| 2 | | | | 60.03 | | 3,234 | |
| 3 | | | | 60.04 | | 598 | |
| 4 | | | | 61 | | 32,197 | |
| 5 | | | | 62.01 | | 7,423 | |
| 6 | | | | 93 | | 365 | |
| 7 | | | | 100.01 | | 1,314 | |
| 8 | | | | 100.02 | | 8,421 | |
| 9 | | | | 100.09 | | 146 | |
| 10 | | | | 100.20 | | 316 | |
| 11 SALARIES | S | | | 17 | | 600,000 | |
| 12 | | | | 16 | | 27,350 | |
| 13 | | | | 93 | | 15,000 | |
| 14 MEDICAL DIRECTOR - EXEMPT UNIT | T | | | 25 | 2,600 | | |
| 15 MEDICAL SUPPLIES CHARGED | U | | | 37 | | 28,647,608 | |
| 16 | | | | 41 | | 1,948,447 | |
| 17 | | | | 49 | | 179,001 | |
| 18 | | | | 49.01 | | 24,068 | |
| 19 | | | | 53.01 | | 8,501,208 | |
| 20 | | | | 66 | | 242,145 | |
| 21 BENEFITS | V | | | 6 | | 1,756,053 | |
| 22 | | | | 100.03 | | 29,856 | |
| 23 | | | | 6 | | 18,600 | |
| 24 PROPERTY TAXES | W | | | 6 | | 148,856 | 13 |
| 25 HOME VISITS DME | Y | | | 66 | | 88,960 | |
| 26 PHYSICIAN PART A COSTS | Z | | | 100.20 | 42,185 | | |
| 27 | | | | 100.20 | | 50,394 | |
| 28 | | | | | | | |
| 36 TOTAL RECLASSIFICATIONS | | | | | 6,007,154 | 82,648,024 | |

(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.

RECLASSIFICATIONS

PROVIDER NO:
150082

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 10/ 3/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : BUILDING DEPRECIATION

| ----- INCREASE ----- | | | |
|------------------------------------|-------------------------------|------|---------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | NEW CAP REL COSTS-BLDG & FIXT | 3 | 151,333 |
| TOTAL RECLASSIFICATIONS FOR CODE A | | | 151,333 |

| ----- DECREASE ----- | | | |
|----------------------|--------|---------|--|
| COST CENTER | LINE | AMOUNT | |
| PHYSICIAN OFFICES | 100.20 | 151,333 | |

RECLASS CODE: B
EXPLANATION : EQUIPMENT DEPRECIATION

| ----- INCREASE ----- | | | |
|------------------------------------|-------------------------------|------|------------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 18,164,050 |
| 2.00 | | | 0 |
| 3.00 | | | 0 |
| 4.00 | | | 0 |
| 5.00 | | | 0 |
| 6.00 | | | 0 |
| 7.00 | | | 0 |
| 8.00 | | | 0 |
| 9.00 | | | 0 |
| 10.00 | | | 0 |
| 11.00 | | | 0 |
| 12.00 | | | 0 |
| 13.00 | | | 0 |
| 14.00 | | | 0 |
| 15.00 | | | 0 |
| 16.00 | | | 0 |
| 17.00 | | | 0 |
| 18.00 | | | 0 |
| 19.00 | | | 0 |
| 20.00 | | | 0 |
| 21.00 | | | 0 |
| 22.00 | | | 0 |
| 23.00 | | | 0 |
| 24.00 | | | 0 |
| 25.00 | | | 0 |
| 26.00 | | | 0 |
| 27.00 | | | 0 |
| 28.00 | | | 0 |
| 29.00 | | | 0 |
| 30.00 | | | 0 |
| 31.00 | | | 0 |
| 32.00 | | | 0 |
| 33.00 | | | 0 |
| 34.00 | | | 0 |
| 35.00 | | | 0 |
| 36.00 | | | 0 |
| 37.00 | | | 0 |
| 38.00 | | | 0 |
| 39.00 | | | 0 |
| 40.00 | | | 0 |
| 42.00 | | | 0 |
| 43.00 | | | 0 |
| 44.00 | | | 0 |
| TOTAL RECLASSIFICATIONS FOR CODE B | | | 18,164,050 |

| ----- DECREASE ----- | | | |
|------------------------------------|--------|-----------|------------|
| COST CENTER | LINE | AMOUNT | |
| NEW CAP REL COSTS-BLDG & FIXT | 3 | 1,671,558 | |
| EMPLOYEE BENEFITS | 5 | 54,315 | |
| ADMINISTRATIVE & GENERAL | 6 | 9,405,699 | |
| OPERATION OF PLANT | 8 | 82,836 | |
| LAUNDRY & LINEN SERVICE | 9 | 195,154 | |
| HOUSEKEEPING | 10 | 226,693 | |
| DIETARY | 11 | 101,655 | |
| NURSING ADMINISTRATION | 14 | 186,658 | |
| CENTRAL SERVICES & SUPPLY | 15 | 183,939 | |
| PHARMACY | 16 | 128,197 | |
| MEDICAL RECORDS & LIBRARY | 17 | 47,248 | |
| SOCIAL SERVICE | 18 | 610 | |
| ADULTS & PEDIATRICS | 25 | 425,641 | |
| INTENSIVE CARE UNIT | 26 | 56,134 | |
| CORONARY CARE UNIT | 27 | 43,996 | |
| SUBPROVIDER | 31 | 1,125 | |
| SKILLED NURSING FACILITY | 34 | 7,903 | |
| OPERATING ROOM | 37 | 2,341,404 | |
| RADIOLOGY-DIAGNOSTIC | 41 | 1,578,344 | |
| LABORATORY | 44 | 505,941 | |
| RESPIRATORY THERAPY | 49 | 227,050 | |
| WOUND CARE CENTER | 49.01 | 12,382 | |
| PHYSICAL THERAPY | 50 | 66,498 | |
| ELECTROCARDIOLOGY | 53 | 8,548 | |
| CARDIAC CATH LAB | 53.01 | 142,457 | |
| RENAL DIALYSIS | 57 | 29,246 | |
| CLINIC | 60 | 11,363 | |
| CLINIC - FAMILY PRACTICE | 60.01 | 4,466 | |
| OUTPATIENT PSYCHIATRIC SERVICE | 60.02 | 2,001 | |
| OUTPATIENT CHEMO | 60.03 | 4,331 | |
| PRIMARY CARE SENIORS | 60.04 | 20,326 | |
| EMERGENCY | 61 | 146,760 | |
| OBSERVATION BEDS (DISTINCT PAR | 62.01 | 6,416 | |
| DURABLE MEDICAL EQUIP-RENTED | 66 | 123,086 | |
| HOME HEALTH AGENCY | 71 | 39,139 | |
| HOSPICE | 93 | 2,349 | |
| DEACONESS URGENT CARE | 100.01 | 16,445 | |
| OCCUPATIONAL HEALTH | 100.02 | 22,013 | |
| OTHER NONREIMBURSABLE COST CEN | 100.03 | 16,697 | |
| OAKLAND CITY CLINIC | 100.04 | 2,299 | |
| USI HEALTH CENTER | 100.09 | 1,101 | |
| PHYSICIAN OFFICES | 100.20 | 13,245 | |
| WOMEN'S HOSPITAL/GATEWAY MOB | 100.31 | 782 | |
| TOTAL RECLASSIFICATIONS FOR CODE B | | | 18,164,050 |

RECLASS CODE: C
EXPLANATION : HSB BUILDING DEPRECIATION

| ----- INCREASE ----- | | | |
|------------------------------------|--------------------------------|------|--------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | NEW CAP REL COSTS- BLDG & FIXT | 3.01 | 54,946 |
| TOTAL RECLASSIFICATIONS FOR CODE C | | | 54,946 |

| ----- DECREASE ----- | | | |
|------------------------------------|------|--------|--------|
| COST CENTER | LINE | AMOUNT | |
| NEW CAP REL COSTS-BLDG & FIXT | 3 | 54,946 | |
| TOTAL RECLASSIFICATIONS FOR CODE C | | | 54,946 |

RECLASS CODE: D
EXPLANATION : INTEREST EXPENSE

| ----- INCREASE ----- | | | |
|------------------------------------|-------------------------------|------|---------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 444,564 |
| TOTAL RECLASSIFICATIONS FOR CODE D | | | 444,564 |

| ----- DECREASE ----- | | | |
|------------------------------------|------|---------|---------|
| COST CENTER | LINE | AMOUNT | |
| NEW CAP REL COSTS-BLDG & FIXT | 3 | 444,564 | |
| TOTAL RECLASSIFICATIONS FOR CODE D | | | 444,564 |

RECLASS CODE: E
EXPLANATION : CAFETERIA/GARDEN CAFE

| ----- INCREASE ----- | | | |
|----------------------|-------------|------|---------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | CAFETERIA | 12 | 709,168 |

| ----- DECREASE ----- | | | |
|----------------------|------|-----------|--|
| COST CENTER | LINE | AMOUNT | |
| DIETARY | 11 | 1,331,120 | |

RECLASSIFICATIONS

| | | |
|------------------------|--|---|
| PROVIDER NO: 150082 | PERIOD: FROM 10/ 1/2009 TO 9/30/2010 | PREPARED 10/ 3/2011 WORKSHEET A-6 NOT A CMS WORKSHEET |
|------------------------|--|---|

RECLASS CODE: E
EXPLANATION : CAFETERIA/GARDEN CAFE

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|--------------------------------|------|-----------|----------------------|------|-----------|--|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 2.00 | GIFT, FLOWER, COFFEE SHOP & CA | 96 | 621,952 | DIETARY | 11 | 1,092,580 | |
| 3.00 | CAFETERIA | 12 | 582,083 | | | 0 | |
| 4.00 | GIFT, FLOWER, COFFEE SHOP & CA | 96 | 510,497 | | | 0 | |
| TOTAL RECLASSIFICATIONS FOR CODE E | | | 2,423,700 | | | 2,423,700 | |

RECLASS CODE: F
EXPLANATION : QUALITY SHARE/ INCENTIVE COMP

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|--------------------------------|--------|-----------|--------------------------|------|-----------|--|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | EMPLOYEE BENEFITS | 5 | 52,574 | ADMINISTRATIVE & GENERAL | 6 | 2,348,162 | |
| 2.00 | OPERATION OF PLANT | 8 | 47,159 | | | 0 | |
| 3.00 | LAUNDRY & LINEN SERVICE | 9 | 22,989 | | | 0 | |
| 4.00 | HOUSEKEEPING | 10 | 106,484 | | | 0 | |
| 5.00 | DIETARY | 11 | 47,205 | | | 0 | |
| 6.00 | CAFETERIA | 12 | 24,377 | | | 0 | |
| 7.00 | NURSING ADMINISTRATION | 14 | 33,321 | | | 0 | |
| 8.00 | CENTRAL SERVICES & SUPPLY | 15 | 36,358 | | | 0 | |
| 9.00 | PHARMACY | 16 | 74,963 | | | 0 | |
| 10.00 | MEDICAL RECORDS & LIBRARY | 17 | 65,370 | | | 0 | |
| 11.00 | SOCIAL SERVICE | 18 | 36,990 | | | 0 | |
| 12.00 | I&R SERVICES-SALARY & FRINGES | 22 | 13,537 | | | 0 | |
| 13.00 | I&R SERVICES-OTHER PRGM COSTS | 23 | 3,002 | | | 0 | |
| 14.00 | PARAMED PRGM-(CHAPLIN RESID | 24.01 | 4,949 | | | 0 | |
| 15.00 | PARAMED PRGM-(NURSING) | 24.03 | 5,958 | | | 0 | |
| 16.00 | PARAMED PRGM | 24 | 2,459 | | | 0 | |
| 17.00 | ADULTS & PEDIATRICS | 25 | 500,880 | | | 0 | |
| 18.00 | INTENSIVE CARE UNIT | 26 | 88,474 | | | 0 | |
| 19.00 | CORONARY CARE UNIT | 27 | 62,888 | | | 0 | |
| 20.00 | SUBPROVIDER | 31 | 13,855 | | | 0 | |
| 21.00 | SKILLED NURSING FACILITY | 34 | 21,981 | | | 0 | |
| 22.00 | OPERATING ROOM | 37 | 184,213 | | | 0 | |
| 23.00 | RADIOLOGY-DIAGNOSTIC | 41 | 125,096 | | | 0 | |
| 24.00 | LABORATORY | 44 | 211,781 | | | 0 | |
| 25.00 | RESPIRATORY THERAPY | 49 | 54,654 | | | 0 | |
| 26.00 | WOUND CARE CENTER | 49.01 | 4,229 | | | 0 | |
| 27.00 | ELECTROCARDIOLOGY | 53 | 7,242 | | | 0 | |
| 28.00 | CARDIAC CATH LAB | 53.01 | 17,005 | | | 0 | |
| 29.00 | RENAL DIALYSIS | 57 | 2,856 | | | 0 | |
| 30.00 | BEHAVIORAL HEALTH SERVICES | 59 | 14,616 | | | 0 | |
| 31.00 | CLINIC | 60 | 19,739 | | | 0 | |
| 32.00 | CLINIC - FAMILY PRACTICE | 60.01 | 19,264 | | | 0 | |
| 33.00 | OUTPATIENT PSYCHIATRIC SERVICE | 60.02 | 9,390 | | | 0 | |
| 34.00 | OUTPATIENT CHEMO | 60.03 | 1,295 | | | 0 | |
| 35.00 | PRIMARY CARE SENIORS | 60.04 | 17,901 | | | 0 | |
| 36.00 | EMERGENCY | 61 | 122,767 | | | 0 | |
| 37.00 | OBSERVATION BEDS (DISTINCT PAR | 62.01 | 8,377 | | | 0 | |
| 38.00 | DURABLE MEDICAL EQUIP-RENTED | 66 | 28,794 | | | 0 | |
| 39.00 | HOME HEALTH AGENCY | 71 | 30,628 | | | 0 | |
| 40.00 | HOSPICE | 93 | 23,248 | | | 0 | |
| 41.00 | GIFT, FLOWER, COFFEE SHOP & CA | 96 | 21,379 | | | 0 | |
| 42.00 | DEACONESS URGENT CARE | 100.01 | 25,363 | | | 0 | |
| 43.00 | OCCUPATIONAL HEALTH | 100.02 | 17,375 | | | 0 | |
| 44.00 | OTHER NONREIMBURSABLE COST CEN | 100.03 | 35,154 | | | 0 | |
| 45.00 | OAKLAND CITY CLINIC | 100.04 | 10,831 | | | 0 | |
| 47.00 | USI HEALTH CENTER | 100.09 | 5,581 | | | 0 | |
| 48.00 | PHYSICIAN OFFICES | 100.20 | 57,415 | | | 0 | |
| 49.00 | PUBLIC RELATIONS | 100.27 | 3,581 | | | 0 | |
| 50.00 | WOMEN'S HOSPITAL/GATEWAY MOB | 100.31 | 2,615 | | | 0 | |
| TOTAL RECLASSIFICATIONS FOR CODE F | | | 2,348,162 | | | 2,348,162 | |

RECLASS CODE: G
EXPLANATION : EQUIPMENT LEASES

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|-------------------------------|------|---------|----------------------|------|---------|--|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 694,044 | RADIOLOGY-DIAGNOSTIC | 41 | 694,044 | |
| TOTAL RECLASSIFICATIONS FOR CODE G | | | 694,044 | | | 694,044 | |

RECLASS CODE: H
EXPLANATION : DRUGS AND IVS

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|---------------------------|------|------------|----------------------|------|------------|--|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | DRUGS CHARGED TO PATIENTS | 56 | 15,043,526 | PHARMACY | 16 | 15,043,526 | |
| TOTAL RECLASSIFICATIONS FOR CODE H | | | 15,043,526 | | | 15,043,526 | |

RECLASSIFICATIONS

PROVIDER NO:
150082

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 10/ 3/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : MEDICAL SUPPLIES CHARGED

| ----- INCREASE ----- | | | |
|------------------------------------|--------------------------------|-------|-----------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | MEDICAL SUPPLIES CHARGED TO PA | 55 | 3,022,355 |
| 2.00 | IMPL. DEV. CHARGED TO PATIENT | 55.30 | 33,891 |
| TOTAL RECLASSIFICATIONS FOR CODE I | | | 3,056,246 |

| ----- DECREASE ----- | | | |
|------------------------------------|------|-----------|-----------|
| COST CENTER | LINE | AMOUNT | |
| CENTRAL SERVICES & SUPPLY | 15 | 3,056,246 | |
| | | | 0 |
| TOTAL RECLASSIFICATIONS FOR CODE I | | | 3,056,246 |

RECLASS CODE: J
EXPLANATION : INTERNS AND RESIDENT SALARIES

| ----- INCREASE ----- | | | |
|------------------------------------|-------------------------------|------|---------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | I&R SERVICES-SALARY & FRINGES | 22 | 903,017 |
| TOTAL RECLASSIFICATIONS FOR CODE J | | | 903,017 |

| ----- DECREASE ----- | | | |
|------------------------------------|-------|---------|---------|
| COST CENTER | LINE | AMOUNT | |
| CLINIC - FAMILY PRACTICE | 60.01 | 903,017 | |
| TOTAL RECLASSIFICATIONS FOR CODE J | | | 903,017 |

RECLASS CODE: K
EXPLANATION : CHILD CARE CENTER

| ----- INCREASE ----- | | | |
|------------------------------------|--------------------------------|--------|---------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | OTHER NONREIMBURSABLE COST CEN | 100.03 | 97,378 |
| 2.00 | OTHER NONREIMBURSABLE COST CEN | 100.03 | 19,832 |
| TOTAL RECLASSIFICATIONS FOR CODE K | | | 117,210 |

| ----- DECREASE ----- | | | |
|------------------------------------|------|--------|---------|
| COST CENTER | LINE | AMOUNT | |
| EMPLOYEE BENEFITS | 5 | 97,378 | |
| EMPLOYEE BENEFITS | 5 | 19,832 | |
| TOTAL RECLASSIFICATIONS FOR CODE K | | | 117,210 |

RECLASS CODE: L
EXPLANATION : TEACHING PHYSICIANS

| ----- INCREASE ----- | | | |
|------------------------------------|-------------------------------|------|---------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | I&R SERVICES-OTHER PRGM COSTS | 23 | 713,699 |
| 2.00 | I&R SERVICES-OTHER PRGM COSTS | 23 | 173,880 |
| TOTAL RECLASSIFICATIONS FOR CODE L | | | 887,579 |

| ----- DECREASE ----- | | | |
|------------------------------------|-------|---------|---------|
| COST CENTER | LINE | AMOUNT | |
| CLINIC - FAMILY PRACTICE | 60.01 | 713,699 | |
| CLINIC - FAMILY PRACTICE | 60.01 | 173,880 | |
| TOTAL RECLASSIFICATIONS FOR CODE L | | | 887,579 |

RECLASS CODE: M
EXPLANATION : PASTORAL EDUCATION

| ----- INCREASE ----- | | | |
|------------------------------------|-----------------------------|-------|---------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | PARAMED PRGM-(CHAPLIN RESID | 24.01 | 183,176 |
| 2.00 | PARAMED PRGM-(CHAPLIN RESID | 24.01 | 5,878 |
| TOTAL RECLASSIFICATIONS FOR CODE M | | | 189,054 |

| ----- DECREASE ----- | | | |
|------------------------------------|------|---------|---------|
| COST CENTER | LINE | AMOUNT | |
| ADMINISTRATIVE & GENERAL | 6 | 183,176 | |
| ADMINISTRATIVE & GENERAL | 6 | 5,878 | |
| TOTAL RECLASSIFICATIONS FOR CODE M | | | 189,054 |

RECLASS CODE: N
EXPLANATION : INSURANCE

| ----- INCREASE ----- | | | |
|------------------------------------|--------------------------------|------|---------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | NEW CAP REL COSTS-BLDG & FIXT | 3 | 573,221 |
| 2.00 | NEW CAP REL COSTS- BLDG & FIXT | 3.01 | 9,618 |
| TOTAL RECLASSIFICATIONS FOR CODE N | | | 582,839 |

| ----- DECREASE ----- | | | |
|------------------------------------|------|---------|---------|
| COST CENTER | LINE | AMOUNT | |
| ADMINISTRATIVE & GENERAL | 6 | 582,839 | |
| | | | 0 |
| TOTAL RECLASSIFICATIONS FOR CODE N | | | 582,839 |

RECLASS CODE: O
EXPLANATION : HOME SERVICES

| ----- INCREASE ----- | | | |
|------------------------------------|------------------------------|------|---------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | HOSPICE | 93 | 52,870 |
| 2.00 | HOSPICE | 93 | 37,900 |
| 3.00 | DURABLE MEDICAL EQUIP-RENTED | 66 | 87,776 |
| 4.00 | DURABLE MEDICAL EQUIP-RENTED | 66 | 62,921 |
| TOTAL RECLASSIFICATIONS FOR CODE O | | | 241,467 |

| ----- DECREASE ----- | | | |
|------------------------------------|------|---------|---------|
| COST CENTER | LINE | AMOUNT | |
| HOME HEALTH AGENCY | 71 | 140,646 | |
| HOME HEALTH AGENCY | 71 | 100,821 | |
| | | | 0 |
| | | | 0 |
| TOTAL RECLASSIFICATIONS FOR CODE O | | | 241,467 |

RECLASS CODE: P
EXPLANATION : PUBLIC RELATIONS

| ----- INCREASE ----- | | | |
|------------------------------------|--------------------------|------|--------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | ADMINISTRATIVE & GENERAL | 6 | 14,916 |
| 2.00 | ADMINISTRATIVE & GENERAL | 6 | 47,593 |
| TOTAL RECLASSIFICATIONS FOR CODE P | | | 62,509 |

| ----- DECREASE ----- | | | |
|------------------------------------|--------|--------|--------|
| COST CENTER | LINE | AMOUNT | |
| PUBLIC RELATIONS | 100.27 | 14,916 | |
| PUBLIC RELATIONS | 100.27 | 47,593 | |
| TOTAL RECLASSIFICATIONS FOR CODE P | | | 62,509 |

RECLASS CODE: Q
EXPLANATION : PARAMED PRGM - NURSING

| ----- INCREASE ----- | | | |
|----------------------|------------------------|-------|---------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | PARAMED PRGM-(NURSING) | 24.03 | 230,255 |

| ----- DECREASE ----- | | | |
|----------------------|------|---------|--|
| COST CENTER | LINE | AMOUNT | |
| ADULTS & PEDIATRICS | 25 | 169,709 | |

RECLASSIFICATIONS

PROVIDER NO:
150082

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 10/ 3/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: Q
EXPLANATION : PARAMED ED PGRM - NURSING

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|-------------|------|---------|----------------------|------|--------|--|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 2.00 | | | 0 | INTENSIVE CARE UNIT | 26 | 15,818 | |
| 3.00 | | | 0 | CORONARY CARE UNIT | 27 | 26,308 | |
| 4.00 | | | 0 | OPERATING ROOM | 37 | 8,704 | |
| 5.00 | | | 0 | EMERGENCY | 61 | 9,716 | |
| TOTAL RECLASSIFICATIONS FOR CODE Q | | | 230,255 | 230,255 | | | |

RECLASS CODE: R
EXPLANATION : LAUNDRY

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|-------------------------|------|---------|--------------------------------|--------|---------|--|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | LAUNDRY & LINEN SERVICE | 9 | 300,000 | EMPLOYEE BENEFITS | 5 | 26,066 | |
| 2.00 | LAUNDRY & LINEN SERVICE | 9 | 438,346 | DIETARY | 11 | 641 | |
| 3.00 | | | 0 | CENTRAL SERVICES & SUPPLY | 15 | 60,224 | |
| 4.00 | | | 0 | PHARMACY | 16 | 27 | |
| 5.00 | | | 0 | ADULTS & PEDIATRICS | 25 | 306,173 | |
| 6.00 | | | 0 | INTENSIVE CARE UNIT | 26 | 40,386 | |
| 7.00 | | | 0 | CORONARY CARE UNIT | 27 | 50,129 | |
| 8.00 | | | 0 | SUBPROVIDER | 31 | 1,757 | |
| 9.00 | | | 0 | SKILLED NURSING FACILITY | 34 | 23,830 | |
| 10.00 | | | 0 | OPERATING ROOM | 37 | 69,633 | |
| 11.00 | | | 0 | RADIOLOGY-DIAGNOSTIC | 41 | 63,375 | |
| 12.00 | | | 0 | LABORATORY | 44 | 2,555 | |
| 13.00 | | | 0 | RESPIRATORY THERAPY | 49 | 7,757 | |
| 14.00 | | | 0 | WOUND CARE CENTER | 49.01 | 2,876 | |
| 15.00 | | | 0 | PHYSICAL THERAPY | 50 | 20,560 | |
| 16.00 | | | 0 | ELECTROCARDIOLOGY | 53 | 466 | |
| 17.00 | | | 0 | CARDIAC CATH LAB | 53.01 | 3,181 | |
| 18.00 | | | 0 | CLINIC - FAMILY PRACTICE | 60.01 | 4,696 | |
| 19.00 | | | 0 | OUTPATIENT CHEMO | 60.03 | 3,234 | |
| 20.00 | | | 0 | PRIMARY CARE SENIORS | 60.04 | 598 | |
| 21.00 | | | 0 | EMERGENCY | 61 | 32,197 | |
| 22.00 | | | 0 | OBSERVATION BEDS (DISTINCT PAR | 62.01 | 7,423 | |
| 23.00 | | | 0 | HOSPICE | 93 | 365 | |
| 24.00 | | | 0 | DEACONESS URGENT CARE | 100.01 | 1,314 | |
| 25.00 | | | 0 | OCCUPATIONAL HEALTH | 100.02 | 8,421 | |
| 26.00 | | | 0 | USI HEALTH CENTER | 100.09 | 146 | |
| 27.00 | | | 0 | PHYSICIAN OFFICES | 100.20 | 316 | |
| TOTAL RECLASSIFICATIONS FOR CODE R | | | 738,346 | 738,346 | | | |

RECLASS CODE: S
EXPLANATION : SALARIES

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|---------------------------|------|---------|---------------------------|------|---------|--|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | MEDICAL RECORDS & LIBRARY | 17 | 600,000 | MEDICAL RECORDS & LIBRARY | 17 | 600,000 | |
| 2.00 | PHARMACY | 16 | 27,350 | PHARMACY | 16 | 27,350 | |
| 3.00 | HOSPICE | 93 | 15,000 | HOSPICE | 93 | 15,000 | |
| TOTAL RECLASSIFICATIONS FOR CODE S | | | 642,350 | 642,350 | | | |

RECLASS CODE: T
EXPLANATION : MEDICAL DIRECTOR - EXEMPT UNIT

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|-------------|------|--------|----------------------|------|--------|--|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | SUBPROVIDER | 31 | 2,600 | ADULTS & PEDIATRICS | 25 | 2,600 | |
| TOTAL RECLASSIFICATIONS FOR CODE T | | | 2,600 | 2,600 | | | |

RECLASS CODE: U
EXPLANATION : MEDICAL SUPPLIES CHARGED

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|--------------------------------|-------|------------|------------------------------|-------|------------|--|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | MEDICAL SUPPLIES CHARGED TO PA | 55 | 18,544,017 | OPERATING ROOM | 37 | 28,647,608 | |
| 2.00 | IMPL. DEV. CHARGED TO PATIENT | 55.30 | 20,998,460 | RADIOLOGY-DIAGNOSTIC | 41 | 1,948,447 | |
| 3.00 | | | 0 | RESPIRATORY THERAPY | 49 | 179,001 | |
| 4.00 | | | 0 | WOUND CARE CENTER | 49.01 | 24,068 | |
| 5.00 | | | 0 | CARDIAC CATH LAB | 53.01 | 8,501,208 | |
| 6.00 | | | 0 | DURABLE MEDICAL EQUIP-RENTED | 66 | 242,145 | |
| TOTAL RECLASSIFICATIONS FOR CODE U | | | 39,542,477 | 39,542,477 | | | |

RECLASS CODE: V
EXPLANATION : BENEFITS

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|----------------------|-------------------|------|-----------|--------------------------|------|-----------|--|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | EMPLOYEE BENEFITS | 5 | 1,785,909 | ADMINISTRATIVE & GENERAL | 6 | 1,756,053 | |

RECLASSIFICATIONS

PROVIDER NO:
150082

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 10/ 3/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: V
EXPLANATION : BENEFITS

| ----- INCREASE ----- | | |
|------------------------------------|--------------------------|-----------|
| LINE | COST CENTER | AMOUNT |
| 2.00 | ADMINISTRATIVE & GENERAL | 18,600 |
| 3.00 | | 0 |
| TOTAL RECLASSIFICATIONS FOR CODE V | | 1,804,509 |

| ----- DECREASE ----- | | |
|--------------------------------|--------|-----------|
| COST CENTER | LINE | AMOUNT |
| OTHER NONREIMBURSABLE COST CEN | 100.03 | 29,856 |
| ADMINISTRATIVE & GENERAL | 6 | 18,600 |
| | | 1,804,509 |

RECLASS CODE: W
EXPLANATION : PROPERTY TAXES

| ----- INCREASE ----- | | |
|------------------------------------|-------------------------------|---------|
| LINE | COST CENTER | AMOUNT |
| 1.00 | NEW CAP REL COSTS-MVBLE EQUIP | 148,856 |
| TOTAL RECLASSIFICATIONS FOR CODE W | | 148,856 |

| ----- DECREASE ----- | | |
|--------------------------|------|---------|
| COST CENTER | LINE | AMOUNT |
| ADMINISTRATIVE & GENERAL | 6 | 148,856 |
| | | 148,856 |

RECLASS CODE: Y
EXPLANATION : HOME VISITS DME

| ----- INCREASE ----- | | |
|------------------------------------|--------------------|--------|
| LINE | COST CENTER | AMOUNT |
| 1.00 | HOME HEALTH AGENCY | 88,960 |
| TOTAL RECLASSIFICATIONS FOR CODE Y | | 88,960 |

| ----- DECREASE ----- | | |
|------------------------------|------|--------|
| COST CENTER | LINE | AMOUNT |
| DURABLE MEDICAL EQUIP-RENTED | 66 | 88,960 |
| | | 88,960 |

RECLASS CODE: Z
EXPLANATION : PHYSICIAN PART A COSTS

| ----- INCREASE ----- | | |
|------------------------------------|---------------------|--------|
| LINE | COST CENTER | AMOUNT |
| 1.00 | ADULTS & PEDIATRICS | 30,488 |
| 2.00 | INTENSIVE CARE UNIT | 11,697 |
| 3.00 | ADULTS & PEDIATRICS | 50,394 |
| TOTAL RECLASSIFICATIONS FOR CODE Z | | 92,579 |

| ----- DECREASE ----- | | |
|----------------------|--------|--------|
| COST CENTER | LINE | AMOUNT |
| PHYSICIAN OFFICES | 100.20 | 42,185 |
| PHYSICIAN OFFICES | 100.20 | 50,394 |
| | | 0 |
| | | 92,579 |

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

| DESCRIPTION | BEGINNING BALANCES 1 | PURCHASES 2 | ACQUISITIONS DONATION 3 | TOTAL 4 | DI SPOSALS AND RETIREMENTS 5 | ENDING BALANCE 6 | FULLY DEPRECIATED ASSETS 7 |
|------------------------|-------------------------|----------------|-------------------------------|------------|---------------------------------|---------------------|-------------------------------|
| 1 LAND | | | | | | | |
| 2 LAND IMPROVEMENTS | | | | | | | |
| 3 BUILDINGS & FIXTURE | | | | | | | |
| 4 BUILDING IMPROVEMENT | | | | | | | |
| 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 | PURCHASES 2 | ACQUISITIONS DONATION 3 | TOTAL 4 | DI SPOSALS AND RETIREMENTS 5 | ENDING BALANCE 6 | FULLY DEPRECIATED ASSETS 7 |
|------------------------|-------------------------|----------------|-------------------------------|------------|---------------------------------|---------------------|-------------------------------|
| 1 LAND | 14,431,808 | 74,922 | | 74,922 | | 14,506,730 | |
| 2 LAND IMPROVEMENTS | | | | | | | |
| 3 BUILDINGS & FIXTURE | 346,381,693 | 7,960,667 | | 7,960,667 | 50,795 | 354,291,565 | |
| 4 BUILDING IMPROVEMENT | | | | | | | |
| 5 FIXED EQUIPMENT | | | | | | | |
| 6 MOVABLE EQUIPMENT | 176,335,490 | 17,769,893 | | 17,769,893 | 5,974,736 | 188,130,647 | |
| 7 SUBTOTAL | 537,148,991 | 25,805,482 | | 25,805,482 | 6,025,531 | 556,928,942 | |
| 8 RECONCILING ITEMS | | | | | | | |
| 9 TOTAL | 537,148,991 | 25,805,482 | | 25,805,482 | 6,025,531 | 556,928,942 | |

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

| * | DESCRIPTION | COMPUTATION OF RATIOS | | | RATIO | ALLOCATION OF OTHER CAPITAL | | | TOTAL |
|------|----------------------|-----------------------|--------------------|------------------------|----------|-----------------------------|-------|-----------------------------|-------|
| | | GROSS ASSETS | CAPITALIZED LEASES | GROSS ASSETS FOR RATIO | | INSURANCE | TAXES | OTHER CAPITAL RELATED COSTS | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 3 | NEW CAP REL COSTS-BL | | | | | | | | |
| 3 01 | NEW CAP REL COSTS- B | | | | | | | | |
| 4 | NEW CAP REL COSTS-MV | | | | | | | | |
| 5 | TOTAL | | | | 1.000000 | | | | |

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

| * | DESCRIPTION | SUMMARY OF OLD AND NEW CAPITAL | | | | | OTHER CAPITAL | |
|------|----------------------|--------------------------------|-----------|-----------|-----------|---------|---------------|------------|
| | | DEPRECIATION | LEASE | INTEREST | INSURANCE | TAXES | RELATED COST | TOTAL (1) |
| | | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 3 | NEW CAP REL COSTS-BL | 12,647,968 | | 874,510 | 573,221 | | | 14,095,699 |
| 3 01 | NEW CAP REL COSTS- B | 54,946 | | | 9,618 | | | 64,564 |
| 4 | NEW CAP REL COSTS-MV | 18,200,394 | 8,013,971 | 444,564 | | 148,856 | | 26,807,785 |
| 5 | TOTAL | 30,903,308 | 8,013,971 | 1,319,074 | 582,839 | 148,856 | | 40,968,048 |

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

SUMMARY OF OLD AND NEW CAPITAL

| * | DESCRIPTION | SUMMARY OF OLD AND NEW CAPITAL | | | | | OTHER CAPITAL | |
|------|----------------------|--------------------------------|-----------|-----------|-----------|-------|---------------|------------|
| | | DEPRECIATION | LEASE | INTEREST | INSURANCE | TAXES | RELATED COST | TOTAL (1) |
| | | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 3 | NEW CAP REL COSTS-BL | 14,181,050 | | 6,370,500 | | | | 20,551,550 |
| 3 01 | NEW CAP REL COSTS- B | | | | | | | |
| 4 | NEW CAP REL COSTS-MV | | 7,319,927 | | | | | 7,319,927 |
| 5 | TOTAL | 14,181,050 | 7,319,927 | 6,370,500 | | | | 27,871,477 |

* All lines numbers except line 5 are to be consistent with Workshseet 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).

PROVIDER NO:
15-0082

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 10/ 3/2011
WORKSHEET A-8

ADJUSTMENTS TO EXPENSES

| DESCRPTION (1) | (2) BASIS/CODE | AMOUNT | EXPENSE CLASSIFICATION ON | LINE NO | WKST. A-7 REF. 5 |
|---|-------------------|-------------|--|---------|---------------------------|
| | | | WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER | | |
| 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 | B | -5,051,426 | NEW CAP REL COSTS-BLDG & | 3 | 11 |
| 4 INVESTMENT INCOME-NEW MOVABLE EQUIP | | | NEW CAP REL COSTS-MVBLE E | 4 | |
| 5 INVESTMENT INCOME-OTHER | | | | | |
| 6 TRADE, QUANTITY AND TIME DISCOUNTS | B | -32,389 | ADMINISTRATIVE & GENERAL | 6 | |
| 7 REFUNDS AND REBATES OF EXPENSES | | | | | |
| 8 RENTAL OF PRVIDER SPACE BY SUPPLIERS | | | | | |
| 9 TELEPHONE SERVICES | | | | | |
| 10 TELEVISION AND RADIO SERVICE | | | | | |
| 11 PARKING LOT | B | -27,695 | NEW CAP REL COSTS-BLDG & | 3 | 9 |
| 12 PROVIDER BASED PHYSICIAN ADJUSTMENT | A-8-2 | -21,215,714 | | | |
| 13 SALE OF SCRAP, WASTE, ETC. | | | | | |
| 14 RELATED ORGANIZATION TRANSACTIONS | A-8-1 | -26,376,856 | | | |
| 15 LAUNDRY AND LINEN SERVICE | | | | | |
| 16 CAFETERIA--EMPLOYEES AND GUESTS | B | -745,841 | CAFETERIA | 12 | |
| 17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS | | | | | |
| 18 SALE OF MED AND SURG SUPPLIES | | | | | |
| 19 SALE OF DRUGS TO OTHER THAN PATIENTS | | | | | |
| 20 SALE OF MEDICAL RECORDS & ABSTRACTS | | | | | |
| 21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.) | | | | | |
| 22 VENDING MACHINES | | | | | |
| 23 INCOME FROM IMPOSITION OF INTEREST | | | | | |
| 24 INTRST EXP ON MEDICARE OVERPAYMENTS | | | | | |
| 25 ADJUSTMENT FOR RESPIRATORY THERAPY | A-8-3/A-8-4 | | RESPIRATORY THERAPY | 49 | |
| 26 ADJUSTMENT FOR PHYSICAL THERAPY | A-8-3/A-8-4 | | PHYSICAL THERAPY | 50 | |
| 27 ADJUSTMENT FOR HHA PHYSICAL THERAPY | A-8-3 | | | | |
| 28 UTILIZATION REVIEW-PHYSIAN COMP | | | **COST CENTER DELETED** | 89 | |
| 29 DEPRECIATION-OLD BLDGS AND FIXTURES | | | **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 | | | NEW CAP REL COSTS-MVBLE E | 4 | |
| 33 NON-PHYSICIAN ANESTHETIST | | | **COST CENTER DELETED** | 20 | |
| 34 PHYSICIANS' ASSISTANT | | | | | |
| 35 ADJUSTMENT FOR OCCUPATIONAL THERAPY | A-8-4 | | **COST CENTER DELETED** | 51 | |
| 36 ADJUSTMENT FOR SPEECH PATHOLOGY | A-8-4 | | **COST CENTER DELETED** | 52 | |
| 37 COMMUNITY PATIENT SAFETY | B | -3,000 | ADMINISTRATIVE & GENERAL | 6 | |
| 37.01 MISCELLANEOUS (ATM RENT) | B | -475 | ADMINISTRATIVE & GENERAL | 6 | |
| 37.02 NSF AND LATE CHARGES | B | -4,500 | ADMINISTRATIVE & GENERAL | 6 | |
| 37.03 CALL CENTER | B | -192,677 | ADMINISTRATIVE & GENERAL | 6 | |
| 37.04 PRE-NATAL CONSULTS | B | -11 | CLINIC - FAMILY PRACTICE | 60.01 | |
| 37.05 PRIMARY CARE SENIORS - NON OP | B | -524 | PRIMARY CARE SENIORS | 60.04 | |
| 37.06 PROFESSIONAL BILLING FEES | B | -67,833 | ADMINISTRATIVE & GENERAL | 6 | |
| 37.07 WEIGHT LOSS PROGRAM | B | -159,206 | OPERATING ROOM | 37 | |
| 37.08 DIABETES EDUCATION MATERIAL | B | -670 | CLINIC | 60 | |
| 37.09 SELF INSURANCE | A | -7,756,271 | EMPLOYEE BENEFITS | 5 | |
| 37.10 MEDICAL EDUCATION GRANT | A | 20,000 | ADMINISTRATIVE & GENERAL | 6 | |
| 37.11 PROPERTY TAX - RENTAL PROPERTY | A | -683,963 | ADMINISTRATIVE & GENERAL | 6 | |
| 37.12 | | | | | |
| 37.13 FAMILY PRACTICE GRANT | A | 259,074 | CLINIC - FAMILY PRACTICE | 60.01 | |
| 37.14 CHILD CARE TUITION | B | -908,330 | EMPLOYEE BENEFITS | 5 | |
| 37.15 1990 CIP CARRYFORWARD | A | 651 | NEW CAP REL COSTS-BLDG & | 3 | 9 |
| 37.16 1992 CAPITAL CARRYFORWARD | A | -22 | NEW CAP REL COSTS-MVBLE E | 4 | 9 |
| 37.17 AMORT PHASE II | A | 20,350 | NEW CAP REL COSTS-BLDG & | 3 | 9 |
| 37.18 AMORT PHASE I | A | 6,463 | NEW CAP REL COSTS-BLDG & | 3 | 9 |
| 37.19 1984 AMORT A&G | A | 2,225 | NEW CAP REL COSTS-BLDG & | 3 | 9 |
| 37.20 AHA GENERATOR | A | 8,039 | NEW CAP REL COSTS-MVBLE E | 4 | 9 |
| 38 1996 AHA LIFE ADJUSTMENT | A | 40,095 | NEW CAP REL COSTS-BLDG & | 3 | 9 |
| 39 MEDICAL AFFAIRS | A | -61,439 | ADMINISTRATIVE & GENERAL | 6 | |
| 40 ADMINISTRATION | A | -300,567 | ADMINISTRATIVE & GENERAL | 6 | |
| 41 PATIENT RELATIONS | A | -21,427 | ADMINISTRATIVE & GENERAL | 6 | |
| 42 AHA/HA DUES | A | -19,587 | ADMINISTRATIVE & GENERAL | 6 | |
| 43 ADVERTISING | A | -8,536 | ADMINISTRATIVE & GENERAL | 6 | |
| 44 DIETARY EXPENSE RECOVERY | A | 237,998 | DIETARY | 11 | |
| 45 GAIN ON DISPOSAL OF ASSETS | A | 28,327 | NEW CAP REL COSTS-MVBLE E | 4 | 9 |
| 46 HOSPICE GRANT | A | 190,000 | HOSPICE | 93 | |
| 47 LAUNDRY EXPENSE RECOVERY | B | 82,728 | LAUNDRY & LINEN SERVICE | 9 | |
| 48 MEDICAL RECORDS EXPENSE RECOVERY | A | 405,895 | MEDICAL RECORDS & LIBRARY | 17 | |
| 49 OTHER ADJUSTMENTS (SPECIFY) | | | | | |
| 50 TOTAL (SUM OF LINES 1 THRU 49) | | -62,337,114 | | | |

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(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

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

| LINE NO. | COST CENTER | EXPENSE ITEMS | AMOUNT OF ALLOWABLE COST | AMOUNT | NET* ADJUSTMENTS | WKSHT A-7 COL. REF. | |
|----------|-------------|-----------------------------|----------------------------|------------|------------------|---------------------|--|
| 1 | 2 | 3 | 4 | 5 | 6 | | |
| 1 | 6 | ADMINISTRATIVE & GENERAL | FACILITY RENT | 119,028 | 160,908 | -41,880 | |
| 2 | 17 | MEDICAL RECORDS & LIBRARY | FACILITY RENT | 8,113 | | 8,113 | |
| 3 | 37 | OPERATING ROOM | FACILITY RENT | 53,178 | 147,348 | -94,170 | |
| 4 | 41 | RADIOLOGY-DIAGNOSTIC | FACILITY RENT | 149,009 | 533,921 | -384,912 | |
| 4.01 | 44 | LABORATORY | FACILITY RENT | 42,282 | 73,082 | -30,800 | |
| 4.02 | 49 | 1 WOUND CARE CENTER | FACILITY RENT | 29,262 | 39,787 | -10,525 | |
| 4.03 | 50 | PHYSICAL THERAPY | FACILITY RENT | 46,135 | 52,508 | -6,373 | |
| 4.04 | 60 | 1 CLINIC - FAMILY PRACTICE | FACILITY RENT | 1,530 | | 1,530 | |
| 4.05 | 60 | 4 PRIMARY CARE SENIORS | FACILITY RENT | 51,480 | 132,888 | -81,408 | |
| 4.06 | 37 | OPERATING ROOM | SERVICES UNDER ARRANGEMENT | 8,958,395 | 30,174,741 | -21,216,346 | |
| 4.07 | 50 | PHYSICAL THERAPY | THERAPY CONTRACT SERVICES | 4,830,638 | 6,848,158 | -2,017,520 | |
| 4.08 | 71 | HOME HEALTH AGENCY | THERAPY CONTRACT SERVICES | 1,051,113 | 1,065,801 | -14,688 | |
| 4.09 | 93 | HOSPICE | THERAPY CONTRACT SERVICES | 3,287 | 3,333 | -46 | |
| 4.10 | 6 | ADMINISTRATIVE & GENERAL | FACILITY RENT | 45,000 | 45,000 | | |
| 4.11 | 37 | OPERATING ROOM | FACILITY RENT | 199,384 | 199,384 | | |
| 4.12 | 41 | RADIOLOGY-DIAGNOSTIC | FACILITY RENT | 422,306 | 422,306 | | |
| 4.13 | 44 | LABORATORY | FACILITY RENT | 89,691 | 89,691 | | |
| 4.14 | 60 | CLINIC | FACILITY RENT | 28,760 | 28,760 | | |
| 4.15 | 60 | 3 OUTPATIENT CHEMO | FACILITY RENT | 37,987 | 37,987 | | |
| 4.16 | 41 | RADIOLOGY-DIAGNOSTIC | RADIATION THERAPY | 1,431,916 | 3,828,727 | -2,396,811 | |
| 4.17 | 6 | ADMINISTRATIVE & GENERAL | CONTRACT SERVICES | | 1,022,524 | -1,022,524 | |
| 4.18 | 25 | ADULTS & PEDIATRICS | CONTRACT SERVICES | 148,130 | | 148,130 | |
| 4.19 | 37 | OPERATING ROOM | CONTRACT SERVICES | 46,858 | | 46,858 | |
| 4.20 | 41 | RADIOLOGY-DIAGNOSTIC | CONTRACT SERVICES | 16,279 | | 16,279 | |
| 4.21 | 44 | LABORATORY | CONTRACT SERVICES | 34,777 | | 34,777 | |
| 4.22 | 49 | RESPIRATORY THERAPY | CONTRACT SERVICES | 8,887 | | 8,887 | |
| 4.23 | 50 | PHYSICAL THERAPY | CONTRACT SERVICES | 2,022 | | 2,022 | |
| 4.24 | 53 | ELECTROCARDIOLOGY | CONTRACT SERVICES | 202,638 | | 202,638 | |
| 4.25 | 53 | 1 CARDIAC CATH LAB | CONTRACT SERVICES | 83,574 | | 83,574 | |
| 4.26 | 55 | MEDICAL SUPPLIES CHARGED | CONTRACT SERVICES | 333,414 | | 333,414 | |
| 4.27 | 56 | DRUGS CHARGED TO PATIENTS | CONTRACT SERVICES | 44,292 | | 44,292 | |
| 4.28 | 62 | 1 OBSERVATION BEDS (DISTINC | CONTRACT SERVICES | 10,633 | | 10,633 | |
| 5 | | TOTALS | | 18,529,998 | 44,906,854 | -26,376,856 | |

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
 THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

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

| SYMBOL (1) | NAME | PERCENTAGE OF OWNERSHIP | RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME | PERCENTAGE OF OWNERSHIP | TYPE OF BUSINESS |
|------------|------|-------------------------|---|-------------------------|--------------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | B | 100.00 | DEACONESS HEALTH SYSTEM | 0.00 | HEALTH SYTEM |
| 2 | B | 100.00 | DEACONESS HEALTH SYSTEM | 0.00 | HEALTH SYTEM |
| 3 | B | 100.00 | DEACONESS HEALTH SYSTEM | 0.00 | HEALTH SYTEM |
| 4 | B | 100.00 | DEACONESS HEALTH SYSTEM | 0.00 | HEALTH SYTEM |
| 5 | B | 100.00 | DEACONESS HEALTH SYSTEM | 0.00 | HEALTH SYTEM |
| 5.01 | B | 100.00 | DEACONESS HEALTH SYSTEM | 0.00 | HEALTH SYTEM |
| 5.02 | B | 100.00 | DEACONESS HEALTH SYSTEM | 0.00 | HEALTH SYTEM |
| 5.03 | B | 100.00 | DEACONESS HEALTH SYSTEM | 0.00 | HEALTH SYTEM |
| 5.04 | B | 100.00 | DEACONESS HEALTH SYSTEM | 0.00 | HEALTH SYTEM |
| 5.05 | C | 0.00 | EVANSVILLE SURGERY ASSOCI | 50.00 | SURGERY |
| 5.06 | C | 0.00 | PROGRESSIVE HEALTH OF IN | 51.00 | THERAPY SERVICES |
| 5.07 | C | 0.00 | PROGRESSIVE HEALTH OF IN | 51.00 | THERAPY SERVICES |
| 5.08 | C | 0.00 | PROGRESSIVE HEALTH OF IN | 51.00 | THERAPY SERVICES |
| 5.09 | A | 100.00 | DEACONESS CLINIC | 100.00 | CLINIC |
| 5.10 | A | 100.00 | DEACONESS CLINIC | 100.00 | CLINIC |
| 5.11 | A | 100.00 | DEACONESS CLINIC | 100.00 | CLINIC |
| 5.12 | A | 100.00 | DEACONESS CLINIC | 100.00 | CLINIC |
| 5.13 | A | 100.00 | DEACONESS CLINIC | 100.00 | CLINIC |
| 5.14 | A | 100.00 | DEACONESS CLINIC | 100.00 | CLINIC |
| 5.15 | C | 0.00 | TRI-STATE RADIATION ONCOL | 51.00 | RADIATION ONCOLOGY |
| 5.16 | C | 0.00 | HEART HOSPITAL | 51.00 | HOSPITAL |
| 5.17 | C | 0.00 | HEART HOSPITAL | 51.00 | HOSPITAL |
| 5.18 | C | 0.00 | HEART HOSPITAL | 51.00 | HOSPITAL |
| 5.19 | C | 0.00 | HEART HOSPITAL | 51.00 | HOSPITAL |
| 5.20 | C | 0.00 | HEART HOSPITAL | 51.00 | HOSPITAL |
| 5.21 | C | 0.00 | HEART HOSPITAL | 51.00 | HOSPITAL |
| 5.22 | C | 0.00 | HEART HOSPITAL | 51.00 | HOSPITAL |
| 5.23 | C | 0.00 | HEART HOSPITAL | 51.00 | HOSPITAL |
| 5.24 | C | 0.00 | HEART HOSPITAL | 51.00 | HOSPITAL |
| 5.25 | C | 0.00 | HEART HOSPITAL | 51.00 | HOSPITAL |

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
 THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0082
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 10/3/2011
 WORKSHEET A-8-2
 GROUP 1

| WKSHT A LINE NO. | COST CENTER/ PHYSICIAN IDENTIFIER | TOTAL REMUN- ERATION | PROFES- SIONAL COMPONENT | PROVIDER COMPONENT | RCE AMOUNT | PHYSICIAN/ PROVIDER COMPONENT HOURS | UNADJUSTED RCE LIMIT | 5 PERCENT OF UNADJUSTED RCE LIMIT |
|---------------------|---|----------------------------|--------------------------------|-----------------------|---------------|--|-------------------------|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1 6 | A&G | 63,355 | | 63,355 | 171,400 | 709 | 58,424 | 2,921 |
| 2 18 | SOCIAL SERVICES | 490,272 | 490,272 | | | | | |
| 3 25 | ADULTS & Peds | 888,150 | 691,077 | 197,073 | 171,400 | 1,768 | 145,690 | 7,285 |
| 4 31 | PSYCHIATRIC SUB-PROVIDER | 2,600 | | 2,600 | 171,400 | 26 | 2,143 | 107 |
| 5 37 | OPERATING ROOM | 8,369,823 | 8,243,234 | 126,589 | 204,100 | 693 | 68,001 | 3,400 |
| 6 44 | LAB | 598,314 | 327,314 | 271,000 | 219,500 | 1,968 | 207,681 | 10,384 |
| 7 49 | RESPIRATORY THERAPY | 12,990 | | 12,990 | 171,400 | 108 | 8,900 | 445 |
| 8 53 | EKG | 653,621 | 354,177 | 299,444 | 171,400 | 1,225 | 100,945 | 5,047 |
| 9 56 | DRUGS | 3,548 | | 3,548 | 171,400 | 32 | 2,637 | 132 |
| 10 57 | DIALYSIS | 10,389 | | 10,389 | 171,400 | 86 | 7,087 | 354 |
| 11 60 | CLINIC | 500,484 | 498,201 | 2,283 | 171,400 | 21 | 1,730 | 87 |
| 12 60 4 | PRIMARY CARE FOR SENIORS | 1,085,628 | 1,085,628 | | 171,400 | | | |
| 13 61 | EMERGENCY | 9,291,648 | 8,870,873 | 420,775 | 171,400 | 1,843 | 151,870 | 7,594 |
| 14 | | | | | | | | |
| 15 | | | | | | | | |
| 16 | | | | | | | | |
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| 25 | | | | | | | | |
| 26 | | | | | | | | |
| 27 | | | | | | | | |
| 28 | | | | | | | | |
| 29 | | | | | | | | |
| 30 | | | | | | | | |
| 101 | TOTAL | 21,970,822 | 20,560,776 | 1,410,046 | | 8,479 | 755,108 | 37,756 |

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0082
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 10/3/2011
 WORKSHEET A-8-2
 GROUP 1

| WKSHT A LINE NO. | COST CENTER/ PHYSICIAN IDENTIFIER | COST OF MEMBERSHIPS & CONTINUING EDUCATION | PROVIDER COMPONENT SHARE OF COL 12 | PHYSICIAN COST OF MALPRACTICE INSURANCE | PROVIDER COMPONENT SHARE OF COL 14 | ADJUSTED RCE LIMIT | RCE DIS- ALLOWANCE | ADJUSTMENT |
|---------------------|---|---|---|--|---|--------------------------|--------------------------|------------|
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 1 6 | A&G | | | | | 58,424 | 4,931 | 4,931 |
| 2 18 | SOCIAL SERVICES | | | | | | | 490,272 |
| 3 25 | ADULTS & PEDS | | | | | 145,690 | 51,383 | 742,460 |
| 4 31 | PSYCHIATRIC SUB-PROVIDER | | | | | 2,143 | 457 | 457 |
| 5 37 | OPERATING ROOM | | | | | 68,001 | 58,588 | 8,301,822 |
| 6 44 | LAB | | | | | 207,681 | 63,319 | 390,633 |
| 7 49 | RESPIRATORY THERAPY | | | | | 8,900 | 4,090 | 4,090 |
| 8 53 | EKG | | | | | 100,945 | 198,499 | 552,676 |
| 9 56 | DRUGS | | | | | 2,637 | 911 | 911 |
| 10 57 | DIALYSIS | | | | | 7,087 | 3,302 | 3,302 |
| 11 60 | CLINIC | | | | | 1,730 | 553 | 498,754 |
| 12 60 | 4 PRIMARY CARE FOR SENIORS | | | | | | | 1,085,628 |
| 13 61 | EMERGENCY | | | | | 151,870 | 268,905 | 9,139,778 |
| 14 | | | | | | | | |
| 15 | | | | | | | | |
| 16 | | | | | | | | |
| 17 | | | | | | | | |
| 18 | | | | | | | | |
| 19 | | | | | | | | |
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| 25 | | | | | | | | |
| 26 | | | | | | | | |
| 27 | | | | | | | | |
| 28 | | | | | | | | |
| 29 | | | | | | | | |
| 30 | | | | | | | | |
| 101 | TOTAL | | | | | 755,108 | 654,938 | 21,215,714 |

COST ALLOCATION STATISTICS

PROVIDER NO: 15-0082
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 10/3/2011
 NOT A CMS WORKSHEET

| LINE NO. | COST CENTER DESCRIPTION | STATISTICS CODE | STATISTICS DESCRIPTION | |
|----------|--------------------------------------|-----------------|------------------------|-------------|
| | GENERAL SERVICE COST | | | |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 1 | SQUARE FEE T - A | ENTERED |
| 3.01 | NEW CAP REL COSTS- BLDG & FIXT | 2 | SQUARE FEE T - B | ENTERED |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 3 | DEPRECIATI ON EXPENSE | ENTERED |
| 5 | EMPLOYEE BENEFITS | S | GROSS SALARIES | NOT ENTERED |
| 6 | ADMINISTRATIVE & GENERAL | # | ACCUM. COST | NOT ENTERED |
| 8 | OPERATION OF PLANT | 1 | SQUARE FEE T - A | ENTERED |
| 9 | LAUNDRY & LINEN SERVICE | 8 | POUNDS OF LAUNDRY | ENTERED |
| 10 | HOUSEKEEPING | 1 | SQUARE FEE T - A | ENTERED |
| 11 | DIETARY | 10 | MEALS | ENTERED |
| 12 | CAFETERIA | 11 | FTES | ENTERED |
| 14 | NURSING ADMINISTRATION | 13 | FTE'S -NRSG | ENTERED |
| 15 | CENTRAL SERVICES & SUPPLY | 16 | COSTED REQ UI S. | ENTERED |
| 16 | PHARMACY | 17 | COSTED REQ UI S. | ENTERED |
| 17 | MEDICAL RECORDS & LIBRARY | 18 | GROSS REVE NUE | ENTERED |
| 18 | SOCIAL SERVICE | 19 | HOURS - A | ENTERED |
| 22 | I&R SERVICES-SALARY & FRINGES APPRVD | 23 | HOURS - B | ENTERED |
| 23 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 23 | HOURS - B | ENTERED |
| 24 | PARAMED ED PRGM | 25 | HOURS - C | ENTERED |
| 24.01 | PARAMED ED PRGM-(CHAPLIN RESIDENCY) | 26 | HOURS - D | ENTERED |
| 24.03 | PARAMED ED PRGM-(NURSING) | 27 | HOURS - F | ENTERED |

COST ALLOCATION - GENERAL SERVICE COSTS

| COST CENTER DESCRIPTION | NET EXPENSES FOR COST ALLOCATION | NEW CAP REL C OSTS-BLDG & | NEW CAP REL C OSTS- BLDG & | NEW CAP REL C OSTS-MVBLE E | EMPLOYEE BENE FITS | SUBTOTAL | ADMINISTRATIVE & GENERAL |
|----------------------------------|----------------------------------|---------------------------|----------------------------|----------------------------|--------------------|-------------|--------------------------|
| | 0 | 3 | 3.01 | 4 | 5 | 5a.00 | 6 |
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 003 01 NEW CAP REL COSTS-BLDG & | 14,095,699 | 14,095,699 | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | 64,564 | | 64,564 | | | | |
| 005 EMPLOYEE BENEFITS | 26,807,785 | | | 26,807,785 | | | |
| 006 ADMINISTRATIVE & GENERAL | 47,089,212 | 313,405 | 9,300 | 87,699 | 47,499,616 | | |
| 008 OPERATION OF PLANT | 38,715,115 | 1,634,435 | 37,840 | 15,186,721 | 6,326,067 | 61,900,178 | 61,900,178 |
| 009 LAUNDRY & LINEN SERVICE | 10,453,047 | 1,946,962 | | 133,749 | 758,338 | 13,292,096 | 2,434,620 |
| 010 HOUSEKEEPING | 966,730 | 319,001 | | 315,102 | 169,538 | 1,770,371 | 324,266 |
| 011 DIETARY | 3,550,996 | 141,365 | | 366,025 | 833,684 | 4,892,070 | 896,046 |
| 012 CAFETERIA | 2,684,850 | 339,086 | | 164,135 | 389,346 | 3,577,417 | 655,250 |
| 014 NURSING ADMINISTRATION | 569,787 | 101,746 | | | 200,945 | 872,478 | 159,806 |
| 015 CENTRAL SERVICES & SUPPLY | 2,323,254 | 34,451 | | 301,384 | 552,574 | 3,211,663 | 588,258 |
| 016 PHARMACY | 1,610,427 | 195,764 | | 296,993 | 373,474 | 2,476,658 | 453,632 |
| 017 MEDICAL RECORDS & LIBRARY | 14,260,176 | 152,092 | | 206,991 | 1,867,257 | 16,486,516 | 3,019,720 |
| 018 SOCIAL SERVICE | 2,625,506 | 131,668 | | 76,288 | 777,132 | 3,610,594 | 661,327 |
| 022 I&R SERVICES-SALARY & FRI | 2,122,910 | 58,852 | | 985 | 600,224 | 2,782,971 | 509,737 |
| 023 I&R SERVICES-OTHER PRGM C | 916,554 | | 8,272 | | 251,078 | 1,167,632 | 213,867 |
| 024 PARAMED PRGM | 890,581 | | | | 196,331 | 1,095,184 | 200,597 |
| 024 01 PARAMED PRGM-(CHAPLIN | 212,707 | | | | 55,782 | 268,489 | 49,177 |
| 024 03 PARAMED PRGM-(NURSING) | 194,003 | 4,705 | 637 | | 51,534 | 250,879 | 45,952 |
| 025 INPAT ROUTINE SRVC CNTRS | 236,213 | | | | 64,707 | 300,920 | 55,117 |
| 025 ADULTS & PEDIATRICS | 29,136,179 | 3,076,192 | | 687,253 | 7,750,278 | 40,649,902 | 7,445,623 |
| 026 INTENSIVE CARE UNIT | 6,153,522 | 326,980 | | 90,636 | 1,606,139 | 8,177,277 | 1,497,775 |
| 027 CORONARY CARE UNIT | 4,568,648 | 219,601 | | 71,037 | 1,179,273 | 6,038,559 | 1,106,041 |
| 028 BURN INTENSIVE CARE UNIT | | | | | | | |
| 029 SURGICAL INTENSIVE CARE U | | | | | | | |
| 031 SUBPROVIDER | 992,453 | 112,360 | | 1,816 | 236,175 | 1,342,804 | 245,952 |
| 033 NURSERY | | | | | | | |
| 034 SKILLED NURSING FACILITY | 1,265,667 | 179,191 | | 12,760 | 328,513 | 1,786,131 | 327,153 |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | 23,058,188 | 1,239,520 | | 3,780,501 | 5,214,553 | 33,292,762 | 6,098,002 |
| 041 RADIOLOGY-DIAGNOSTIC | 14,924,641 | 826,827 | | 2,548,442 | 2,161,077 | 20,460,987 | 3,747,696 |
| 044 LABORATORY | 24,162,306 | 550,131 | | 816,908 | 2,843,317 | 28,372,662 | 5,196,822 |
| 049 RESPIRATORY THERAPY | 3,691,401 | 173,395 | | 366,602 | 923,361 | 5,154,759 | 944,161 |
| 049 01 WOUND CARE CENTER | 305,621 | 5,959 | | 19,992 | 60,609 | 392,181 | 71,833 |
| 050 PHYSICAL THERAPY | 5,284,699 | 106,413 | | 107,370 | | 5,498,482 | 1,007,118 |
| 053 ELECTROCARDIOLOGY | 834,156 | 55,289 | | 13,802 | 114,896 | 1,018,143 | 186,486 |
| 053 01 CARDIAC CATH LAB | 1,850,808 | 96,878 | | 230,015 | 349,356 | 2,527,057 | 462,863 |
| 055 MEDICAL SUPPLIES CHARGED | 21,899,786 | | | | | 21,899,786 | 4,011,231 |
| 055 30 IMPL. DEV. CHARGED TO PAT | 21,032,351 | | | | | 21,032,351 | 3,852,349 |
| 056 DRUGS CHARGED TO PATIENTS | 15,086,907 | | | | | 15,086,907 | 2,763,363 |
| 057 RENAL DIALYSIS | 1,752,991 | 7,377 | | 47,221 | 59,209 | 1,866,798 | 341,928 |
| 059 BEHAVIORAL HEALTH SERVICE | 712,029 | | | | 192,832 | 904,861 | 165,737 |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 060 CLINIC | 1,367,622 | 71,021 | | 18,347 | 295,330 | 1,752,320 | 320,960 |
| 060 01 CLINIC - FAMILY PRACTICE | 1,379,248 | 231,406 | | 7,211 | 227,154 | 1,845,019 | 337,939 |
| 060 02 OUTPATIENT PSYCHIATRIC SE | 537,502 | 74,158 | | 3,231 | 142,006 | 756,897 | 138,636 |
| 060 03 OUTPATIENT CHEMO | 443,394 | 48,502 | | 6,993 | 80,104 | 578,993 | 106,050 |
| 060 04 PRIMARY CARE SENIORS | 943,259 | | | 32,819 | 461,409 | 1,437,487 | 263,294 |
| 061 EMERGENCY | 9,245,513 | 419,304 | | 236,963 | 3,890,265 | 13,792,045 | 2,526,192 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 062 01 OBSERVATION BEDS (DISTINC | 540,764 | | | 10,359 | 138,209 | 689,332 | 126,260 |
| 066 OTHER REIMBURS COST CNTRS | | | | | | | |
| 066 DURABLE MEDICAL EQUIP-REN | 3,407,900 | 86,691 | | 198,738 | 378,659 | 4,071,988 | 745,838 |
| 071 HOME HEALTH AGENCY | 3,313,623 | 50,208 | | 63,195 | 519,060 | 3,946,086 | 722,777 |
| 093 SPEC PURPOSE COST CENTERS | | | | | | | |
| 095 HOSPICE | 2,519,429 | 66,041 | | 3,793 | 396,126 | 2,985,389 | 546,813 |
| 095 SUBTOTALS | 370,800,723 | 13,396,976 | 56,049 | 26,512,076 | 43,015,921 | 365,314,081 | 55,574,264 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 100 GIFT, FLOWER, COFFEE SHOP | 1,153,828 | 106,099 | | | 176,232 | 1,436,159 | 263,051 |
| 100 OTHER NONREIMBURSABLE COS | | | | | | | |
| 100 01 DEACONESS URGENT CARE | 2,793,668 | | | 26,553 | 531,822 | 3,352,043 | 613,970 |
| 100 02 OCCUPATIONAL HEALTH | 2,203,209 | 136,473 | | 35,543 | 319,431 | 2,694,656 | 493,561 |
| 100 03 OTHER NONREIMBURSABLE COS | 1,495,507 | 154,325 | 8,515 | 26,959 | 402,316 | 2,087,622 | 382,375 |
| 100 04 OAKLAND CITY CLINIC | 1,196,429 | | | 3,712 | 270,548 | 1,470,689 | 269,376 |
| 100 05 THE HEART HOSPITAL | 92,544 | | | 178,515 | 25,351 | 296,410 | 54,291 |
| 100 09 USI HEALTH CENTER | 428,622 | | | 1,778 | 97,006 | 527,406 | 96,601 |
| 100 20 PHYSICIAN OFFICES | 15,112,988 | 286,018 | | 21,386 | 2,560,634 | 17,981,026 | 3,293,459 |
| 100 27 PUBLIC RELATIONS | 1,397,432 | 15,808 | | | 70,685 | 1,483,925 | 271,800 |
| 100 31 WOMEN'S HOSPITAL/GATEWAY | 3,176,210 | | | 1,263 | 29,670 | 3,207,143 | 587,430 |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 399,851,160 | 14,095,699 | 64,564 | 26,807,785 | 47,499,616 | 399,851,160 | 61,900,178 |

COST ALLOCATION - GENERAL SERVICE COSTS

| COST CENTER DESCRIPTION | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY |
|----------------------------------|--------------------|-------------------------|--------------|-----------|-----------|------------------------|---------------------------|
| | 8 | 9 | 10 | 11 | 12 | 14 | 15 |
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 003 01 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 ADMINISTRATIVE & GENERAL | | | | | | | |
| 008 OPERATION OF PLANT | 15,726,716 | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | 491,803 | 2,586,440 | | | | | |
| 010 HOUSEKEEPING | 217,943 | | 6,006,059 | | | | |
| 011 DIETARY | 522,769 | 2,499 | 209,082 | 4,967,017 | | | |
| 012 CAFETERIA | 156,862 | | 62,737 | | 1,251,883 | | |
| 014 NURSING ADMINISTRATION | 53,113 | | 21,242 | | 19,553 | 3,893,829 | |
| 015 CENTRAL SERVICES & SUPPLY | 301,809 | 207,974 | 120,709 | | 21,318 | | 3,582,100 |
| 016 PHARMACY | 234,480 | 41 | 93,781 | | 43,935 | | |
| 017 MEDICAL RECORDS & LIBRARY | 202,992 | | 81,187 | | 38,316 | | 17 |
| 018 SOCIAL SERVICE | 90,732 | | 36,288 | | 21,689 | | |
| 022 I&R SERVICES-SALARY & FRI | | | | | 7,942 | | |
| 023 I&R SERVICES-OTHER PRGM C | | | | | 1,765 | | |
| 024 PARAMED PRGM | | | | | 1,440 | | |
| 024 01 PARAMED PRGM-(CHAPLIN | 7,253 | | 2,901 | | 2,879 | | |
| 024 03 PARAMED PRGM-(NURSING) | | | | | 3,483 | 21,663 | |
| 025 ADULTS & PEDIATRICS | 4,742,562 | 1,209,666 | 1,896,796 | 3,532,009 | 293,710 | 1,826,614 | 47,008 |
| 026 INTENSIVE CARE UNIT | 504,105 | 172,941 | 201,617 | 341,408 | 51,877 | 322,632 | 12,123 |
| 027 CORONARY CARE UNIT | 338,558 | 121,822 | 135,407 | 247,076 | 36,876 | 229,338 | 11,692 |
| 028 BURN INTENSIVE CARE UNIT | | | | | | | |
| 029 SURGICAL INTENSIVE CARE U | | | | | | | |
| 031 SUBPROVIDER | 173,225 | 4,434 | 69,282 | 73,635 | 8,128 | 50,547 | 305 |
| 033 NURSERY | | | | | | | |
| 034 SKILLED NURSING FACILITY | 276,259 | 56,814 | 110,490 | 182,762 | 12,911 | 80,297 | 1,481 |
| ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | 1,910,967 | 218,387 | 764,294 | 927 | 108,027 | 671,838 | 24,204 |
| 041 RADIOLOGY-DIAGNOSTIC | 1,274,719 | 100,194 | 509,826 | | 73,334 | | 114,130 |
| 044 LABORATORY | 848,137 | 8,104 | 339,213 | | 124,190 | | 544,989 |
| 049 01 RESPIRATORY THERAPY | 267,323 | 18,906 | 106,916 | | 32,046 | | 8,834 |
| 049 01 WOUND CARE CENTER | 9,187 | 6,890 | 3,674 | | 2,462 | | 2,029 |
| 050 PHYSICAL THERAPY | 164,057 | 67,245 | 65,615 | | | | 6,508 |
| 053 ELECTROCARDIOLOGY | 85,239 | 1,114 | 34,092 | | 4,226 | | 1,401 |
| 053 01 CARDIAC CATH LAB | 149,357 | 8,273 | 59,736 | 271 | 9,985 | 62,100 | 7,339 |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | | 1,301,279 |
| 055 30 IMPL. DEV. CHARGED TO PAT | | | | | | | 1,287,589 |
| 056 DRUGS CHARGED TO PATIENTS | | | | | | | 58,395 |
| 057 RENAL DIALYSIS | 11,373 | | 4,549 | | 1,672 | 10,398 | 13,765 |
| 059 BEHAVIORAL HEALTH SERVICE | | | | | 8,592 | | |
| OUTPAT SERVICE COST CNTRS | | | | | | | |
| 060 CLINIC | 109,494 | | 43,792 | | 11,564 | | 12,634 |
| 060 01 CLINIC - FAMILY PRACTICE | 356,759 | 11,812 | 142,686 | | 11,286 | 70,188 | 2,610 |
| 060 02 OUTPATIENT PSYCHIATRIC SE | 114,329 | | 45,726 | | 5,527 | | 4 |
| 060 03 OUTPATIENT CHEMO | 74,775 | | 29,906 | | 743 | 4,621 | 5,588 |
| 060 04 PRIMARY CARE SENIORS | | 1,401 | | | 10,496 | 65,277 | 398 |
| 061 EMERGENCY | 646,441 | 108,246 | 258,545 | 8,359 | 71,987 | 447,699 | 21,457 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 062 01 OBSERVATION BEDS (DISTINC | | 16,932 | | 2,265 | 4,923 | 30,617 | 708 |
| OTHER REIMBURS COST CNTRS | | | | | | | |
| 066 DURABLE MEDICAL EQUIP-REN | 133,652 | | 53,454 | | 16,905 | | 60,149 |
| 071 HOME HEALTH AGENCY | 77,406 | | 30,959 | | 17,974 | | 4,505 |
| SPEC PURPOSE COST CENTERS | | | | | | | |
| 093 HOSPICE | 101,815 | 994 | 40,721 | 40,949 | 13,654 | | 2,602 |
| 095 SUBTOTALS | 14,649,495 | 2,352,215 | 5,575,223 | 4,429,661 | 1,095,415 | 3,893,829 | 3,553,743 |
| NONREIMBURS COST CENTERS | | | | | | | |
| 100 GIFT, FLOWER, COFFEE SHOP | 163,573 | | 65,421 | | 12,540 | | |
| 100 OTHER NONREIMBURSABLE COS | | | | | | | |
| 100 01 DEACONESS URGENT CARE | | 3,042 | | | 14,862 | | 8,628 |
| 100 02 OCCUPATIONAL HEALTH | 210,400 | 20,982 | 84,150 | | 10,171 | | 3,702 |
| 100 03 OTHER NONREIMBURSABLE COS | 237,923 | | 95,158 | 346,960 | 20,621 | | 5,525 |
| 100 04 OAKLAND CITY CLINIC | | | | | 6,363 | | 716 |
| 100 05 THE HEART HOSPITAL | | 112,979 | | 190,396 | 51,366 | | 8,086 |
| 100 09 USI HEALTH CENTER | | | | | 3,251 | | 507 |
| 100 20 PHYSICIAN OFFICES | 440,954 | 97,222 | 176,360 | | 33,671 | | 1,147 |
| 100 27 PUBLIC RELATIONS | 24,371 | | 9,747 | | 2,090 | | 11 |
| 100 31 WOMEN'S HOSPITAL/GATEWAY | | | | | 1,533 | | 35 |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 15,726,716 | 2,586,440 | 6,006,059 | 4,967,017 | 1,251,883 | 3,893,829 | 3,582,100 |

COST ALLOCATION - GENERAL SERVICE COSTS

| COST CENTER DESCRIPTION | PHARMACY 16 | MEDICAL RECORDS & LIBRARY 17 | SOCIAL SERVICE 18 | I&R SERVICES-SALARY & FRI 22 | I&R SERVICES-OTHER PRGM C 23 | PARAMED ED PRGM 24 | PARAMED ED PRGM-(CHAPLIN) 24.01 |
|----------------------------------|----------------|---------------------------------|----------------------|---------------------------------|---------------------------------|-----------------------|------------------------------------|
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 003 01 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 ADMINISTRATIVE & GENERAL | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | | | | | |
| 010 HOUSEKEEPING | | | | | | | |
| 011 DIETARY | | | | | | | |
| 012 CAFETERIA | | | | | | | |
| 014 NURSING ADMINISTRATION | | | | | | | |
| 015 CENTRAL SERVICES & SUPPLY | | | | | | | |
| 016 PHARMACY | 19,878,473 | | | | | | |
| 017 MEDICAL RECORDS & LIBRARY | 22 | 4,594,455 | | | | | |
| 018 SOCIAL SERVICE | | | 3,441,417 | | | | |
| 022 I&R SERVICES-SALARY & FRI | | | | 1,389,441 | | | |
| 023 I&R SERVICES-OTHER PRGM C | | | | | 1,297,546 | | |
| 024 PARAMED ED PRGM | | | | | | 319,106 | |
| 024 01 PARAMED ED PRGM-(CHAPLIN) | | | | | | | 309,864 |
| 024 03 PARAMED ED PRGM-(NURSING) | | | | | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | 3,103 | 351,612 | 2,834,109 | 341,842 | 319,234 | | 309,864 |
| 026 INTENSIVE CARE UNIT | 711 | 79,693 | 218,008 | 29,664 | 27,702 | | |
| 027 CORONARY CARE UNIT | 1,238 | 59,890 | 140,148 | | | | |
| 028 BURN INTENSIVE CARE UNIT | | | | | | | |
| 029 SURGICAL INTENSIVE CARE U | | | | | | | |
| 031 SUBPROVIDER | 254 | 11,963 | | | | | |
| 033 NURSERY | | | | | | | |
| 034 SKILLED NURSING FACILITY | 100 | 10,345 | | | | | |
| 037 OPERATING ROOM | 71,777 | 643,550 | | 126,602 | 118,229 | | |
| 041 RADIOLOGY-DIAGNOSTIC | 12,888 | 704,466 | | 10,418 | 9,729 | | |
| 044 LABORATORY | 1,538 | 527,381 | | | | | |
| 049 RESPIRATORY THERAPY | 91 | 62,467 | | | | | |
| 049 01 WOUND CARE CENTER | 6,182 | 4,683 | | | | | |
| 050 PHYSICAL THERAPY | 3,392 | 88,582 | | | | | |
| 053 ELECTROCARDIOLOGY | 274 | 62,933 | | 21,542 | 20,117 | | |
| 053 01 CARDIAC CATH LAB | 47 | 131,397 | | | | | |
| 055 MEDICAL SUPPLIES CHARGED | 3,354 | 259,598 | | | | | |
| 055 30 IMPL. DEV. CHARGED TO PAT | | 131,555 | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | 18,772,500 | 524,739 | | | | 319,106 | |
| 057 RENAL DIALYSIS | 875 | 13,964 | | | | | |
| 059 BEHAVIORAL HEALTH SERVICE | | 5,352 | | | | | |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 060 CLINIC | 2,022 | 10,387 | | 10,241 | 9,564 | | |
| 060 01 CLINIC - FAMILY PRACTICE | 13,219 | 4,302 | | 698,339 | 652,152 | | |
| 060 02 OUTPATIENT PSYCHIATRIC SE | | 11,054 | | | | | |
| 060 03 OUTPATIENT CHEMO | 13 | 19,932 | | | | | |
| 060 04 PRIMARY CARE SENIORS | 25,782 | 2,412 | | 12,890 | 12,037 | | |
| 061 EMERGENCY | 2,963 | 339,190 | 249,152 | 40,082 | 37,431 | | |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 062 01 OBSERVATION BEDS (DISTINC | 291 | 3,768 | | | | | |
| 066 OTHER REIMBURS COST CNTRS | | | | | | | |
| 066 DURABLE MEDICAL EQUIP-REN | 445,599 | 42,132 | | | | | |
| 071 HOME HEALTH AGENCY | 178 | 13,525 | | | | | |
| 093 SPEC PURPOSE COST CENTERS | | | | | | | |
| 093 HOSPICE | 265,713 | 15,105 | | | | | |
| 095 SUBTOTALS | 19,634,126 | 4,135,977 | 3,441,417 | 1,291,620 | 1,206,195 | 319,106 | 309,864 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 100 GIFT, FLOWER, COFFEE SHOP | | | | | | | |
| 100 OTHER NONREIMBURSABLE COS | | | | | | | |
| 100 01 DEACONESS URGENT CARE | 58,675 | 18,950 | | | | | |
| 100 02 OCCUPATIONAL HEALTH | 120,880 | 10,077 | | | | | |
| 100 03 OTHER NONREIMBURSABLE COS | 6,587 | | | | | | |
| 100 04 OAKLAND CITY CLINIC | 23,189 | | | | | | |
| 100 05 THE HEART HOSPITAL | 804 | 359,253 | | | | | |
| 100 09 USI HEALTH CENTER | 16,504 | 3,636 | | | | | |
| 100 20 PHYSICIAN OFFICES | 17,708 | 65,787 | | | | | |
| 100 27 PUBLIC RELATIONS | | | | | | | |
| 100 31 WOMEN'S HOSPITAL/GATEWAY | | 775 | | 97,821 | 91,351 | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 19,878,473 | 4,594,455 | 3,441,417 | 1,389,441 | 1,297,546 | 319,106 | 309,864 |

COST ALLOCATION - GENERAL SERVICE COSTS

| COST CENTER DESCRIPTION | PARAMED PR SUBTOTAL | | I&R COST POST STEP-DOWN ADJ | TOTAL |
|----------------------------------|---------------------|-------------|-----------------------------|-------------|
| | 24. 03 | 25 | | |
| 003 GENERAL SERVICE COST CNTR | | | | |
| 003 01 NEW CAP REL COSTS- BLDG & | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | |
| 005 EMPLOYEE BENEFITS | | | | |
| 006 ADMINISTRATIVE & GENERAL | | | | |
| 008 OPERATION OF PLANT | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | | |
| 010 HOUSEKEEPING | | | | |
| 011 DIETARY | | | | |
| 012 CAFETERIA | | | | |
| 014 NURSING ADMINISTRATION | | | | |
| 015 CENTRAL SERVICES & SUPPLY | | | | |
| 016 PHARMACY | | | | |
| 017 MEDICAL RECORDS & LIBRARY | | | | |
| 018 SOCIAL SERVICE | | | | |
| 022 I&R SERVICES-SALARY & FRI | | | | |
| 023 I&R SERVICES-OTHER PRGM C | | | | |
| 024 PARAMED ED PRGM | | | | |
| 024 01 PARAMED ED PRGM-(CHAPLIN | | | | |
| 024 03 PARAMED ED PRGM-(NURSING) | 381,183 | | | |
| INPAT ROUTINE SRVC CNTRS | | | | |
| 025 ADULTS & PEDIATRICS | 289,715 | 66,093,369 | -661,076 | 65,432,293 |
| 026 INTENSIVE CARE UNIT | 26,791 | 11,664,324 | -57,366 | 11,606,958 |
| 027 CORONARY CARE UNIT | 28,947 | 8,495,592 | | 8,495,592 |
| 028 BURN INTENSIVE CARE UNIT | | | | |
| 029 SURGICAL INTENSIVE CARE U | | | | |
| 031 SUBPROVIDER | | 1,980,529 | | 1,980,529 |
| 033 NURSERY | | | | |
| 034 SKILLED NURSING FACILITY | | 2,844,743 | | 2,844,743 |
| ANCILLARY SRVC COST CNTRS | | | | |
| 037 OPERATING ROOM | 16,884 | 44,066,450 | -244,831 | 43,821,619 |
| 041 RADIOLOGY-DIAGNOSTIC | | 27,018,387 | -20,147 | 26,998,240 |
| 044 LABORATORY | | 35,963,036 | | 35,963,036 |
| 049 01 WOUND CARE CENTER | | 6,595,503 | | 6,595,503 |
| 050 PHYSICAL THERAPY | | 499,121 | | 499,121 |
| 053 ELECTROCARDIOLOGY | | 6,900,999 | | 6,900,999 |
| 053 01 CARDIAC CATH LAB | | 1,435,567 | -41,659 | 1,393,908 |
| 055 MEDICAL SUPPLIES CHARGED | | 3,418,425 | | 3,418,425 |
| 055 30 IMPL. DEV. CHARGED TO PAT | | 27,475,248 | | 27,475,248 |
| 056 DRUGS CHARGED TO PATIENTS | | 26,303,844 | | 26,303,844 |
| 057 RENAL DIALYSIS | | 37,525,010 | | 37,525,010 |
| 059 BEHAVIORAL HEALTH SERVICE | | 2,265,322 | | 2,265,322 |
| OUTPAT SERVICE COST CNTRS | | | | |
| 060 CLINIC | | 1,084,542 | | 1,084,542 |
| 060 01 CLINIC - FAMILY PRACTICE | | 2,282,978 | -19,805 | 2,263,173 |
| 060 02 OUTPATIENT PSYCHIATRIC SE | | 4,146,311 | -1,350,491 | 2,795,820 |
| 060 03 OUTPATIENT CHEMO | | 1,072,173 | | 1,072,173 |
| 060 04 PRIMARY CARE SENIORS | | 828,147 | | 828,147 |
| 061 EMERGENCY | 18,846 | 1,831,474 | -24,927 | 1,806,547 |
| 062 01 OBSERVATION BEDS (NON-DIS | | 18,568,635 | -77,513 | 18,491,122 |
| 062 OBSERVATION BEDS (DISTINC | | 875,096 | | 875,096 |
| OTHER REIMBURS COST CNTRS | | | | |
| 066 DURABLE MEDICAL EQUIP-REN | | 5,569,717 | | 5,569,717 |
| 071 HOME HEALTH AGENCY | | 4,813,410 | | 4,813,410 |
| SPEC PURPOSE COST CENTERS | | | | |
| 093 HOSPICE | | 4,013,755 | | 4,013,755 |
| 095 SUBTOTALS | 381,183 | 355,631,707 | -2,497,815 | 353,133,892 |
| NONREIMBURS COST CENTERS | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | 1,940,744 | | 1,940,744 |
| 100 OTHER NONREIMBURSABLE COS | | | | |
| 100 01 DEACONESS URGENT CARE | | 4,070,170 | | 4,070,170 |
| 100 02 OCCUPATIONAL HEALTH | | 3,648,579 | | 3,648,579 |
| 100 03 OTHER NONREIMBURSABLE COS | | 3,182,771 | | 3,182,771 |
| 100 04 OAKLAND CITY CLINIC | | 1,770,333 | | 1,770,333 |
| 100 05 THE HEART HOSPITAL | | 1,073,585 | | 1,073,585 |
| 100 09 USI HEALTH CENTER | | 647,905 | | 647,905 |
| 100 20 PHYSICIAN OFFICES | | 22,107,334 | | 22,107,334 |
| 100 27 PUBLIC RELATIONS | | 1,791,944 | | 1,791,944 |
| 100 31 WOMEN'S HOSPITAL/GATEWAY | | 3,986,088 | -189,172 | 3,796,916 |
| 101 CROSS FOOT ADJUSTMENT | | | | |
| 102 NEGATIVE COST CENTER | | | | |
| 103 TOTAL | 381,183 | 399,851,160 | -2,686,987 | 397,164,173 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION | DIR ASSGND NEW CAPITAL REL COSTS | NEW CAP REL C OSTS-BLDG & | NEW CAP REL C OSTS- BLDG & | NEW CAP REL C OSTS-MVBLE E | SUBTOTAL | EMPLOYEE BENEFITS | ADMINISTRATIVE & GENERAL |
|----------------------------------|----------------------------------|---------------------------|----------------------------|----------------------------|------------|-------------------|--------------------------|
| | 0 | 3 | 3.01 | 4 | 4a | 5 | 6 |
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 003 01 NEW CAP REL COSTS- BLDG & | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | 313,405 | 9,300 | 87,699 | 410,404 | 410,404 | |
| 006 ADMINISTRATIVE & GENERAL | | 1,634,435 | 37,840 | 15,186,721 | 16,858,996 | 54,661 | 16,913,657 |
| 008 OPERATION OF PLANT | | 1,946,962 | | 133,749 | 2,080,711 | 6,553 | 665,243 |
| 009 LAUNDRY & LINEN SERVICE | | 319,001 | | 315,102 | 634,103 | 1,465 | 88,604 |
| 010 HOUSEKEEPING | | 141,365 | | 366,025 | 507,390 | 7,204 | 244,838 |
| 011 DIETARY | | 339,086 | | 164,135 | 503,221 | 3,364 | 179,043 |
| 012 CAFETERIA | | 101,746 | | | 101,746 | 1,736 | 43,666 |
| 014 NURSING ADMINISTRATION | | 34,451 | | 301,384 | 335,835 | 4,775 | 160,737 |
| 015 CENTRAL SERVICES & SUPPLY | | 195,764 | | 296,993 | 492,757 | 3,227 | 123,952 |
| 016 PHARMACY | | 152,092 | | 206,991 | 359,083 | 16,134 | 825,117 |
| 017 MEDICAL RECORDS & LIBRARY | | 131,668 | | 76,288 | 207,956 | 6,715 | 180,703 |
| 018 SOCIAL SERVICE | | 58,852 | | 985 | 59,837 | 5,186 | 139,282 |
| 022 I&R SERVICES-SALARY & FRI | | | | | | 2,169 | 58,438 |
| 023 I&R SERVICES-OTHER PRGM C | | | 8,272 | | 8,272 | 1,696 | 54,812 |
| 024 PARAMED ED PRGM | | | | | | 482 | 13,437 |
| 024 01 PARAMED ED PRGM-(CHAPLIN | | 4,705 | 637 | | 5,342 | 445 | 12,556 |
| 024 03 PARAMED ED PRGM-(NURSING) | | | | | | 559 | 15,060 |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | | 3,076,192 | | 687,253 | 3,763,445 | 66,943 | 2,034,334 |
| 026 INTENSIVE CARE UNIT | | 326,980 | | 90,636 | 417,616 | 13,878 | 409,256 |
| 027 CORONARY CARE UNIT | | 219,601 | | 71,037 | 290,638 | 10,190 | 302,218 |
| 028 BURN INTENSIVE CARE UNIT | | | | | | | |
| 029 SURGICAL INTENSIVE CARE U | | | | | | | |
| 031 SUBPROVIDER | | 112,360 | | 1,816 | 114,176 | 2,041 | 67,205 |
| 033 NURSERY | | | | | | | |
| 034 SKILLED NURSING FACILITY | | 179,191 | | 12,760 | 191,951 | 2,839 | 89,392 |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | | 1,239,520 | | 3,780,501 | 5,020,021 | 45,057 | 1,666,236 |
| 041 RADIOLOGY-DIAGNOSTIC | | 826,827 | | 2,548,442 | 3,375,269 | 18,673 | 1,024,031 |
| 044 LABORATORY | | 550,131 | | 816,908 | 1,367,039 | 24,568 | 1,419,995 |
| 049 RESPIRATORY THERAPY | | 173,395 | | 366,602 | 539,997 | 7,978 | 257,985 |
| 049 01 WOUND CARE CENTER | | 5,959 | | 19,992 | 25,951 | 524 | 19,628 |
| 050 PHYSICAL THERAPY | | 106,413 | | 107,370 | 213,783 | | 275,188 |
| 053 ELECTROCARDIOLOGY | | 55,289 | | 13,802 | 69,091 | 993 | 50,956 |
| 053 01 CARDIAC CATH LAB | | 96,878 | | 230,015 | 326,893 | 3,019 | 126,474 |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | | 1,096,040 |
| 055 30 IMPL. DEV. CHARGED TO PAT | | | | | | | 1,052,627 |
| 056 DRUGS CHARGED TO PATIENTS | | | | | | | 755,070 |
| 057 RENAL DIALYSIS | | 7,377 | | 47,221 | 54,598 | 512 | 93,430 |
| 059 BEHAVIORAL HEALTH SERVICE | | | | | | 1,666 | 45,286 |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 060 CLINIC | | 71,021 | | 18,347 | 89,368 | 2,552 | 87,700 |
| 060 01 CLINIC - FAMILY PRACTICE | | 231,406 | | 7,211 | 238,617 | 1,963 | 92,340 |
| 060 02 OUTPATIENT PSYCHIATRIC SE | | 74,158 | | 3,231 | 77,389 | 1,227 | 37,881 |
| 060 03 OUTPATIENT CHEMO | | 48,502 | | 6,993 | 55,495 | 692 | 28,977 |
| 060 04 PRIMARY CARE SENIORS | | | | 32,819 | 32,819 | 3,987 | 71,943 |
| 061 EMERGENCY | | 419,304 | | 236,963 | 656,267 | 33,615 | 690,264 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 062 01 OBSERVATION BEDS (DISTINC | | | | 10,359 | 10,359 | 1,194 | 34,500 |
| 066 OTHER REIMBURS COST CNTRS | | | | | | | |
| 066 DURABLE MEDICAL EQUIP-REN | | 86,691 | | 198,738 | 285,429 | 3,272 | 203,795 |
| 071 HOME HEALTH AGENCY | | 50,208 | | 63,195 | 113,403 | 4,485 | 197,494 |
| 093 SPEC PURPOSE COST CENTERS | | | | | | | |
| 093 HOSPICE | | 66,041 | | 3,793 | 69,834 | 3,423 | 149,413 |
| 095 SUBTOTALS | | 13,396,976 | 56,049 | 26,512,076 | 39,965,101 | 371,662 | 15,185,146 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 100 GIFT, FLOWER, COFFEE SHOP | | 106,099 | | | 106,099 | 1,523 | 71,877 |
| 100 OTHER NONREIMBURSABLE COS | | | | | | | |
| 100 01 DEACONESS URGENT CARE | | | | 26,553 | 26,553 | 4,595 | 167,763 |
| 100 02 OCCUPATIONAL HEALTH | | 136,473 | | 35,543 | 172,016 | 2,760 | 134,862 |
| 100 03 OTHER NONREIMBURSABLE COS | | 154,325 | 8,515 | 26,959 | 189,799 | 3,476 | 104,481 |
| 100 04 OAKLAND CITY CLINIC | | | | 3,712 | 3,712 | 2,338 | 73,605 |
| 100 05 THE HEART HOSPITAL | | | | 178,515 | 178,515 | 219 | 14,835 |
| 100 09 USI HEALTH CENTER | | | | 1,778 | 1,778 | 838 | 26,396 |
| 100 20 PHYSICIAN OFFICES | | 286,018 | | 21,386 | 307,404 | 22,126 | 899,914 |
| 100 27 PUBLIC RELATIONS | | 15,808 | | | 15,808 | 611 | 74,267 |
| 100 31 WOMEN'S HOSPITAL/GATEWAY | | | | 1,263 | 1,263 | 256 | 160,511 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | | 14,095,699 | 64,564 | 26,807,785 | 40,968,048 | 410,404 | 16,913,657 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0082
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 10/3/2011
 WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY |
|----------------------------------|--------------------|-------------------------|--------------|---------|-----------|------------------------|---------------------------|
| | 8 | 9 | 10 | 11 | 12 | 14 | 15 |
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 003 01 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 ADMINISTRATIVE & GENERAL | | | | | | | |
| 008 OPERATION OF PLANT | 2,752,507 | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | 86,076 | 810,248 | | | | | |
| 010 HOUSEKEEPING | 38,145 | | 797,577 | | | | |
| 011 DIETARY | 91,496 | 783 | 27,765 | 805,672 | | | |
| 012 CAFETERIA | 27,454 | | 8,331 | | 182,933 | | |
| 014 NURSING ADMINISTRATION | 9,296 | | 2,821 | | 2,857 | 516,321 | |
| 015 CENTRAL SERVICES & SUPPLY | 52,823 | 65,152 | 16,030 | | 3,115 | | 757,056 |
| 016 PHARMACY | 41,039 | 13 | 12,454 | | 6,420 | | |
| 017 MEDICAL RECORDS & LIBRARY | 35,528 | | 10,781 | | 5,599 | | 4 |
| 018 SOCIAL SERVICE | 15,880 | | 4,819 | | 3,169 | | |
| 022 I&R SERVICES-SALARY & FRI | | | | | 1,161 | | |
| 023 I&R SERVICES-OTHER PRGM C | | | | | 258 | | |
| 024 PARAMED ED PRGM | | | | | 210 | | |
| 024 01 PARAMED ED PRGM-(CHAPLIN | 1,269 | | 385 | | 421 | | |
| 024 03 PARAMED ED PRGM-(NURSING) | | | | | 509 | 2,872 | |
| 025 ADULTS & PEDIATRICS | 830,046 | 378,947 | 251,885 | 572,908 | 42,918 | 242,209 | 9,935 |
| 026 INTENSIVE CARE UNIT | 88,229 | 54,177 | 26,774 | 55,378 | 7,581 | 42,781 | 2,562 |
| 027 CORONARY CARE UNIT | 59,255 | 38,163 | 17,981 | 40,077 | 5,389 | 30,410 | 2,471 |
| 028 BURN INTENSIVE CARE UNIT | | | | | | | |
| 029 SURGICAL INTENSIVE CARE U | | | | | | | |
| 031 SUBPROVIDER | 30,318 | 1,389 | 9,200 | 11,944 | 1,188 | 6,702 | 64 |
| 033 NURSERY | | | | | | | |
| 034 SKILLED NURSING FACILITY | 48,351 | 17,798 | 14,673 | 29,645 | 1,887 | 10,647 | 313 |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | 334,460 | 68,414 | 101,495 | 150 | 15,786 | 89,086 | 5,115 |
| 041 RADIOLOGY-DIAGNOSTIC | 223,103 | 31,387 | 67,703 | | 10,716 | | 24,120 |
| 044 LABORATORY | 148,442 | 2,539 | 45,046 | | 18,147 | | 115,178 |
| 049 RESPIRATORY THERAPY | 46,787 | 5,923 | 14,198 | | 4,683 | | 1,867 |
| 049 01 WOUND CARE CENTER | 1,608 | 2,158 | 488 | | 360 | | 429 |
| 050 PHYSICAL THERAPY | 28,713 | 21,066 | 8,713 | | | | 1,375 |
| 053 ELECTROCARDIOLOGY | 14,919 | 349 | 4,527 | | 618 | | 296 |
| 053 01 CARDIAC CATH LAB | 26,141 | 2,592 | 7,933 | 44 | 1,459 | 8,234 | 1,551 |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | | 275,027 |
| 055 30 IMPL. DEV. CHARGED TO PAT | | | | | | | 272,120 |
| 056 DRUGS CHARGED TO PATIENTS | | | | | | | 12,341 |
| 057 RENAL DIALYSIS | 1,991 | | 604 | | 244 | 1,379 | 2,909 |
| 059 BEHAVIORAL HEALTH SERVICE | | | | | 1,256 | | |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 060 CLINIC | 19,164 | | 5,815 | | 1,690 | | 2,670 |
| 060 01 CLINIC - FAMILY PRACTICE | 62,440 | 3,700 | 18,948 | | 1,649 | 9,307 | 552 |
| 060 02 OUTPATIENT PSYCHIATRIC SE | 20,010 | | 6,072 | | 808 | | 1 |
| 060 03 OUTPATIENT CHEMO | 13,087 | 2,358 | 3,971 | | 109 | 613 | 1,181 |
| 060 04 PRIMARY CARE SENIORS | | 439 | | | 1,534 | 8,656 | 84 |
| 061 EMERGENCY | 113,141 | 33,910 | 34,334 | 1,356 | 10,519 | 59,365 | 4,535 |
| 062 OBSERVATION BEDS (NON-DIS | | 5,304 | | 367 | 719 | 4,060 | 150 |
| 062 01 OBSERVATION BEDS (DISTINC | | | | | | | |
| 066 OTHER REIMBURS COST CNTRS | | | | | | | |
| 066 DURABLE MEDICAL EQUIP-REN | 23,392 | | 7,098 | | 2,470 | | 12,712 |
| 071 HOME HEALTH AGENCY | 13,548 | | 4,111 | | 2,626 | | 952 |
| 093 SPEC PURPOSE COST CENTERS | | | | | | | |
| 093 HOSPICE | 17,820 | 311 | 5,408 | 6,642 | 1,995 | | 550 |
| 095 SUBTOTALS | 2,563,971 | 736,872 | 740,363 | 718,511 | 160,070 | 516,321 | 751,064 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 100 GIFT, FLOWER, COFFEE SHOP | 28,629 | | 8,688 | | 1,832 | | |
| 100 OTHER NONREIMBURSABLE COS | | | | | | | |
| 100 01 DEACONESS URGENT CARE | | 953 | | | 2,172 | | 1,824 |
| 100 02 OCCUPATIONAL HEALTH | 36,824 | 6,573 | 11,175 | | 1,486 | | 782 |
| 100 03 OTHER NONREIMBURSABLE COS | 41,642 | | 12,637 | 56,278 | 3,013 | | 1,168 |
| 100 04 OAKLAND CITY CLINIC | | | | | 930 | | 151 |
| 100 05 THE HEART HOSPITAL | | 35,393 | | 30,883 | 7,506 | | 1,709 |
| 100 09 USI HEALTH CENTER | | | | | 475 | | 107 |
| 100 20 PHYSICIAN OFFICES | 77,176 | 30,457 | 23,420 | | 4,920 | | 242 |
| 100 27 PUBLIC RELATIONS | 4,265 | | 1,294 | | 305 | | 2 |
| 100 31 WOMEN'S HOSPITAL/GATEWAY | | | | | 224 | | 7 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 2,752,507 | 810,248 | 797,577 | 805,672 | 182,933 | 516,321 | 757,056 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION | PHARMACY 16 | MEDICAL RECORDS & LIBRARY 17 | SOCIAL SERVICE 18 | I&R SERVICES-SALARY & FRI 22 | I&R SERVICES-OTHER PRGM C 23 | PARAMED ED PRGM 24 | PARAMED ED PRGM-(CHAPLIN) 24.01 |
|----------------------------------|----------------|---------------------------------|----------------------|---------------------------------|---------------------------------|-----------------------|------------------------------------|
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 003 01 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 ADMINISTRATIVE & GENERAL | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | | | | | |
| 010 HOUSEKEEPING | | | | | | | |
| 011 DIETARY | | | | | | | |
| 012 CAFETERIA | | | | | | | |
| 014 NURSING ADMINISTRATION | | | | | | | |
| 015 CENTRAL SERVICES & SUPPLY | | | | | | | |
| 016 PHARMACY | 1,260,260 | | | | | | |
| 017 MEDICAL RECORDS & LIBRARY | 1 | 447,287 | | | | | |
| 018 SOCIAL SERVICE | | | 228,173 | | | | |
| 022 I&R SERVICES-SALARY & FRI | | | | 61,768 | | | |
| 023 I&R SERVICES-OTHER PRGM C | | | | | 65,038 | | |
| 024 PARAMED ED PRGM | | | | | | 14,129 | |
| 024 01 PARAMED ED PRGM-(CHAPLIN) | | | | | | | 20,418 |
| 024 03 PARAMED ED PRGM-(NURSING) | | | | | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | 197 | 34,262 | 187,908 | | | | |
| 026 INTENSIVE CARE UNIT | 45 | 7,766 | 14,454 | | | | |
| 027 CORONARY CARE UNIT | 79 | 5,836 | 9,292 | | | | |
| 028 BURN INTENSIVE CARE UNIT | | | | | | | |
| 029 SURGICAL INTENSIVE CARE U | | | | | | | |
| 031 SUBPROVIDER | 16 | 1,166 | | | | | |
| 033 NURSERY | | | | | | | |
| 034 SKILLED NURSING FACILITY | 6 | 1,008 | | | | | |
| 037 OPERATING ROOM | 4,551 | 62,710 | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | 817 | 68,234 | | | | | |
| 044 LABORATORY | 98 | 51,390 | | | | | |
| 049 RESPIRATORY THERAPY | 6 | 6,087 | | | | | |
| 049 01 WOUND CARE CENTER | 392 | 456 | | | | | |
| 050 PHYSICAL THERAPY | 215 | 8,632 | | | | | |
| 053 ELECTROCARDIOLOGY | 17 | 6,132 | | | | | |
| 053 01 CARDIAC CATH LAB | 3 | 12,804 | | | | | |
| 055 MEDICAL SUPPLIES CHARGED | 213 | 25,296 | | | | | |
| 055 30 IMPL. DEV. CHARGED TO PAT | | 12,819 | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | 1,190,142 | 51,132 | | | | | |
| 057 RENAL DIALYSIS | 55 | 1,361 | | | | | |
| 059 BEHAVIORAL HEALTH SERVICE | | 522 | | | | | |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 060 CLINIC | 128 | 1,012 | | | | | |
| 060 01 CLINIC - FAMILY PRACTICE | 838 | 419 | | | | | |
| 060 02 OUTPATIENT PSYCHIATRIC SE | | 1,077 | | | | | |
| 060 03 OUTPATIENT CHEMO | 1 | 1,942 | | | | | |
| 060 04 PRIMARY CARE SENIORS | 1,635 | 235 | | | | | |
| 061 EMERGENCY | 188 | 33,052 | 16,519 | | | | |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 062 01 OBSERVATION BEDS (DISTINC | 18 | 367 | | | | | |
| 066 OTHER REIMBURS COST CNTRS | | | | | | | |
| 066 DURABLE MEDICAL EQUIP-REN | 28,250 | 4,105 | | | | | |
| 071 HOME HEALTH AGENCY | 11 | 1,318 | | | | | |
| 093 SPEC PURPOSE COST CENTERS | | | | | | | |
| 093 HOSPICE | 16,846 | 1,472 | | | | | |
| 095 SUBTOTALS | 1,244,768 | 402,612 | 228,173 | | | | |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 100 GIFT, FLOWER, COFFEE SHOP | | | | | | | |
| 100 OTHER NONREIMBURSABLE COS | | | | | | | |
| 100 01 DEACONESS URGENT CARE | 3,720 | 1,847 | | | | | |
| 100 02 OCCUPATIONAL HEALTH | 7,664 | 982 | | | | | |
| 100 03 OTHER NONREIMBURSABLE COS | 418 | | | | | | |
| 100 04 OAKLAND CITY CLINIC | 1,470 | | | | | | |
| 100 05 THE HEART HOSPITAL | 51 | 35,007 | | | | | |
| 100 09 USI HEALTH CENTER | 1,046 | 354 | | | | | |
| 100 20 PHYSICIAN OFFICES | 1,123 | 6,410 | | | | | |
| 100 27 PUBLIC RELATIONS | | | | | | | |
| 100 31 WOMEN'S HOSPITAL/GATEWAY | | 75 | | | | | |
| 101 CROSS FOOT ADJUSTMENTS | | | | 61,768 | 65,038 | 14,129 | 20,418 |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 1,260,260 | 447,287 | 228,173 | 61,768 | 65,038 | 14,129 | 20,418 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION | PARAMED PR GM-(NURSING) | SUBTOTAL | POST STEPDOWN ADJUSTMENT | TOTAL |
|----------------------------------|-------------------------|------------|--------------------------|------------|
| | 24.03 | 25 | 26 | 27 |
| 003 GENERAL SERVICE COST CNTR | | | | |
| 003 01 NEW CAP REL COSTS-BLDG & | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | |
| 005 EMPLOYEE BENEFITS | | | | |
| 006 ADMINISTRATIVE & GENERAL | | | | |
| 008 OPERATION OF PLANT | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | | |
| 010 HOUSEKEEPING | | | | |
| 011 DIETARY | | | | |
| 012 CAFETERIA | | | | |
| 014 NURSING ADMINISTRATION | | | | |
| 015 CENTRAL SERVICES & SUPPLY | | | | |
| 016 PHARMACY | | | | |
| 017 MEDICAL RECORDS & LIBRARY | | | | |
| 018 SOCIAL SERVICE | | | | |
| 022 I&R SERVICES-SALARY & FRI | | | | |
| 023 I&R SERVICES-OTHER PRGM C | | | | |
| 024 PARAMED PRGM | | | | |
| 024 01 PARAMED PRGM-(CHAPLIN | | | | |
| 024 03 PARAMED PRGM-(NURSING) | 19,000 | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | |
| 025 ADULTS & PEDIATRICS | | 8,415,937 | | 8,415,937 |
| 026 INTENSIVE CARE UNIT | | 1,140,497 | | 1,140,497 |
| 027 CORONARY CARE UNIT | | 811,999 | | 811,999 |
| 028 BURN INTENSIVE CARE UNIT | | | | |
| 029 SURGICAL INTENSIVE CARE U | | | | |
| 031 SUBPROVIDER | | 245,409 | | 245,409 |
| 033 NURSERY | | | | |
| 034 SKILLED NURSING FACILITY | | 408,510 | | 408,510 |
| 037 ANCILLARY SRVC COST CNTRS | | | | |
| 037 OPERATING ROOM | | 7,413,081 | | 7,413,081 |
| 041 RADIOLOGY-DIAGNOSTIC | | 4,844,053 | | 4,844,053 |
| 044 LABORATORY | | 3,192,442 | | 3,192,442 |
| 049 RESPIRATORY THERAPY | | 885,511 | | 885,511 |
| 049 01 WOUND CARE CENTER | | 51,994 | | 51,994 |
| 050 PHYSICAL THERAPY | | 557,685 | | 557,685 |
| 053 ELECTROCARDIOLOGY | | 147,898 | | 147,898 |
| 053 01 CARDIAC CATH LAB | | 517,147 | | 517,147 |
| 055 MEDICAL SUPPLIES CHARGED | | 1,396,576 | | 1,396,576 |
| 055 30 IMPL. DEV. CHARGED TO PAT | | 1,337,566 | | 1,337,566 |
| 056 DRUGS CHARGED TO PATIENTS | | 2,008,685 | | 2,008,685 |
| 057 RENAL DIALYSIS | | 157,083 | | 157,083 |
| 059 BEHAVIORAL HEALTH SERVICE | | 48,730 | | 48,730 |
| 060 OUTPAT SERVICE COST CNTRS | | | | |
| 060 CLINIC | | 210,099 | | 210,099 |
| 060 01 CLINIC - FAMILY PRACTICE | | 430,773 | | 430,773 |
| 060 02 OUTPATIENT PSYCHIATRIC SE | | 144,465 | | 144,465 |
| 060 03 OUTPATIENT CHEMO | | 108,426 | | 108,426 |
| 060 04 PRIMARY CARE SENIORS | | 121,332 | | 121,332 |
| 061 EMERGENCY | | 1,687,065 | | 1,687,065 |
| 062 OBSERVATION BEDS (NON-DIS | | | | |
| 062 01 OBSERVATION BEDS (DISTINC | | 57,038 | | 57,038 |
| 066 OTHER REIMBURS COST CNTRS | | | | |
| 066 DURABLE MEDICAL EQUIP-REN | | 570,523 | | 570,523 |
| 071 HOME HEALTH AGENCY | | 337,948 | | 337,948 |
| 093 SPEC PURPOSE COST CENTERS | | | | |
| 093 HOSPICE | | 273,714 | | 273,714 |
| 095 SUBTOTALS | | 37,522,186 | | 37,522,186 |
| 096 NONREIMBURS COST CENTERS | | | | |
| 100 GIFT, FLOWER, COFFEE SHOP | | 218,648 | | 218,648 |
| 100 OTHER NONREIMBURSABLE COS | | | | |
| 100 01 DEACONESS URGENT CARE | | 209,427 | | 209,427 |
| 100 02 OCCUPATIONAL HEALTH | | 375,124 | | 375,124 |
| 100 03 OTHER NONREIMBURSABLE COS | | 412,912 | | 412,912 |
| 100 04 OAKLAND CITY CLINIC | | 82,206 | | 82,206 |
| 100 05 THE HEART HOSPITAL | | 304,118 | | 304,118 |
| 100 09 USI HEALTH CENTER | | 30,994 | | 30,994 |
| 100 20 PHYSICIAN OFFICES | | 1,373,192 | | 1,373,192 |
| 100 27 PUBLIC RELATIONS | | 96,552 | | 96,552 |
| 100 31 WOMEN'S HOSPITAL/GATEWAY | | 162,336 | | 162,336 |
| 101 CROSS FOOT ADJUSTMENTS | 19,000 | 180,353 | | 180,353 |
| 102 NEGATIVE COST CENTER | | | | |
| 103 TOTAL | 19,000 | 40,968,048 | | 40,968,048 |

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0082
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 10/3/2011
 WORKSHEET B-1

| COST CENTER DESCRIPTION | NEW CAP REL COSTS-BLDG & T - A | NEW CAP REL COSTS-BLDG & T - B | NEW CAP REL COSTS-MVBLE & T - C | EMPLOYEE BENEFITS (GROSS SALARIES) | RECONCILIATION | ADMINISTRATIVE & GENERAL (ACCU. COST) |
|------------------------------|--------------------------------|--------------------------------|---------------------------------|------------------------------------|----------------|---------------------------------------|
| | (SQUARE FEET - A) | (SQUARE FEET) - B | (DEPRECIATION) EXPENSE | (GROSS SALARIES) | | (ACCU. COST) |
| | 3 | 3.01 | 4 | 5 | 6a.00 | 6 |
| GENERAL SERVICE COST | | | | | | |
| 003 NEW CAP REL COSTS-BLD | 1,123,544 | | | | | |
| 003 01 NEW CAP REL COSTS- BL | | 53,207 | | | | |
| 004 NEW CAP REL COSTS-MVB | | | 16,603,053 | | | |
| 005 EMPLOYEE BENEFITS | 24,981 | 7,664 | 54,315 | 173,396,202 | | |
| 006 ADMINISTRATIVE & GENE | 130,278 | 31,184 | 9,405,699 | 23,093,146 | -61,900,178 | 337,950,982 |
| 008 OPERATION OF PLANT | 155,189 | | 82,836 | 2,768,294 | | 13,292,096 |
| 009 LAUNDRY & LINEN SERVI | 25,427 | | 195,154 | 618,893 | | 1,770,371 |
| 010 HOUSEKEEPING | 11,268 | | 226,693 | 3,043,342 | | 4,892,070 |
| 011 DIETARY | 27,028 | | 101,655 | 1,421,296 | | 3,577,417 |
| 012 CAFETERIA | 8,110 | | | 733,545 | | 872,478 |
| 014 NURSING ADMINISTRATIO | 2,746 | | 186,658 | 2,017,159 | | 3,211,663 |
| 015 CENTRAL SERVICES & SU | 15,604 | | 183,939 | 1,363,357 | | 2,476,658 |
| 016 PHARMACY | 12,123 | | 128,197 | 6,816,374 | | 16,486,516 |
| 017 MEDICAL RECORDS & LIB | 10,495 | | 47,248 | 2,836,899 | | 3,610,594 |
| 018 SOCIAL SERVICE | 4,691 | | 610 | 2,191,103 | | 2,782,971 |
| 022 I&R SERVICES-SALARY & | | | | 916,554 | | 1,167,632 |
| 023 I&R SERVICES-OTHER PR | | 6,817 | | 716,701 | | 1,095,184 |
| 024 PARAMED ED PRGM | | | | 203,632 | | 268,489 |
| 024 01 PARAMED ED PRGM-(CHAP | 375 | 525 | | 188,125 | | 250,879 |
| 024 03 PARAMED ED PRGM-(NURS | | | | 236,213 | | 300,920 |
| INPAT ROUTINE SRVC CN | | | | | | |
| 025 ADULTS & PEDIATRICS | 245,198 | | 425,641 | 28,292,254 | | 40,649,902 |
| 026 INTENSIVE CARE UNIT | 26,063 | | 56,134 | 5,863,168 | | 8,177,277 |
| 027 CORONARY CARE UNIT | 17,504 | | 43,996 | 4,304,906 | | 6,038,559 |
| 028 BURN INTENSIVE CARE U | | | | | | |
| 029 SURGICAL INTENSIVE CA | | | | | | |
| 031 SUBPROVIDER | 8,956 | | 1,125 | 862,151 | | 1,342,804 |
| 033 NURSERY | | | | | | |
| 034 SKILLED NURSING FACIL | 14,283 | | 7,903 | 1,199,228 | | 1,786,131 |
| ANCILLARY SRVC COST C | | | | | | |
| 037 OPERATING ROOM | 98,800 | | 2,341,404 | 19,035,591 | | 33,292,762 |
| 041 RADIOLOGY-DIAGNOSTIC | 65,905 | | 1,578,344 | 7,888,955 | | 20,460,987 |
| 044 LABORATORY | 43,850 | | 505,941 | 10,379,457 | | 28,372,662 |
| 049 RESPIRATORY THERAPY | 13,821 | | 227,050 | 3,370,707 | | 5,154,759 |
| 049 01 WOUND CARE CENTER | 475 | | 12,382 | 221,251 | | 392,181 |
| 050 PHYSICAL THERAPY | 8,482 | | 66,498 | | | 5,498,482 |
| 053 ELECTROCARDIOLOGY | 4,407 | | 8,548 | 419,424 | | 1,018,143 |
| 053 01 CARDIAC CATH LAB | 7,722 | | 142,457 | 1,275,316 | | 2,527,057 |
| 055 MEDICAL SUPPLIES CHAR | | | | | | 21,899,786 |
| 055 30 IMPL. DEV. CHARGED TO | | | | | | 21,032,351 |
| 056 DRUGS CHARGED TO PATI | | | | | | 15,086,907 |
| 057 RENAL DIALYSIS | 588 | | 29,246 | 216,141 | | 1,866,798 |
| 059 BEHAVIORAL HEALTH SER | | | | 703,927 | | 904,861 |
| OUTPAT SERVICE COST C | | | | | | |
| 060 CLINIC | 5,661 | | 11,363 | 1,078,096 | | 1,752,320 |
| 060 01 CLINIC - FAMILY PRACT | 18,445 | | 4,466 | 829,221 | | 1,845,019 |
| 060 02 OUTPATIENT PSYCHIATRI | 5,911 | | 2,001 | 518,391 | | 756,897 |
| 060 03 OUTPATIENT CHEMO | 3,866 | | 4,331 | 292,417 | | 578,993 |
| 060 04 PRIMARY CARE SENIORS | | | 20,326 | 1,684,361 | | 1,437,487 |
| 061 EMERGENCY | 33,422 | | 146,760 | 14,201,312 | | 13,792,045 |
| 062 OBSERVATION BEDS (NON | | | | | | |
| 062 01 OBSERVATION BEDS (DIS | | | 6,416 | 504,529 | | 689,332 |
| OTHER REIMBURS COST C | | | | | | |
| 066 DURABLE MEDICAL EQUIP | 6,910 | | 123,086 | 1,382,285 | | 4,071,988 |
| 071 HOME HEALTH AGENCY | 4,002 | | 39,139 | 1,894,816 | | 3,946,086 |
| SPEC PURPOSE COST CEN | | | | | | |
| 093 HOSPICE | 5,264 | | 2,349 | 1,446,048 | | 2,985,389 |
| 095 SUBTOTALS | 1,067,850 | 46,190 | 16,419,910 | 157,028,585 | -61,900,178 | 303,413,903 |
| NONREIMBURS COST CENT | | | | | | |
| 096 GIFT, FLOWER, COFFEE | 8,457 | | | 643,331 | | 1,436,159 |
| 100 OTHER NONREIMBURSABLE | | | | | | |
| 100 01 DEACONESS URGENT CARE | | | 16,445 | 1,941,401 | | 3,352,043 |
| 100 02 OCCUPATIONAL HEALTH | 10,878 | | 22,013 | 1,166,075 | | 2,694,656 |
| 100 03 OTHER NONREIMBURSABLE | 12,301 | 7,017 | 16,697 | 1,468,643 | | 2,087,622 |
| 100 04 OAKLAND CITY CLINIC | | | 2,299 | 987,628 | | 1,470,689 |
| 100 05 THE HEART HOSPITAL | | | 110,561 | 92,544 | | 296,410 |
| 100 09 USI HEALTH CENTER | | | 1,101 | 354,119 | | 527,406 |
| 100 20 PHYSICIAN OFFICES | 22,798 | | 13,245 | 9,347,530 | | 17,981,026 |
| 100 27 PUBLIC RELATIONS | 1,260 | | | 258,035 | | 1,483,925 |
| 100 31 WOMEN'S HOSPITAL/GATE | | | 782 | 108,311 | | 3,207,143 |
| CROSS FOOT ADJUSTMENT | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | |
| 103 COST TO BE ALLOCATED | 14,095,699 | 64,564 | 26,807,785 | 47,499,616 | | 61,900,178 |
| (WRKSHT B, PART I) | | | | | | |
| 104 UNIT COST MULTIPLIER | 12.545747 | | 1.614630 | | | |
| (WRKSHT B, PT I) | | 1.213449 | | .273937 | | .183163 |
| 105 COST TO BE ALLOCATED | | | | | | |
| (WRKSHT B, PART II) | | | | | | |
| 106 UNIT COST MULTIPLIER | | | | | | |
| (WRKSHT B, PT II) | | | | | | |

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0082
 PERIOD: FROM 10/ 1/2009 TO 9/30/2010
 PREPARED 10/ 3/2011
 WORKSHEET B-1

| COST CENTER DESCRIPTION | NEW CAP REL C | NEW CAP REL C | NEW CAP REL C | EMPLOYEE BENE | RECONCILI- IATION | ADMINISTRATIV E & GENERAL |
|---|-------------------------------------|---------------------------------------|--|-------------------------------|----------------------|------------------------------|
| | OSTS-BLDG & (SQUARE FEE T - A | OSTS- BLDG & (SQUARE FEE)T - B | OSTS-MVBLE E (DEPRECIATI)ON EXPENSE | FITS (GROSS) SALARIES | | (ACCUM. COST) |
| 107 COST TO BE ALLOCATED (WRKSHT B, PART III | 3 | 3.01 | 4 | 5 410,404 | 6a.00 | 6 16,913,657 |
| 108 UNIT COST MULTIPLIER (WRKSHT B, PT III) | | | | .002367 | | .050048 |

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0082
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 10/3/2011
 WORKSHEET B-1

| | COST CENTER DESCRIPTION | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY |
|--------|-------------------------|--------------------|-------------------------|-------------------|-----------|-----------|------------------------|---------------------------|
| | | (SQUARE FEET - A) | (POUNDS OF LAUNDRY) | (SQUARE FEET - A) | (MEALS) | (FTES) | (FTE'S -NRSNG) | (COSTED REQ UI S.) |
| | | 8 | 9 | 10 | 11 | 12 | 14 | 15 |
| 003 | GENERAL SERVICE COST | | | | | | | |
| 003 01 | NEW CAP REL COSTS-BLD | | | | | | | |
| 004 | NEW CAP REL COSTS- BL | | | | | | | |
| 005 | NEW CAP REL COSTS-MVB | | | | | | | |
| 006 | EMPLOYEE BENEFITS | | | | | | | |
| 008 | ADMINISTRATIVE & GENE | | | | | | | |
| 009 | OPERATION OF PLANT | 813,096 | | | | | | |
| 010 | LAUNDRY & LINEN SERVI | 25,427 | 2,580,506 | | | | | |
| 011 | HOUSEKEEPING | 11,268 | | 776,401 | | | | |
| 012 | DIETARY | 27,028 | 2,493 | 27,028 | 568,037 | | | |
| 014 | CAFETERIA | 8,110 | | 8,110 | | 26,955 | | |
| 015 | NURSING ADMINISTRATION | 2,746 | | 2,746 | | 421 | 13,481 | |
| 016 | CENTRAL SERVICES & SU | 15,604 | 207,497 | 15,604 | | 459 | | 58,909,183 |
| 017 | PHARMACY | 12,123 | 41 | 12,123 | | 946 | | |
| 018 | MEDICAL RECORDS & LIB | 10,495 | | 10,495 | | 825 | | 280 |
| 022 | SOCIAL SERVICE | 4,691 | | 4,691 | | 467 | | |
| 023 | I&R SERVICES-SALARY & | | | | | 171 | | |
| 024 | I&R SERVICES-OTHER PR | | | | | 38 | | |
| 024 01 | PARAMED PRGM | | | | | 31 | | |
| 024 03 | PARAMED PRGM-(CHAP | 375 | | 375 | | 62 | | |
| 025 | PARAMED PRGM-(NURS | | | | | 75 | 75 | |
| 026 | INPAT ROUTINE SRVC CN | | | | | | | |
| 027 | ADULTS & PEDIATRICS | 245,198 | 1,206,890 | 245,198 | 403,927 | 6,324 | 6,324 | 773,076 |
| 028 | INTENSIVE CARE UNIT | 26,063 | 172,544 | 26,063 | 39,044 | 1,117 | 1,117 | 199,362 |
| 029 | CORONARY CARE UNIT | 17,504 | 121,542 | 17,504 | 28,256 | 794 | 794 | 192,282 |
| 031 | BURN INTENSIVE CARE U | | | | | | | |
| 033 | SURGICAL INTENSIVE CA | | | | | | | |
| 034 | SUBPROVIDER | 8,956 | 4,424 | 8,956 | 8,421 | 175 | 175 | 5,009 |
| 037 | NURSERY | 14,283 | 56,684 | 14,283 | 20,901 | 278 | 278 | 24,348 |
| 041 | SKILLED NURSING FACIL | | | | | | | |
| 044 | ANCILLARY SRVC COST C | 98,800 | 217,886 | 98,800 | 106 | 2,326 | 2,326 | 398,042 |
| 049 | OPERATING ROOM | 65,905 | 99,964 | 65,905 | | 1,579 | | 1,876,919 |
| 049 01 | RADIOLOGY-DIAGNOSTIC | 43,850 | 8,085 | 43,850 | | 2,674 | | 8,962,603 |
| 050 | LABORATORY | 13,821 | 18,863 | 13,821 | | 690 | | 145,287 |
| 053 | RESPIRATORY THERAPY | 475 | 6,874 | 475 | | 53 | | 33,363 |
| 053 01 | WOUND CARE CENTER | 8,482 | 67,091 | 8,482 | | 91 | | 107,027 |
| 055 | PHYSICAL THERAPY | 4,407 | 1,111 | 4,407 | | 215 | | 23,046 |
| 055 30 | ELECTROCARDIOLOGY | 7,722 | 8,254 | 7,722 | 31 | 215 | 215 | 120,692 |
| 056 | MEDICAL SUPPLIES CHAR | | | | | | | 21,400,005 |
| 057 | IMPL. DEV. CHARGED TO | | | | | | | 21,175,015 |
| 059 | DRUGS CHARGED TO PATI | 588 | | 588 | | 36 | 36 | 960,327 |
| 060 | RENAL DIALYSIS | | | | | 185 | | 226,366 |
| 060 01 | BEHAVIORAL HEALTH SER | | | | | | | |
| 060 02 | OUTPAT SERVICE COST C | 5,661 | | 5,661 | | 249 | | 207,768 |
| 060 03 | CLINIC - FAMILY PRACT | 18,445 | 11,785 | 18,445 | | 243 | 243 | 42,925 |
| 060 04 | OUTPATIENT PSYCHIATRI | 5,911 | | 5,911 | | 119 | | 68 |
| 061 | OUTPATIENT CHEMO | 3,866 | 7,509 | 3,866 | | 16 | 16 | 91,903 |
| 062 | PRIMARY CARE SENIORS | | 1,398 | | | 226 | 226 | 6,544 |
| 062 01 | EMERGENCY | 33,422 | 107,998 | 33,422 | 956 | 1,550 | 1,550 | 352,868 |
| 066 | OBSERVATION BEDS (NON | | | | | | | |
| 066 01 | OBSERVATION BEDS (DIS | | 16,893 | | 259 | 106 | 106 | 11,648 |
| 071 | OTHER REIMBURS COST C | 6,910 | | 6,910 | | 364 | | 989,176 |
| 093 | DURABLE MEDICAL EQUIP | 4,002 | | 4,002 | | 387 | | 74,079 |
| 095 | HOME HEALTH AGENCY | 5,264 | 992 | 5,264 | 4,683 | 294 | | 42,787 |
| 096 | SPEC PURPOSE COST CEN | 757,402 | 2,346,818 | 720,707 | 506,584 | 23,586 | 13,481 | 58,442,815 |
| 099 | HOSPICE | | | | | | | |
| 100 | SUBTOTALS | | | | | | | |
| 100 01 | NONREIMBURS COST CENT | 8,457 | | 8,457 | | 270 | | |
| 100 02 | GIFT, FLOWER, COFFEE | | | | | | | |
| 100 03 | OTHER NONREIMBURSABLE | | 3,035 | | | 320 | | 141,896 |
| 100 04 | DEACONESS URGENT CARE | 10,878 | 20,934 | 10,878 | | 219 | | 60,889 |
| 100 05 | OCCUPATIONAL HEALTH | 12,301 | | 12,301 | 39,679 | 444 | | 90,861 |
| 100 06 | OTHER NONREIMBURSABLE | | | | | 137 | | 11,774 |
| 100 07 | OAKLAND CITY CLINIC | | 112,720 | | 21,774 | 1,106 | | 132,982 |
| 100 08 | THE HEART HOSPITAL | | | | | 70 | | 8,333 |
| 100 09 | USI HEALTH CENTER | 22,798 | 96,999 | 22,798 | | 725 | | 18,869 |
| 100 10 | PHYSICIAN OFFICES | 1,260 | | 1,260 | | 45 | | 189 |
| 100 11 | PUBLIC RELATIONS | | | | | 33 | | 575 |
| 100 12 | WOMEN'S HOSPITAL/GATE | | | | | | | |
| 100 13 | CROSS FOOT ADJUSTMENT | | | | | | | |
| 100 14 | NEGATIVE COST CENTER | | | | | | | |
| 100 15 | COST TO BE ALLOCATED | 15,726,716 | 2,586,440 | 6,006,059 | 4,967,017 | 1,251,883 | 3,893,829 | 3,582,100 |
| 100 16 | (WRKSHT B, PART I) | | | | | | | |
| 100 17 | UNIT COST MULTIPLIER | | 1.002300 | | 8.744179 | | 288.838291 | |
| 100 18 | (WRKSHT B, PT I) | 19.341770 | | 7.735769 | | 46.443443 | | .060807 |
| 100 19 | COST TO BE ALLOCATED | | | | | | | |
| 100 20 | (WRKSHT B, PART II) | | | | | | | |
| 100 21 | UNIT COST MULTIPLIER | | | | | | | |
| 100 22 | (WRKSHT B, PT II) | | | | | | | |

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0082
 PERIOD: FROM 10/ 1/2009 TO 9/30/2010
 PREPARED 10/ 3/2011
 WORKSHEET B-1

| | COST CENTER DESCRIPTION | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY |
|-----|---|--------------------|-------------------------|-------------------|----------|-----------|------------------------|---------------------------|
| | | (SQUARE FEET - A) | (POUNDS OF LAUNDRY) | (SQUARE FEET - A) | (MEALS) | (FTES) | (FTE'S -NRSG) | (COSTED REQ)UIS. |
| 107 | COST TO BE ALLOCATED (WRKSHT B, PART III) | 2,752,507 | 810,248 | 797,577 | 805,672 | 182,933 | 516,321 | 757,056 |
| 108 | UNIT COST MULTIPLIER (WRKSHT B, PT III) | 3.385218 | .313988 | 1.027275 | 1.418344 | 6.786607 | 38.299904 | .012851 |

COST ALLOCATION - STATISTICAL BASIS

| COST CENTER DESCRIPTION | PHARMACY (COSTED REQUIS.) | MEDICAL RECORDS & LIBRARY (GROSS REVENUE) | SOCIAL SERVICE (HOURS - A) | I&R SERVICES- SALARY & FRI (HOURS - B) | I&R SERVICES- OTHER PRGM (HOURS - B) | PARAMED PRGM (HOURS - C) | PARAMED PRGM-(CHAPLIN) (HOURS - D) |
|------------------------------|---------------------------|---|----------------------------|--|--------------------------------------|--------------------------|------------------------------------|
| | 16 | 17 | 18 | 22 | 23 | 24 | 24.01 |
| GENERAL SERVICE COST | | | | | | | |
| 003 NEW CAP REL COSTS-BLD | | | | | | | |
| 003 01 NEW CAP REL COSTS- BL | | | | | | | |
| 004 NEW CAP REL COSTS-MVB | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 ADMINISTRATIVE & GENE | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 009 LAUNDRY & LINEN SERVI | | | | | | | |
| 010 HOUSEKEEPING | | | | | | | |
| 011 DIETARY | | | | | | | |
| 012 CAFETERIA | | | | | | | |
| 014 NURSING ADMINISTRATION | | | | | | | |
| 015 CENTRAL SERVICES & SU | | | | | | | |
| 016 PHARMACY | 24,477,132 | | | | | | |
| 017 MEDICAL RECORDS & LIB | 27 | 1,381,594,139 | | | | | |
| 018 SOCIAL SERVICE | | | 221 | | | | |
| 022 I&R SERVICES-SALARY & | | | | 7,869 | | | |
| 023 I&R SERVICES-OTHER PR | | | | | 7,869 | | |
| 024 PARAMED PRGM | | | | | | 100 | |
| 024 01 PARAMED PRGM-(CHAP | | | | | | | 100 |
| 024 03 PARAMED PRGM-(NURS | | | | | | | |
| INPAT ROUTINE SRVC CN | | | | | | | |
| 025 ADULTS & PEDIATRICS | 3,821 | 105,747,954 | 182 | 1,936 | 1,936 | | 100 |
| 026 INTENSIVE CARE UNIT | 875 | 23,967,914 | 14 | 168 | 168 | | |
| 027 CORONARY CARE UNIT | 1,525 | 18,011,937 | 9 | | | | |
| 028 BURN INTENSIVE CARE U | | | | | | | |
| 029 SURGICAL INTENSIVE CA | | | | | | | |
| 031 SUBPROVIDER | 313 | 3,598,000 | | | | | |
| 033 NURSERY | | | | | | | |
| 034 SKILLED NURSING FACIL | 123 | 3,111,215 | | | | | |
| ANCILLARY SRVC COST C | | | | | | | |
| 037 OPERATING ROOM | 88,382 | 193,548,947 | | 717 | 717 | | |
| 041 RADIOLOGY-DIAGNOSTIC | 15,869 | 211,673,354 | | 59 | 59 | | |
| 044 LABORATORY | 1,894 | 158,610,883 | | | | | |
| 049 RESPIRATORY THERAPY | 112 | 18,786,949 | | | | | |
| 049 01 WOUND CARE CENTER | 7,612 | 1,408,563 | | | | | |
| 050 PHYSICAL THERAPY | 4,177 | 26,641,120 | | | | | |
| 053 ELECTROCARDIOLOGY | 338 | 18,927,075 | | 122 | 122 | | |
| 053 01 CARDIAC CATH LAB | 58 | 39,517,812 | | | | | |
| 055 MEDICAL SUPPLIES CHAR | 4,130 | 78,074,667 | | | | | |
| 055 30 IMPL. DEV. CHARGED TO | | 39,565,414 | | | | | |
| 056 DRUGS CHARGED TO PATI | 23,115,305 | 157,816,197 | | | | 100 | |
| 057 RENAL DIALYSIS | 1,077 | 4,199,651 | | | | | |
| 059 BEHAVIORAL HEALTH SER | | 1,609,736 | | | | | |
| OUTPAT SERVICE COST C | | | | | | | |
| 060 CLINIC | 2,490 | 3,124,012 | | 58 | 58 | | |
| 060 01 CLINIC - FAMILY PRACT | 16,277 | 1,293,889 | | 3,955 | 3,955 | | |
| 060 02 OUTPATIENT PSYCHIATRI | | 3,324,630 | | | | | |
| 060 03 OUTPATIENT CHEMO | 16 | 5,994,518 | | | | | |
| 060 04 PRIMARY CARE SENIORS | 31,746 | 725,460 | | 73 | 73 | | |
| 061 EMERGENCY | 3,649 | 102,012,013 | 16 | 227 | 227 | | |
| 062 OBSERVATION BEDS (NON | | | | | | | |
| 062 01 OBSERVATION BEDS (DIS | 358 | 1,133,189 | | | | | |
| OTHER REIMBURS COST C | | | | | | | |
| 066 DURABLE MEDICAL EQUIP | 548,683 | 12,671,133 | | | | | |
| 071 HOME HEALTH AGENCY | 219 | 4,067,590 | | | | | |
| SPEC PURPOSE COST CEN | | | | | | | |
| 093 HOSPICE | 327,183 | 4,542,724 | | | | | |
| 095 SUBTOTALS | 24,176,259 | 1243,706,546 | 221 | 7,315 | 7,315 | 100 | 100 |
| NONREIMBURS COST CENT | | | | | | | |
| 096 GIFT, FLOWER, COFFEE | | | | | | | |
| 100 OTHER NONREIMBURSABLE | | | | | | | |
| 100 01 DEACONESS URGENT CARE | 72,249 | 5,699,109 | | | | | |
| 100 02 OCCUPATIONAL HEALTH | 148,844 | 3,030,613 | | | | | |
| 100 03 OTHER NONREIMBURSABLE | 8,111 | | | | | | |
| 100 04 OAKLAND CITY CLINIC | 28,553 | | | | | | |
| 100 05 THE HEART HOSPITAL | 990 | 108,046,043 | | | | | |
| 100 09 USI HEALTH CENTER | 20,322 | 1,093,429 | | | | | |
| 100 20 PHYSICIAN OFFICES | 21,804 | 19,785,464 | | | | | |
| 100 27 PUBLIC RELATIONS | | | | | | | |
| 100 31 WOMEN'S HOSPITAL/GATE | | 232,935 | | 554 | 554 | | |
| CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 COST TO BE ALLOCATED | 19,878,473 | 4,594,455 | 3,441,417 | 1,389,441 | 1,297,546 | 319,106 | 309,864 |
| (WRKSH B, PART I) | | | | | | | |
| 104 UNIT COST MULTIPLIER | | .003325 | | 176.571483 | | 3,191.060000 | |
| (WRKSH B, PT I) | .812124 | | 15,572.022624 | | 164.893379 | | 3,098.640000 |
| 105 COST TO BE ALLOCATED | | | | | | | |
| (WRKSH B, PART II) | | | | | | | |
| 106 UNIT COST MULTIPLIER | | | | | | | |
| (WRKSH B, PT II) | | | | | | | |

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0082
 PERIOD: FROM 10/ 1/2009 TO 9/30/2010
 PREPARED 10/ 3/2011
 WORKSHEET B-1

| | COST CENTER DESCRIPTION | PHARMACY | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | I&R SERVICES- SALARY & FRI | I&R SERVICES- OTHER PRGM C | PARAMED ED PR GM | PARAMED ED PR GM-(CHAPLIN |
|-----|---|--------------------|---------------------------|----------------|----------------------------|----------------------------|------------------|---------------------------|
| | | (COSTED REQ UIS.) | (GROSS REVENUE) | (HOURS - A) | (HOURS - B) | (HOURS - B) | (HOURS - C) | (HOURS - D) |
| 107 | COST TO BE ALLOCATED (WRKSHT B, PART III) | 1,260,260 | 447,287 | 228,173 | 61,768 | 65,038 | 14,129 | 20,418 |
| 108 | UNIT COST MULTIPLIER (WRKSHT B, PT III) | .051487 | .000324 | 1,032.457014 | 7.849536 | 8.265091 | 141.290000 | 204.180000 |

COST ALLOCATION - STATISTICAL BASIS

| COST CENTER DESCRIPTION | PARAMED ED PR GM-(NURSING) | (HOURS - F) |
|------------------------------|-------------------------------|--------------|
| | | 24.03 |
| 003 GENERAL SERVICE COST | | |
| 003 01 NEW CAP REL COSTS-BLD | | |
| 004 NEW CAP REL COSTS- BL | | |
| 005 NEW CAP REL COSTS-MVB | | |
| 006 EMPLOYEE BENEFITS | | |
| 008 ADMINISTRATIVE & GENE | | |
| 009 OPERATION OF PLANT | | |
| 010 LAUNDRY & LINEN SERVI | | |
| 011 HOUSEKEEPING | | |
| 012 DIETARY | | |
| 014 CAFETERIA | | |
| 015 NURSING ADMINISTRATION | | |
| 016 CENTRAL SERVICES & SU | | |
| 017 PHARMACY | | |
| 018 MEDICAL RECORDS & LIB | | |
| 022 SOCIAL SERVICE | | |
| 023 I&R SERVICES-SALARY & | | |
| 024 I&R SERVICES-OTHER PR | | |
| 024 01 PARAMED ED PRGM | | |
| 024 03 PARAMED ED PRGM-(CHAP | 15,736 | |
| 025 PARAMED ED PRGM-(NURS | | |
| 026 INPAT ROUTINE SRVC CN | | |
| 027 ADULTS & PEDIATRICS | 11,960 | |
| 028 INTENSIVE CARE UNIT | 1,106 | |
| 029 CORONARY CARE UNIT | 1,195 | |
| 031 BURN INTENSIVE CARE U | | |
| 033 SURGICAL INTENSIVE CA | | |
| 034 SUBPROVIDER | | |
| 037 NURSERY | | |
| 041 SKILLED NURSING FACIL | | |
| 044 ANCILLARY SRVC COST C | | |
| 049 OPERATING ROOM | 697 | |
| 049 01 RADIOLOGY-DIAGNOSTIC | | |
| 050 LABORATORY | | |
| 053 RESPIRATORY THERAPY | | |
| 053 01 WOUND CARE CENTER | | |
| 055 PHYSICAL THERAPY | | |
| 055 30 ELECTROCARDIOLOGY | | |
| 056 01 CARDIAC CATH LAB | | |
| 057 MEDICAL SUPPLIES CHAR | | |
| 059 30 IMPL. DEV. CHARGED TO | | |
| 060 DRUGS CHARGED TO PATI | | |
| 060 01 RENAL DIALYSIS | | |
| 060 02 BEHAVIORAL HEALTH SER | | |
| 060 03 OUTPAT SERVICE COST C | | |
| 060 04 CLINIC | | |
| 060 01 CLINIC - FAMILY PRACT | | |
| 060 02 OUTPATIENT PSYCHIATRI | | |
| 060 03 OUTPATIENT CHEMO | | |
| 060 04 PRIMARY CARE SENIORS | | |
| 061 EMERGENCY | 778 | |
| 062 OBSERVATION BEDS (NON | | |
| 062 01 OBSERVATION BEDS (DIS | | |
| 066 OTHER REIMBURS COST C | | |
| 071 DURABLE MEDICAL EQUIP | | |
| 093 HOME HEALTH AGENCY | | |
| 095 SPEC PURPOSE COST CEN | | |
| 096 HOSPICE | | |
| 096 SUBTOTALS | 15,736 | |
| 100 NONREIMBURS COST CENT | | |
| 100 GIFT, FLOWER, COFFEE | | |
| 100 01 OTHER NONREIMBURSABLE | | |
| 100 02 DEACONESS URGENT CARE | | |
| 100 03 OCCUPATIONAL HEALTH | | |
| 100 04 OTHER NONREIMBURSABLE | | |
| 100 05 OAKLAND CITY CLINIC | | |
| 100 06 THE HEART HOSPITAL | | |
| 100 07 USI HEALTH CENTER | | |
| 100 08 PHYSICIAN OFFICES | | |
| 100 09 PUBLIC RELATIONS | | |
| 100 10 WOMEN'S HOSPITAL/GATE | | |
| 101 CROSS FOOT ADJUSTMENT | | |
| 102 NEGATIVE COST CENTER | | |
| 103 COST TO BE ALLOCATED | 381,183 | |
| (PER WRKSHT B, PART | | |
| 104 UNIT COST MULTIPLIER | | |
| (WRKSHT B, PT I) | 24.223627 | |
| 105 COST TO BE ALLOCATED | | |
| (PER WRKSHT B, PART | | |
| 106 UNIT COST MULTIPLIER | | |
| (WRKSHT B, PT II) | | |

COST ALLOCATION - STATISTICAL BASIS

| | | |
|--------------|-----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| 15-0082 | FROM 10/ 1/2009 | WORKSHEET B-1 |
| | TO 9/30/2010 | |

| COST CENTER DESCRIPTION | PARAMED ED PR GM-(NURSING) (HOURS - F) |
|---|---|
| 107 COST TO BE ALLOCATED (PER WRKSHT B, PART | 24.03 19,000 |
| 108 UNIT COST MULTIPLIER (WRKSHT B, PT III) | 1.207422 |

COMPUTATION OF RATIO OF COSTS TO CHARGES

| 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 | 65,432,293 | | 65,432,293 | 51,383 | 65,483,676 |
| 26 | INTENSIVE CARE UNIT | 11,606,958 | | 11,606,958 | | 11,606,958 |
| 27 | CORONARY CARE UNIT | 8,495,592 | | 8,495,592 | | 8,495,592 |
| 28 | BURN INTENSIVE CARE UNIT | | | | | |
| 29 | SURGICAL INTENSIVE CARE U | | | | | |
| 31 | SUBPROVIDER | 1,980,529 | | 1,980,529 | 457 | 1,980,986 |
| 33 | NURSERY | | | | | |
| 34 | SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS | 2,844,743 | | 2,844,743 | | 2,844,743 |
| 37 | OPERATING ROOM | 43,821,619 | | 43,821,619 | 58,588 | 43,880,207 |
| 41 | RADIOLOGY-DIAGNOSTIC | 26,998,240 | | 26,998,240 | | 26,998,240 |
| 44 | LABORATORY | 35,963,036 | | 35,963,036 | 63,319 | 36,026,355 |
| 49 | RESPIRATORY THERAPY | 6,595,503 | | 6,595,503 | 4,090 | 6,599,593 |
| 49 | 01 WOUND CARE CENTER | 499,121 | | 499,121 | | 499,121 |
| 50 | PHYSICAL THERAPY | 6,900,999 | | 6,900,999 | | 6,900,999 |
| 53 | ELECTROCARDIOLOGY | 1,393,908 | | 1,393,908 | 198,499 | 1,592,407 |
| 53 | 01 CARDIAC CATH LAB | 3,418,425 | | 3,418,425 | | 3,418,425 |
| 55 | MEDICAL SUPPLIES CHARGED | 27,475,248 | | 27,475,248 | | 27,475,248 |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | 26,303,844 | | 26,303,844 | | 26,303,844 |
| 56 | DRUGS CHARGED TO PATIENTS | 37,525,010 | | 37,525,010 | 911 | 37,525,921 |
| 57 | RENAL DIALYSIS | 2,265,322 | | 2,265,322 | 3,302 | 2,268,624 |
| 59 | BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS | 1,084,542 | | 1,084,542 | | 1,084,542 |
| 60 | CLINIC | 2,263,173 | | 2,263,173 | 553 | 2,263,726 |
| 60 | 01 CLINIC - FAMILY PRACTICE | 2,795,820 | | 2,795,820 | | 2,795,820 |
| 60 | 02 OUTPATIENT PSYCHIATRIC SE | 1,072,173 | | 1,072,173 | | 1,072,173 |
| 60 | 03 OUTPATIENT CHEMO | 828,147 | | 828,147 | | 828,147 |
| 60 | 04 PRIMARY CARE SENIORS | 1,806,547 | | 1,806,547 | | 1,806,547 |
| 61 | EMERGENCY | 18,491,122 | | 18,491,122 | 268,905 | 18,760,027 |
| 62 | OBSERVATION BEDS (NON-DIS | 5,775,450 | | 5,775,450 | | 5,775,450 |
| 62 | 01 OBSERVATION BEDS (DISTINC OTHER REIMBURS COST CNTRS | 875,096 | | 875,096 | | 875,096 |
| 66 | DURABLE MEDICAL EQUIP-REN | 5,569,717 | | 5,569,717 | | 5,569,717 |
| 101 | SUBTOTAL | 350,082,177 | | 350,082,177 | 650,007 | 350,732,184 |
| 102 | LESS OBSERVATION BEDS | 5,775,450 | | 5,775,450 | | 5,775,450 |
| 103 | TOTAL | 344,306,727 | | 344,306,727 | 650,007 | 344,956,734 |

COMPUTATION OF RATIO OF COSTS TO CHARGES

| WKST A LINE NO. | COST CENTER DESCRIPTION | INPATIENT CHARGES 6 | OUTPATIENT CHARGES 7 | TOTAL CHARGES 8 | COST OR OTHER RATIO 9 | TEFRA INPAT- IENT RATIO 10 | PPS INPAT- IENT RATIO 11 |
|--------------------|--|---------------------------|----------------------------|-----------------------|-----------------------------|----------------------------------|--------------------------------|
| | INPAT ROUTINE SRVC CNTRS | | | | | | |
| 25 | ADULTS & PEDIATRICS | 97,974,005 | | 97,974,005 | | | |
| 26 | INTENSIVE CARE UNIT | 23,967,915 | | 23,967,915 | | | |
| 27 | CORONARY CARE UNIT | 18,011,937 | | 18,011,937 | | | |
| 28 | BURN INTENSIVE CARE UNIT | | | | | | |
| 29 | SURGICAL INTENSIVE CARE U | | | | | | |
| 31 | SUBPROVIDER | 3,598,000 | | 3,598,000 | | | |
| 33 | NURSERY | | | | | | |
| 34 | SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS | 3,111,215 | | 3,111,215 | | | |
| 37 | OPERATING ROOM | 66,148,317 | 127,400,630 | 193,548,947 | .226411 | .226411 | .226714 |
| 41 | RADIOLOGY-DIAGNOSTIC | 56,217,724 | 156,090,873 | 212,308,597 | .127165 | .127165 | .127165 |
| 44 | LABORATORY | 85,616,082 | 72,994,802 | 158,610,884 | .226738 | .226738 | .227137 |
| 49 | RESPIRATORY THERAPY | 12,360,787 | 6,426,162 | 18,786,949 | .351068 | .351068 | .351286 |
| 49 | 01 WOUND CARE CENTER | 9,087 | 1,399,477 | 1,408,564 | .354347 | .354347 | .354347 |
| 50 | PHYSICAL THERAPY | 19,432,335 | 7,208,785 | 26,641,120 | .259036 | .259036 | .259036 |
| 53 | ELECTROCARDIOLOGY | 12,348,896 | 6,578,179 | 18,927,075 | .073646 | .073646 | .084134 |
| 53 | 01 CARDIAC CATH LAB | 22,549,305 | 16,968,507 | 39,517,812 | .086503 | .086503 | .086503 |
| 55 | MEDICAL SUPPLIES CHARGED | 56,321,844 | 21,114,142 | 77,435,986 | .354812 | .354812 | .354812 |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | 28,097,632 | 11,467,782 | 39,565,414 | .664819 | .664819 | .664819 |
| 56 | DRUGS CHARGED TO PATIENTS | 108,406,887 | 49,409,310 | 157,816,197 | .237777 | .237777 | .237782 |
| 57 | RENAL DIALYSIS | 3,896,111 | 303,540 | 4,199,651 | .539407 | .539407 | .540193 |
| 59 | BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS | 844,419 | 765,317 | 1,609,736 | .673739 | .673739 | .673739 |
| 60 | CLINIC | 8,771 | 3,115,241 | 3,124,012 | .724444 | .724444 | .724621 |
| 60 | 01 CLINIC - FAMILY PRACTICE | 5,209 | 1,288,680 | 1,293,889 | 2.160788 | 2.160788 | 2.160788 |
| 60 | 02 OUTPATIENT PSYCHIATRIC SE | 10,619 | 3,314,011 | 3,324,630 | .322494 | .322494 | .322494 |
| 60 | 03 OUTPATIENT CHEMO | 86,056 | 5,908,461 | 5,994,517 | .138151 | .138151 | .138151 |
| 60 | 04 PRIMARY CARE SENIORS | 4,155 | 721,305 | 725,460 | 2.490209 | 2.490209 | 2.490209 |
| 61 | EMERGENCY | 39,562,271 | 62,449,741 | 102,012,012 | .181264 | .181264 | .183900 |
| 62 | OBSERVATION BEDS (NON-DIS | | 7,773,947 | 7,773,947 | .742924 | .742924 | .742924 |
| 62 | 01 OBSERVATION BEDS (DISTINC | 197,321 | 935,868 | 1,133,189 | .772242 | .772242 | .772242 |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | 12,674,572 | 12,674,572 | .439440 | .439440 | .439440 |
| 101 | SUBTOTAL | 658,786,900 | 576,309,332 | 1235,096,232 | | | |
| 102 | LESS OBSERVATION BEDS | | | | | | |
| 103 | TOTAL | 658,786,900 | 576,309,332 | 1235,096,232 | | | |

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0082
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 10/3/2011
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 | 66,093,369 | | 66,093,369 | 51,383 | 66,144,752 |
| 26 | INTENSIVE CARE UNIT | 11,664,324 | | 11,664,324 | | 11,664,324 |
| 27 | CORONARY CARE UNIT | 8,495,592 | | 8,495,592 | | 8,495,592 |
| 28 | BURN INTENSIVE CARE UNIT | | | | | |
| 29 | SURGICAL INTENSIVE CARE U | | | | | |
| 31 | SUBPROVIDER | 1,980,529 | | 1,980,529 | 457 | 1,980,986 |
| 33 | NURSERY | | | | | |
| 34 | SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS | 2,844,743 | | 2,844,743 | | 2,844,743 |
| 37 | OPERATING ROOM | 44,066,450 | | 44,066,450 | 58,588 | 44,125,038 |
| 41 | RADIOLOGY-DIAGNOSTIC | 27,018,387 | | 27,018,387 | | 27,018,387 |
| 44 | LABORATORY | 35,963,036 | | 35,963,036 | 63,319 | 36,026,355 |
| 49 | RESPIRATORY THERAPY | 6,595,503 | | 6,595,503 | 4,090 | 6,599,593 |
| 49 | 01 WOUND CARE CENTER | 499,121 | | 499,121 | | 499,121 |
| 50 | PHYSICAL THERAPY | 6,900,999 | | 6,900,999 | | 6,900,999 |
| 53 | ELECTROCARDIOLOGY | 1,435,567 | | 1,435,567 | 198,499 | 1,634,066 |
| 53 | 01 CARDIAC CATH LAB | 3,418,425 | | 3,418,425 | | 3,418,425 |
| 55 | MEDICAL SUPPLIES CHARGED | 27,475,248 | | 27,475,248 | | 27,475,248 |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | 26,303,844 | | 26,303,844 | | 26,303,844 |
| 56 | DRUGS CHARGED TO PATIENTS | 37,525,010 | | 37,525,010 | 911 | 37,525,921 |
| 57 | RENAL DIALYSIS | 2,265,322 | | 2,265,322 | 3,302 | 2,268,624 |
| 59 | BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS | 1,084,542 | | 1,084,542 | | 1,084,542 |
| 60 | CLINIC | 2,282,978 | | 2,282,978 | 553 | 2,283,531 |
| 60 | 01 CLINIC - FAMILY PRACTICE | 4,146,311 | | 4,146,311 | | 4,146,311 |
| 60 | 02 OUTPATIENT PSYCHIATRIC SE | 1,072,173 | | 1,072,173 | | 1,072,173 |
| 60 | 03 OUTPATIENT CHEMO | 828,147 | | 828,147 | | 828,147 |
| 60 | 04 PRIMARY CARE SENIORS | 1,831,474 | | 1,831,474 | | 1,831,474 |
| 61 | EMERGENCY | 18,568,635 | | 18,568,635 | 268,905 | 18,837,540 |
| 62 | OBSERVATION BEDS (NON-DIS | 5,775,450 | | 5,775,450 | | 5,775,450 |
| 62 | 01 OBSERVATION BEDS (DISTINC OTHER REIMBURS COST CNTRS | 875,096 | | 875,096 | | 875,096 |
| 66 | DURABLE MEDICAL EQUIP-REN | 5,569,717 | | 5,569,717 | | 5,569,717 |
| 101 | SUBTOTAL | 352,579,992 | | 352,579,992 | 650,007 | 353,229,999 |
| 102 | LESS OBSERVATION BEDS | 5,775,450 | | 5,775,450 | | 5,775,450 |
| 103 | TOTAL | 346,804,542 | | 346,804,542 | 650,007 | 347,454,549 |

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

| WKST A LINE NO. | COST CENTER DESCRIPTION | INPATIENT CHARGES 6 | OUTPATIENT CHARGES 7 | TOTAL CHARGES 8 | COST OR OTHER RATIO 9 | TEFRA INPAT- IENT RATIO 10 | PPS INPAT- IENT RATIO 11 |
|--------------------|--|---------------------------|----------------------------|-----------------------|-----------------------------|----------------------------------|--------------------------------|
| | INPAT ROUTINE SRVC CNTRS | | | | | | |
| 25 | ADULTS & PEDIATRICS | 97,974,005 | | 97,974,005 | | | |
| 26 | INTENSIVE CARE UNIT | 23,967,915 | | 23,967,915 | | | |
| 27 | CORONARY CARE UNIT | 18,011,937 | | 18,011,937 | | | |
| 28 | BURN INTENSIVE CARE UNIT | | | | | | |
| 29 | SURGICAL INTENSIVE CARE U | | | | | | |
| 31 | SUBPROVIDER | 3,598,000 | | 3,598,000 | | | |
| 33 | NURSERY | | | | | | |
| 34 | SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS | 3,111,215 | | 3,111,215 | | | |
| 37 | OPERATING ROOM | 66,148,317 | 127,400,630 | 193,548,947 | .227676 | .227676 | .227979 |
| 41 | RADIOLOGY-DIAGNOSTIC | 56,217,724 | 156,090,873 | 212,308,597 | .127260 | .127260 | .127260 |
| 44 | LABORATORY | 85,616,082 | 72,994,802 | 158,610,884 | .226738 | .226738 | .227137 |
| 49 | RESPIRATORY THERAPY | 12,360,787 | 6,426,162 | 18,786,949 | .351068 | .351068 | .351286 |
| 49 | 01 WOUND CARE CENTER | 9,087 | 1,399,477 | 1,408,564 | .354347 | .354347 | .354347 |
| 50 | PHYSICAL THERAPY | 19,432,335 | 7,208,785 | 26,641,120 | .259036 | .259036 | .259036 |
| 53 | ELECTROCARDIOLOGY | 12,348,896 | 6,578,179 | 18,927,075 | .075847 | .075847 | .086335 |
| 53 | 01 CARDIAC CATH LAB | 22,549,305 | 16,968,507 | 39,517,812 | .086503 | .086503 | .086503 |
| 55 | MEDICAL SUPPLIES CHARGED | 56,321,844 | 21,114,142 | 77,435,986 | .354812 | .354812 | .354812 |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | 28,097,632 | 11,467,782 | 39,565,414 | .664819 | .664819 | .664819 |
| 56 | DRUGS CHARGED TO PATIENTS | 108,406,887 | 49,409,310 | 157,816,197 | .237777 | .237777 | .237782 |
| 57 | RENAL DIALYSIS | 3,896,111 | 303,540 | 4,199,651 | .539407 | .539407 | .540193 |
| 59 | BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS | 844,419 | 765,317 | 1,609,736 | .673739 | .673739 | .673739 |
| 60 | CLINIC | 8,771 | 3,115,241 | 3,124,012 | .730784 | .730784 | .730961 |
| 60 | 01 CLINIC - FAMILY PRACTICE | 5,209 | 1,288,680 | 1,293,889 | 3.204534 | 3.204534 | 3.204534 |
| 60 | 02 OUTPATIENT PSYCHIATRIC SE | 10,619 | 3,314,011 | 3,324,630 | .322494 | .322494 | .322494 |
| 60 | 03 OUTPATIENT CHEMO | 86,056 | 5,908,461 | 5,994,517 | .138151 | .138151 | .138151 |
| 60 | 04 PRIMARY CARE SENIORS | 4,155 | 721,305 | 725,460 | 2.524569 | 2.524569 | 2.524569 |
| 61 | EMERGENCY | 39,562,271 | 62,449,741 | 102,012,012 | .182024 | .182024 | .184660 |
| 62 | OBSERVATION BEDS (NON-DIS | | 7,773,947 | 7,773,947 | .742924 | .742924 | .742924 |
| 62 | 01 OBSERVATION BEDS (DISTINC | 197,321 | 935,868 | 1,133,189 | .772242 | .772242 | .772242 |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | 12,674,572 | 12,674,572 | .439440 | .439440 | .439440 |
| 101 | SUBTOTAL | 658,786,900 | 576,309,332 | 1235,096,232 | | | |
| 102 | LESS OBSERVATION BEDS | | | | | | |
| 103 | TOTAL | 658,786,900 | 576,309,332 | 1235,096,232 | | | |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COST WKST B, PT I COL. 27 1 | CAPITAL COST WKST B PT II & III, COL. 27 2 | OPERATING COST NET OF CAPITAL COST 3 | CAPITAL REDUCTION 4 | OPERATING COST REDUCTION AMOUNT 5 | COST NET OF CAP AND OPER COST REDUCTION 6 |
|--------------------|--|--|---|---|---------------------------|--|--|
| 37 | ANCILLARY SRVC COST CNTRS | 43,821,619 | 7,413,081 | 36,408,538 | | | 43,821,619 |
| 41 | OPERATING ROOM | 26,998,240 | 4,844,053 | 22,154,187 | | | 26,998,240 |
| 44 | RADIOLOGY-DIAGNOSTIC | 35,963,036 | 3,192,442 | 32,770,594 | | | 35,963,036 |
| 49 | LABORATORY | 6,595,503 | 885,511 | 5,709,992 | | | 6,595,503 |
| 49 | RESPIRATORY THERAPY | 499,121 | 51,994 | 447,127 | | | 499,121 |
| 50 | WOUND CARE CENTER | 6,900,999 | 557,685 | 6,343,314 | | | 6,900,999 |
| 53 | PHYSICAL THERAPY | 1,393,908 | 147,898 | 1,246,010 | | | 1,393,908 |
| 53 | ELECTROCARDIOLOGY | 3,418,425 | 517,147 | 2,901,278 | | | 3,418,425 |
| 55 | CARDIAC CATH LAB | 27,475,248 | 1,396,576 | 26,078,672 | | | 27,475,248 |
| 55 | MEDICAL SUPPLIES CHARGED | 26,303,844 | 1,337,566 | 24,966,278 | | | 26,303,844 |
| 56 | IMPL. DEV. CHARGED TO PAT | 37,525,010 | 2,008,685 | 35,516,325 | | | 37,525,010 |
| 57 | DRUGS CHARGED TO PATIENTS | 2,265,322 | 157,083 | 2,108,239 | | | 2,265,322 |
| 59 | RENAL DIALYSIS | 1,084,542 | 48,730 | 1,035,812 | | | 1,084,542 |
| | BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | 2,263,173 | 210,099 | 2,053,074 | | | 2,263,173 |
| 60 | CLINIC - FAMILY PRACTICE | 2,795,820 | 430,773 | 2,365,047 | | | 2,795,820 |
| 60 | OUTPATIENT PSYCHIATRIC SE | 1,072,173 | 144,465 | 927,708 | | | 1,072,173 |
| 60 | OUTPATIENT CHEMO | 828,147 | 108,426 | 719,721 | | | 828,147 |
| 60 | PRIMARY CARE SENIORS | 1,806,547 | 121,332 | 1,685,215 | | | 1,806,547 |
| 61 | EMERGENCY | 18,491,122 | 1,687,065 | 16,804,057 | | | 18,491,122 |
| 62 | OBSERVATION BEDS (NON-DIS | 5,775,450 | 742,261 | 5,033,189 | | | 5,775,450 |
| 62 | OBSERVATION BEDS (DISTINC | 875,096 | 57,038 | 818,058 | | | 875,096 |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | 5,569,717 | 570,523 | 4,999,194 | | | 5,569,717 |
| 101 | SUBTOTAL | 259,722,062 | 26,630,433 | 233,091,629 | | | 259,722,062 |
| 102 | LESS OBSERVATION BEDS | 5,775,450 | 742,261 | 5,033,189 | | | 5,775,450 |
| 103 | TOTAL | 253,946,612 | 25,888,172 | 228,058,440 | | | 253,946,612 |

| WKST A LINE NO. | 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 | 193,548,947 | .226411 | .226411 |
| 41 | RADIOLOGY-DIAGNOSTIC | 212,308,597 | .127165 | .127165 |
| 44 | LABORATORY | 158,610,884 | .226738 | .226738 |
| 49 | RESPIRATORY THERAPY | 18,786,949 | .351068 | .351068 |
| 49 01 | WOUND CARE CENTER | 1,408,564 | .354347 | .354347 |
| 50 | PHYSICAL THERAPY | 26,641,120 | .259036 | .259036 |
| 53 | ELECTROCARDIOLOGY | 18,927,075 | .073646 | .073646 |
| 53 01 | CARDIAC CATH LAB | 39,517,812 | .086503 | .086503 |
| 55 | MEDICAL SUPPLIES CHARGED | 77,435,986 | .354812 | .354812 |
| 55 30 | IMPL. DEV. CHARGED TO PAT | 39,565,414 | .664819 | .664819 |
| 56 | DRUGS CHARGED TO PATIENTS | 157,816,197 | .237777 | .237777 |
| 57 | RENAL DIALYSIS | 4,199,651 | .539407 | .539407 |
| 59 | BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS | 1,609,736 | .673739 | .673739 |
| 60 | CLINIC | 3,124,012 | .724444 | .724444 |
| 60 01 | CLINIC - FAMILY PRACTICE | 1,293,889 | 2.160788 | 2.160788 |
| 60 02 | OUTPATIENT PSYCHIATRIC SE | 3,324,630 | .322494 | .322494 |
| 60 03 | OUTPATIENT CHEMO | 5,994,517 | .138151 | .138151 |
| 60 04 | PRIMARY CARE SENIORS | 725,460 | 2.490209 | 2.490209 |
| 61 | EMERGENCY | 102,012,012 | .181264 | .181264 |
| 62 | OBSERVATION BEDS (NON-DIS | 7,773,947 | .742924 | .742924 |
| 62 01 | OBSERVATION BEDS (DISTINC | 1,133,189 | .772242 | .772242 |
| | OTHER REIMBURS COST CNTRS | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | 12,674,572 | .439440 | .439440 |
| 101 | SUBTOTAL | 1088,433,160 | | |
| 102 | LESS OBSERVATION BEDS | 7,773,947 | | |
| 103 | TOTAL | 1080,659,213 | | |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COST WKST B, PT I COL. 27 1 | CAPITAL COST WKST B PT II & III, COL. 27 2 | OPERATING COST NET OF CAPITAL COST 3 | CAPITAL REDUCTION 4 | OPERATING COST REDUCTION AMOUNT 5 | COST NET OF CAP AND OPER COST REDUCTION 6 |
|--------------------|---|--|---|---|---------------------------|--|--|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| | OPERATING ROOM | 44,066,450 | 7,413,081 | 36,653,369 | 741,308 | 2,125,895 | 41,199,247 |
| 41 | RADIOLOGY-DIAGNOSTIC | 27,018,387 | 4,844,053 | 22,174,334 | 484,405 | 1,286,111 | 25,247,871 |
| 44 | LABORATORY | 35,963,036 | 3,192,442 | 32,770,594 | 319,244 | 1,900,694 | 33,743,098 |
| 49 | RESPIRATORY THERAPY | 6,595,503 | 885,511 | 5,709,992 | 88,551 | 331,180 | 6,175,772 |
| 49 | 01 WOUND CARE CENTER | 499,121 | 51,994 | 447,127 | 5,199 | 25,933 | 467,989 |
| 50 | PHYSICAL THERAPY | 6,900,999 | 557,685 | 6,343,314 | 55,769 | 367,912 | 6,477,318 |
| 53 | ELECTROCARDIOLOGY | 1,435,567 | 147,898 | 1,287,669 | 14,790 | 74,685 | 1,346,092 |
| 53 | 01 CARDIAC CATH LAB | 3,418,425 | 517,147 | 2,901,278 | 51,715 | 168,274 | 3,198,436 |
| 55 | MEDICAL SUPPLIES CHARGED | 27,475,248 | 1,396,576 | 26,078,672 | 139,658 | 1,512,563 | 25,823,027 |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | 26,303,844 | 1,337,566 | 24,966,278 | 133,757 | 1,448,044 | 24,722,043 |
| 56 | DRUGS CHARGED TO PATIENTS | 37,525,010 | 2,008,685 | 35,516,325 | 200,869 | 2,059,947 | 35,264,194 |
| 57 | RENAL DIALYSIS | 2,265,322 | 157,083 | 2,108,239 | 15,708 | 122,278 | 2,127,336 |
| 59 | BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS | 1,084,542 | 48,730 | 1,035,812 | 4,873 | 60,077 | 1,019,592 |
| 60 | CLINIC | 2,282,978 | 210,099 | 2,072,879 | 21,010 | 120,227 | 2,141,741 |
| 60 | 01 CLINIC - FAMILY PRACTICE | 4,146,311 | 430,773 | 3,715,538 | 43,077 | 215,501 | 3,887,733 |
| 60 | 02 OUTPATIENT PSYCHIATRIC SE | 1,072,173 | 144,465 | 927,708 | 14,447 | 53,807 | 1,003,919 |
| 60 | 03 OUTPATIENT CHEMO | 828,147 | 108,426 | 719,721 | 10,843 | 41,744 | 775,560 |
| 60 | 04 PRIMARY CARE SENIORS | 1,831,474 | 121,332 | 1,710,142 | 12,133 | 99,188 | 1,720,153 |
| 61 | EMERGENCY | 18,568,635 | 1,687,065 | 16,881,570 | 168,707 | 979,131 | 17,420,797 |
| 62 | OBSERVATION BEDS (NON-DIS | 5,775,450 | 742,261 | 5,033,189 | 74,226 | 291,925 | 5,409,299 |
| 62 | 01 OBSERVATION BEDS (DISTINC OTHER REIMBURS COST CNTRS | 875,096 | 57,038 | 818,058 | 5,704 | 47,447 | 821,945 |
| 66 | DURABLE MEDICAL EQUIP-REN | 5,569,717 | 570,523 | 4,999,194 | 57,052 | 289,953 | 5,222,712 |
| 101 | SUBTOTAL | 261,501,435 | 26,630,433 | 234,871,002 | 2,663,045 | 13,622,516 | 245,215,874 |
| 102 | LESS OBSERVATION BEDS | 5,775,450 | 742,261 | 5,033,189 | 74,226 | 291,925 | 5,409,299 |
| 103 | TOTAL | 255,725,985 | 25,888,172 | 229,837,813 | 2,588,819 | 13,330,591 | 239,806,575 |

| WKST A LINE NO. | 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 | 193,548,947 | .212862 | .223846 |
| 41 | RADIOLOGY-DIAGNOSTIC | 212,308,597 | .118921 | .124978 |
| 44 | LABORATORY | 158,610,884 | .212741 | .224725 |
| 49 | RESPIRATORY THERAPY | 18,786,949 | .328727 | .346355 |
| 49 01 | WOUND CARE CENTER | 1,408,564 | .332245 | .350656 |
| 50 | PHYSICAL THERAPY | 26,641,120 | .243132 | .256942 |
| 53 | ELECTROCARDIOLOGY | 18,927,075 | .071120 | .075066 |
| 53 01 | CARDIAC CATH LAB | 39,517,812 | .080937 | .085195 |
| 55 | MEDICAL SUPPLIES CHARGED | 77,435,986 | .333476 | .353009 |
| 55 30 | IMPL. DEV. CHARGED TO PAT | 39,565,414 | .624840 | .661438 |
| 56 | DRUGS CHARGED TO PATIENTS | 157,816,197 | .223451 | .236504 |
| 57 | RENAL DIALYSIS | 4,199,651 | .506551 | .535667 |
| 59 | BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS | 1,609,736 | .633391 | .670712 |
| 60 | CLINIC | 3,124,012 | .685574 | .724059 |
| 60 01 | CLINIC - FAMILY PRACTICE | 1,293,889 | 3.004688 | 3.171241 |
| 60 02 | OUTPATIENT PSYCHIATRIC SE | 3,324,630 | .301964 | .318148 |
| 60 03 | OUTPATIENT CHEMO | 5,994,517 | .129378 | .136342 |
| 60 04 | PRIMARY CARE SENIORS | 725,460 | 2.371120 | 2.507845 |
| 61 | EMERGENCY | 102,012,012 | .170772 | .180370 |
| 62 | OBSERVATION BEDS (NON-DIS | 7,773,947 | .695824 | .733376 |
| 62 01 | OBSERVATION BEDS (DISTINC OTHER REIMBURS COST CNTRS | 1,133,189 | .725338 | .767208 |
| 66 | DURABLE MEDICAL EQUIP-REN | 12,674,572 | .412062 | .434939 |
| 101 | SUBTOTAL | 1088,433,160 | | |
| 102 | LESS OBSERVATION BEDS | 7,773,947 | | |
| 103 | TOTAL | 1080,659,213 | | |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 10/3/2011 WORKSHEET D PART I
 PPS

TITLE XVIII, PART A

| WKST A LINE NO. | COST CENTER DESCRIPTION | OLD CAPITAL | | | NEW CAPITAL | | |
|--------------------|---------------------------|----------------------------------|------------------------------|----------------------------------|-----------------------------------|------------------------------|----------------------------------|
| | | CAPITAL REL COST (B, 11) 1 | SWING BED ADJUSTMENT 2 | REDUCED CAP RELATED COST 3 | CAPITAL REL COST (B, 111) 4 | SWING BED ADJUSTMENT 5 | REDUCED CAP RELATED COST 6 |
| | INPAT ROUTINE SRVC CNTRS | | | | | | |
| 25 | ADULTS & PEDIATRICS | | | | 8,415,937 | | 8,415,937 |
| 26 | INTENSIVE CARE UNIT | | | | 1,140,497 | | 1,140,497 |
| 27 | CORONARY CARE UNIT | | | | 811,999 | | 811,999 |
| 28 | BURN INTENSIVE CARE UNIT | | | | | | |
| 29 | SURGICAL INTENSIVE CARE U | | | | | | |
| 31 | SUBPROVIDER | | | | 245,409 | | 245,409 |
| 33 | NURSERY | | | | | | |
| 101 | TOTAL | | | | 10,613,842 | | 10,613,842 |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082 PERIOD: FROM 10/ 1/2009 TO 9/30/2010 PREPARED 10/ 3/2011 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL PATIENT DAYS 7 | INPATIENT PROGRAM DAYS 8 | OLD CAPITAL PER DIEM 9 | INPAT PROGRAM OLD CAP CST 10 | NEW CAPITAL PER DIEM 11 | INPAT PROGRAM NEW CAP CST 12 |
|--------------------|---|----------------------------|--------------------------------|------------------------------|------------------------------------|-------------------------------|------------------------------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | 102,453 | 44,661 | | | 82.14 | 3,668,455 |
| 26 | INTENSIVE CARE UNIT | 9,938 | 4,578 | | | 114.76 | 525,371 |
| 27 | CORONARY CARE UNIT | 7,190 | 3,992 | | | 112.93 | 450,817 |
| 28 | BURN INTENSIVE CARE UNIT | | | | | | |
| 29 | SURGICAL INTENSIVE CARE U | | | | | | |
| 31 | SUBPROVIDER | 2,149 | 1,031 | | | 114.20 | 117,740 |
| 33 | NURSERY | | | | | | |
| 101 | TOTAL | 121,730 | 54,262 | | | | 4,762,383 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082
 COMPONENT NO: 15-0082
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 10/3/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OLD CAPITAL RELATED COST 1 | NEW CAPITAL RELATED COST 2 | TOTAL CHARGES 3 | INPAT PROGRAM CHARGES 4 | OLD CAPITAL CST/CHRG RATIO 5 | CAPITAL COSTS 6 |
|--------------------|--|----------------------------------|----------------------------------|-----------------------|-------------------------------|------------------------------------|-----------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| | OPERATING ROOM | | 7,413,081 | 193,548,947 | 25,217,341 | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | 4,844,053 | 212,308,597 | 27,583,767 | | |
| 44 | LABORATORY | | 3,192,442 | 158,610,884 | 42,836,460 | | |
| 49 | RESPIRATORY THERAPY | | 885,511 | 18,786,949 | 5,795,327 | | |
| 49 01 | WOUND CARE CENTER | | 51,994 | 1,408,564 | 2,213 | | |
| 50 | PHYSICAL THERAPY | | 557,685 | 26,641,120 | 9,673,628 | | |
| 53 | ELECTROCARDIOLOGY | | 147,898 | 18,927,075 | 6,898,297 | | |
| 53 01 | CARDIAC CATH LAB | | 517,147 | 39,517,812 | 9,974,543 | | |
| 55 | MEDICAL SUPPLIES CHARGED | | 1,396,576 | 77,435,986 | 26,352,748 | | |
| 55 30 | IMPL. DEV. CHARGED TO PAT | | 1,337,566 | 39,565,414 | 13,479,627 | | |
| 56 | DRUGS CHARGED TO PATIENTS | | 2,008,685 | 157,816,197 | 49,023,239 | | |
| 57 | RENAL DIALYSIS | | 157,083 | 4,199,651 | 3,048,231 | | |
| 59 | BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS | | 48,730 | 1,609,736 | 96,928 | | |
| 60 | CLINIC | | 210,099 | 3,124,012 | 4,519 | | |
| 60 01 | CLINIC - FAMILY PRACTICE | | 430,773 | 1,293,889 | | | |
| 60 02 | OUTPATIENT PSYCHIATRIC SE | | 144,465 | 3,324,630 | 1,605 | | |
| 60 03 | OUTPATIENT CHEMO | | 108,426 | 5,994,517 | 34,544 | | |
| 60 04 | PRIMARY CARE SENIORS | | 121,332 | 725,460 | 2,571 | | |
| 61 | EMERGENCY | | 1,687,065 | 102,012,012 | 17,364,681 | | |
| 62 | OBSERVATION BEDS (NON-DIS | | 742,261 | 7,773,947 | | | |
| 62 01 | OBSERVATION BEDS (DISTINC | | 57,038 | 1,133,189 | 9,164 | | |
| 66 | OTHER REIMBURS COST CNTRS | | 570,523 | 12,674,572 | | | |
| 101 | DURABLE MEDICAL EQUIP-REN TOTAL | | 26,630,433 | 1088,433,160 | 237,399,433 | | |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 COMPONENT NO: 15-0082
 PREPARED 10/3/2011
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

| WKST A LINE NO. | COST CENTER DESCRIPTION | NEW CAPITAL CST/CHRG RATIO | COSTS |
|--------------------|--|-------------------------------|-----------|
| | | 7 | 8 |
| 37 | ANCILLARY SRVC COST CNTRS | | |
| | OPERATING ROOM | .038301 | 965,849 |
| 41 | RADIOLOGY-DIAGNOSTIC | .022816 | 629,351 |
| 44 | LABORATORY | .020128 | 862,212 |
| 49 | RESPIRATORY THERAPY | .047134 | 273,157 |
| 49 01 | WOUND CARE CENTER | .036913 | 82 |
| 50 | PHYSICAL THERAPY | .020933 | 202,498 |
| 53 | ELECTROCARDIOLOGY | .007814 | 53,903 |
| 53 01 | CARDIAC CATH LAB | .013086 | 130,527 |
| 55 | MEDICAL SUPPLIES CHARGED | .018035 | 475,272 |
| 55 30 | IMPL. DEV. CHARGED TO PAT | .033806 | 455,692 |
| 56 | DRUGS CHARGED TO PATIENTS | .012728 | 623,968 |
| 57 | RENAL DIALYSIS | .037404 | 114,016 |
| 59 | BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS | .030272 | 2,934 |
| 60 | CLINIC | .067253 | 304 |
| 60 01 | CLINIC - FAMILY PRACTICE | .332929 | |
| 60 02 | OUTPATIENT PSYCHIATRIC SE | .043453 | 70 |
| 60 03 | OUTPATIENT CHEMO | .018088 | 625 |
| 60 04 | PRIMARY CARE SENIORS | .167248 | 430 |
| 61 | EMERGENCY | .016538 | 287,177 |
| 62 | OBSERVATION BEDS (NON-DIS | .095481 | |
| 62 01 | OBSERVATION BEDS (DISTINC | .050334 | 461 |
| 66 | OTHER REIMBURS COST CNTRS | | |
| | DURABLE MEDICAL EQUIP-REN | .045013 | |
| 101 | TOTAL | | 5,078,528 |

PROVIDER NO: 15-0082
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 10/3/2011 WORKSHEET D PART III
 PPS

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

| WKST A LINE NO. | COST CENTER DESCRIPTION | NONPHYSICIAN ANESTHETIST 1 | MED ED NRS SCHOOL COST 2 | MED ED ALLIED HEALTH COST 2.01 | MED ED ALL OTHER COSTS 2.02 | SWING BED ADJ AMOUNT 3 | TOTAL COSTS 4 |
|--------------------|---|----------------------------------|--------------------------------|--------------------------------------|-----------------------------------|------------------------------|---------------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | | | 599,579 | | | 599,579 |
| 26 | INTENSIVE CARE UNIT | | | 26,791 | | | 26,791 |
| 27 | CORONARY CARE UNIT | | | 28,947 | | | 28,947 |
| 28 | BURN INTENSIVE CARE UNIT | | | | | | |
| 29 | SURGICAL INTENSIVE CARE U | | | | | | |
| 31 | SUBPROVIDER | | | | | | |
| 33 | NURSERY | | | | | | |
| 34 | SKILLED NURSING FACILITY | | | | | | |
| 101 | TOTAL | | | 655,317 | | | 655,317 |

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

PROVIDER NO: 15-0082
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 10/3/2011
WORKSHEET D
PART III

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL PATIENT DAYS | PER DIEM | INPAT PROG DAYS | INPAT PROG PASS THRU COST |
|--------------------|---------------------------|-----------------------|----------|--------------------|------------------------------|
| | | 5 | 6 | 7 | 8 |
| 25 | ADULTS & PEDIATRICS | 102,453 | 5.85 | 44,661 | 261,267 |
| 26 | INTENSIVE CARE UNIT | 9,938 | 2.70 | 4,578 | 12,361 |
| 27 | CORONARY CARE UNIT | 7,190 | 4.03 | 3,992 | 16,088 |
| 28 | BURN INTENSIVE CARE UNIT | | | | |
| 29 | SURGICAL INTENSIVE CARE U | | | | |
| 31 | SUBPROVIDER | 2,149 | | 1,031 | |
| 33 | NURSERY | | | | |
| 34 | SKILLED NURSING FACILITY | 5,314 | | 4,086 | |
| 101 | TOTAL | 127,044 | | 58,348 | 289,716 |

TITLE XVIII, PART A

HOSPITAL

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COSTS 3 | O/P PASS THRU COSTS 3.01 | TOTAL CHARGES 4 | RATIO OF COST TO CHARGES 5 | O/P RATIO OF CST TO CHARGES 5.01 | INPAT PROG CHARGE 6 | INPAT PROG PASS THRU COST 7 |
|--------------------|---|---------------------|-----------------------------------|-----------------------|----------------------------------|--|---------------------------|-----------------------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | | |
| 41 | OPERATING ROOM | 16,884 | 16,884 | 193,548,947 | .000087 | .000087 | 25,217,341 | 2,194 |
| 44 | RADIOLOGY-DIAGNOSTIC | | | 212,308,597 | | | 27,583,767 | |
| 49 | LABORATORY | | | 158,610,884 | | | 42,836,460 | |
| 49 | RESPIRATORY THERAPY | | | 18,786,949 | | | 5,795,327 | |
| 49 | 01 WOUND CARE CENTER | | | 1,408,564 | | | 2,213 | |
| 50 | PHYSICAL THERAPY | | | 26,641,120 | | | 9,673,628 | |
| 53 | ELECTROCARDIOLOGY | | | 18,927,075 | | | 6,898,297 | |
| 53 | 01 CARDIAC CATH LAB | | | 39,517,812 | | | 9,974,543 | |
| 55 | MEDICAL SUPPLIES CHARGED | | | 77,435,986 | | | 26,352,748 | |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | | | 39,565,414 | | | 13,479,627 | |
| 56 | DRUGS CHARGED TO PATIENTS | 319,106 | 319,106 | 157,816,197 | .002022 | .002022 | 49,023,239 | 99,125 |
| 57 | RENAL DIALYSIS | | | 4,199,651 | | | 3,048,231 | |
| 59 | BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS | | | 1,609,736 | | | 96,928 | |
| 60 | CLINIC | | | 3,124,012 | | | 4,519 | |
| 60 | 01 CLINIC - FAMILY PRACTICE | | | 1,293,889 | | | | |
| 60 | 02 OUTPATIENT PSYCHIATRIC SE | | | 3,324,630 | | | 1,605 | |
| 60 | 03 OUTPATIENT CHEMO | | | 5,994,517 | | | 34,544 | |
| 60 | 04 PRIMARY CARE SENIORS | | | 725,460 | | | 2,571 | |
| 61 | EMERGENCY | 18,846 | 18,846 | 102,012,012 | .000185 | .000185 | 17,364,681 | 3,212 |
| 62 | OBSERVATION BEDS (NON-DIS | 52,880 | 52,880 | 7,773,947 | .006802 | .006802 | | |
| 62 | 01 OBSERVATION BEDS (DISTINC OTHER REIMBURS COST CNTRS | | | 1,133,189 | | | 9,164 | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | 12,674,572 | | | | |
| 101 | TOTAL | 407,716 | 407,716 | 1088,433,160 | | | 237,399,433 | 104,531 |

TITLE XVIII, PART A

HOSPITAL

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OUTPAT PROG CHARGES 8 | OUTPAT PROG D, V COL 5.03 8.01 | OUTPAT PROG D, V COL 5.04 8.02 | OUTPAT PROG PASS THRU COST 9 | COL 8.01 * COL 5 9.01 | COL 8.02 * COL 5 9.02 |
|--------------------|--|-----------------------------|--------------------------------------|--------------------------------------|------------------------------------|-----------------------------|-----------------------------|
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | 21,341,832 | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 37,872,848 | | | | | |
| 44 | LABORATORY | 2,338,952 | | | | | |
| 49 | RESPIRATORY THERAPY | 1,440,378 | | | | | |
| 49 01 | WOUND CARE CENTER | 709,194 | | | | | |
| 50 | PHYSICAL THERAPY | 17,463 | | | | | |
| 53 | ELECTROCARDIOLOGY | 1,760,585 | | | | | |
| 53 01 | CARDIAC CATH LAB | 7,304,487 | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 7,655,988 | | | | | |
| 55 30 | IMPL. DEV. CHARGED TO PAT | 3,962,203 | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | 19,907,690 | | | | 40,253 | |
| 57 | RENAL DIALYSIS | 256,316 | | | | | |
| 59 | BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS | 90,427 | | | | | |
| 60 | CLINIC | 1,170,258 | | | | | |
| 60 01 | CLINIC - FAMILY PRACTICE | 86,818 | | | | | |
| 60 02 | OUTPATIENT PSYCHIATRIC SE | 271,485 | | | | | |
| 60 03 | OUTPATIENT CHEMO | 2,466,556 | | | | | |
| 60 04 | PRIMARY CARE SENIORS | 436,094 | | | | | |
| 61 | EMERGENCY | 11,285,233 | | | | 2,088 | |
| 62 | OBSERVATION BEDS (NON-DIS | 2,047,612 | | | | 13,928 | |
| 62 01 | OBSERVATION BEDS (DISTINC | 86,221 | | | | | |
| 66 | OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-REN | | | | | | |
| 101 | TOTAL | 122,508,640 | | | | 58,126 | |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011
 | 15-0082 | FROM 10/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 9/30/2010 | PART V
 | 15-0082 | |

TITLE XVIII, PART B

HOSPITAL

| Cost Center Description | Cost/Charge Ratio (C, Pt I, col. 9) | Cost/Charge Ratio (C, Pt II, col. 9) | Outpatient Ambulatory Surgical Ctr | Outpatient Radiology | Other Outpatient Diagnostic |
|---|-------------------------------------|--------------------------------------|------------------------------------|----------------------|-----------------------------|
| | 1 | 1.02 | 2 | 3 | 4 |
| (A) ANCILLARY SRVC COST CNTRS | | | | | |
| 37 OPERATING ROOM | .226411 | .226411 | | | |
| 41 RADIOLOGY-DIAGNOSTIC | .127165 | .127165 | | | |
| 44 LABORATORY | .226738 | .226738 | | | |
| 49 RESPIRATORY THERAPY | .351068 | .351068 | | | |
| 49 01 WOUND CARE CENTER | .354347 | .354347 | | | |
| 50 PHYSICAL THERAPY | .259036 | .259036 | | | |
| 53 ELECTROCARDIOLOGY | .073646 | .073646 | | | |
| 53 01 CARDIAC CATH LAB | .086503 | .086503 | | | |
| 55 MEDICAL SUPPLIES CHARGED TO PATIENTS | .354812 | .354812 | | | |
| 55 30 IMPL. DEV. CHARGED TO PATIENT | .664819 | .664819 | | | |
| 56 DRUGS CHARGED TO PATIENTS | .237777 | .237777 | | | |
| 57 RENAL DIALYSIS | .539407 | .539407 | | | |
| 59 BEHAVIORAL HEALTH SERVICES | .673739 | .673739 | | | |
| 60 OUTPAT SERVICE COST CNTRS | | | | | |
| 60 CLINIC | .724444 | .724444 | | | |
| 60 01 CLINIC - FAMILY PRACTICE | 2.160788 | 2.160788 | | | |
| 60 02 OUTPATIENT PSYCHIATRIC SERVICES | .322494 | .322494 | | | |
| 60 03 OUTPATIENT CHEMO | .138151 | .138151 | | | |
| 60 04 PRIMARY CARE SENIORS | 2.490209 | 2.490209 | | | |
| 61 EMERGENCY | .181264 | .181264 | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT PART) | .742924 | .742924 | | | |
| 62 01 OBSERVATION BEDS (DISTINCT PART) CVS | .772242 | .772242 | | | |
| 66 OTHER REIMBURS COST CNTRS | | | | | |
| 101 DURABLE MEDICAL EQUIP-RENTED | .439440 | .439440 | | | |
| 102 SUBTOTAL | | | | | |
| 102 CRNA CHARGES | | | | | |
| 103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES | | | | | |
| 104 NET CHARGES | | | | | |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011
 | 15-0082 | FROM 10/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 9/30/2010 | PART V
 | 15-0082 | |

TITLE XVIII, PART B

HOSPITAL

PPS Services Hospital I/P Hospital I/P
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 41 RADIOLOGY-DIAGNOSTIC
- 44 LABORATORY
- 49 RESPIRATORY THERAPY
- 49 01 WOUND CARE CENTER
- 50 PHYSICAL THERAPY
- 53 ELECTROCARDIOLOGY
- 53 01 CARDIAC CATH LAB
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 55 30 IMPL. DEV. CHARGED TO PATIENT
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 59 BEHAVIORAL HEALTH SERVICES
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 60 01 CLINIC - FAMILY PRACTICE
- 60 02 OUTPATIENT PSYCHIATRIC SERVICES
- 60 03 OUTPATIENT CHEMO
- 60 04 PRIMARY CARE SENIORS
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 62 01 OBSERVATION BEDS (DISTINCT PART) CVS
- OTHER REIMBURS COST CNTRS
- 66 DURABLE MEDICAL EQUIP-RENTED
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

| | | |
|---------------|-----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| 15-0082 | FROM 10/ 1/2009 | WORKSHEET D |
| COMPONENT NO: | TO 9/30/2010 | PART VI |
| 15-0082 | | |

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

| | |
|---|--|
| 1 | DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES |
| 2 | PROGRAM VACCINE CHARGES |
| 3 | PROGRAM COSTS |

| | |
|---|--------|
| 1 | .23777 |
| | 98,001 |
| | 23,302 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082
 COMPONENT NO: 15-S082
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 10/3/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OLD CAPITAL RELATED COST 1 | NEW CAPITAL RELATED COST 2 | TOTAL CHARGES 3 | INPAT PROGRAM CHARGES 4 | OLD CAPITAL CST/CHRG RATIO 5 | CAPITAL COSTS 6 |
|--------------------|--|----------------------------------|----------------------------------|-----------------------|-------------------------------|------------------------------------|-----------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| | OPERATING ROOM | | 7,413,081 | 193,548,947 | 61,759 | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | 4,844,053 | 212,308,597 | 25,355 | | |
| 44 | LABORATORY | | 3,192,442 | 158,610,884 | 119,246 | | |
| 49 | RESPIRATORY THERAPY | | 885,511 | 18,786,949 | 186 | | |
| 49 01 | WOUND CARE CENTER | | 51,994 | 1,408,564 | | | |
| 50 | PHYSICAL THERAPY | | 557,685 | 26,641,120 | 3,825 | | |
| 53 | ELECTROCARDIOLOGY | | 147,898 | 18,927,075 | 7,551 | | |
| 53 01 | CARDIAC CATH LAB | | 517,147 | 39,517,812 | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | 1,396,576 | 77,435,986 | 9,632 | | |
| 55 30 | IMPL. DEV. CHARGED TO PAT | | 1,337,566 | 39,565,414 | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | 2,008,685 | 157,816,197 | 225,167 | | |
| 57 | RENAL DIALYSIS | | 157,083 | 4,199,651 | | | |
| 59 | BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS | | 48,730 | 1,609,736 | 23,209 | | |
| 60 | CLINIC | | 210,099 | 3,124,012 | | | |
| 60 01 | CLINIC - FAMILY PRACTICE | | 430,773 | 1,293,889 | | | |
| 60 02 | OUTPATIENT PSYCHIATRIC SE | | 144,465 | 3,324,630 | | | |
| 60 03 | OUTPATIENT CHEMO | | 108,426 | 5,994,517 | | | |
| 60 04 | PRIMARY CARE SENIORS | | 121,332 | 725,460 | | | |
| 61 | EMERGENCY | | 1,687,065 | 102,012,012 | 89,363 | | |
| 62 | OBSERVATION BEDS (NON-DIS | | 742,261 | 7,773,947 | | | |
| 62 01 | OBSERVATION BEDS (DISTINC | | 57,038 | 1,133,189 | | | |
| 66 | OTHER REIMBURS COST CNTRS | | 570,523 | 12,674,572 | | | |
| 101 | DURABLE MEDICAL EQUIP-REN TOTAL | | 26,630,433 | 1088,433,160 | 565,293 | | |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 COMPONENT NO: 15-S082
 PREPARED 10/3/2011
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

| WKST A LINE NO. | COST CENTER DESCRIPTION | NEW CAPITAL CST/CHRG RATIO | COSTS |
|--------------------|--|-------------------------------|--------|
| | | 7 | 8 |
| 37 | ANCILLARY SRVC COST CNTRS | | |
| | OPERATING ROOM | .038301 | 2,365 |
| 41 | RADIOLOGY-DIAGNOSTIC | .022816 | 578 |
| 44 | LABORATORY | .020128 | 2,400 |
| 49 | RESPIRATORY THERAPY | .047134 | 9 |
| 49 01 | WOUND CARE CENTER | .036913 | |
| 50 | PHYSICAL THERAPY | .020933 | 80 |
| 53 | ELECTROCARDIOLOGY | .007814 | 59 |
| 53 01 | CARDIAC CATH LAB | .013086 | |
| 55 | MEDICAL SUPPLIES CHARGED | .018035 | 174 |
| 55 30 | IMPL. DEV. CHARGED TO PAT | .033806 | |
| 56 | DRUGS CHARGED TO PATIENTS | .012728 | 2,866 |
| 57 | RENAL DIALYSIS | .037404 | |
| 59 | BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS | .030272 | 703 |
| 60 | CLINIC | .067253 | |
| 60 01 | CLINIC - FAMILY PRACTICE | .332929 | |
| 60 02 | OUTPATIENT PSYCHIATRIC SE | .043453 | |
| 60 03 | OUTPATIENT CHEMO | .018088 | |
| 60 04 | PRIMARY CARE SENIORS | .167248 | |
| 61 | EMERGENCY | .016538 | 1,478 |
| 62 | OBSERVATION BEDS (NON-DIS | .095481 | |
| 62 01 | OBSERVATION BEDS (DISTINC | .050334 | |
| 66 | OTHER REIMBURS COST CNTRS | | |
| 66 | DURABLE MEDICAL EQUIP-REN | .045013 | |
| 101 | TOTAL | | 10,712 |

TITLE XVIII, PART A SUBPROVIDER 1

| WKST A LINE NO. | COST CENTER DESCRIPTION | NONPHYSICIAN ANESTHETIST | 1.01 | MED ED NRS SCHOOL COST | 2 | MED ED ALLIED HEALTH COST | 2.01 | MED ED ALL OTHER COSTS | 2.02 | BLOOD CLOT FOR HEMOPHILIACS | 2.03 |
|--------------------|--|-----------------------------|------|---------------------------|---|------------------------------|---------|---------------------------|------|--------------------------------|------|
| 37 | ANCILLARY SRVC COST CNTRS OPERATING ROOM | | | | | | 16,884 | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | | | | | | |
| 44 | LABORATORY | | | | | | | | | | |
| 49 | RESPIRATORY THERAPY | | | | | | | | | | |
| 49 01 | WOUND CARE CENTER | | | | | | | | | | |
| 50 | PHYSICAL THERAPY | | | | | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | | | | | |
| 53 01 | CARDIAC CATH LAB | | | | | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | | | | | | |
| 55 30 | IMPL. DEV. CHARGED TO PAT | | | | | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | 319,106 | | | | |
| 57 | RENAL DIALYSIS | | | | | | | | | | |
| 59 | BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS | | | | | | | | | | |
| 60 | CLINIC | | | | | | | | | | |
| 60 01 | CLINIC - FAMILY PRACTICE | | | | | | | | | | |
| 60 02 | OUTPATIENT PSYCHIATRIC SE | | | | | | | | | | |
| 60 03 | OUTPATIENT CHEMO | | | | | | | | | | |
| 60 04 | PRIMARY CARE SENIORS | | | | | | | | | | |
| 61 | EMERGENCY | | | | | | 18,846 | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | | 52,880 | | | | |
| 62 01 | OBSERVATION BEDS (DISTINC | | | | | | | | | | |
| 66 | OTHER REIMBURS COST CNTRS | | | | | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | | | | | |
| 101 | TOTAL | | | | | | 407,716 | | | | |

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COSTS 3 | O/P PASS THRU COSTS 3.01 | TOTAL CHARGES 4 | RATIO OF COST TO CHARGES 5 | O/P RATIO OF CST TO CHARGES 5.01 | INPAT PROG CHARGE 6 | INPAT PROG PASS THRU COST 7 |
|--------------------|---|---------------------|--------------------------------|-----------------------|----------------------------------|--|---------------------------|-----------------------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | | |
| 41 | OPERATING ROOM | 16,884 | 16,884 | 193,548,947 | .000087 | .000087 | 61,759 | 5 |
| 44 | RADIOLOGY-DIAGNOSTIC | | | 212,308,597 | | | 25,355 | |
| 49 | LABORATORY | | | 158,610,884 | | | 119,246 | |
| 49 | RESPIRATORY THERAPY | | | 18,786,949 | | | 186 | |
| 49 | 01 WOUND CARE CENTER | | | 1,408,564 | | | | |
| 50 | PHYSICAL THERAPY | | | 26,641,120 | | | 3,825 | |
| 53 | ELECTROCARDIOLOGY | | | 18,927,075 | | | 7,551 | |
| 53 | 01 CARDIAC CATH LAB | | | 39,517,812 | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | 77,435,986 | | | 9,632 | |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | | | 39,565,414 | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | 319,106 | 319,106 | 157,816,197 | .002022 | .002022 | 225,167 | 455 |
| 57 | RENAL DIALYSIS | | | 4,199,651 | | | | |
| 59 | BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS | | | 1,609,736 | | | 23,209 | |
| 60 | CLINIC | | | 3,124,012 | | | | |
| 60 | 01 CLINIC - FAMILY PRACTICE | | | 1,293,889 | | | | |
| 60 | 02 OUTPATIENT PSYCHIATRIC SE | | | 3,324,630 | | | | |
| 60 | 03 OUTPATIENT CHEMO | | | 5,994,517 | | | | |
| 60 | 04 PRIMARY CARE SENIORS | | | 725,460 | | | | |
| 61 | EMERGENCY | 18,846 | 18,846 | 102,012,012 | .000185 | .000185 | 89,363 | 17 |
| 62 | OBSERVATION BEDS (NON-DIS | 52,880 | 52,880 | 7,773,947 | .006802 | .006802 | | |
| 62 | 01 OBSERVATION BEDS (DISTINC OTHER REIMBURS COST CNTRS | | | 1,133,189 | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | 12,674,572 | | | | |
| 101 | TOTAL | 407,716 | 407,716 | 1088,433,160 | | | 565,293 | 477 |

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OUTPAT PROG CHARGES 8 | OUTPAT PROG D, V COL 5.03 8.01 | OUTPAT PROG D, V COL 5.04 8.02 | OUTPAT PROG PASS THRU COST 9 | COL 8.01 * COL 5 9.01 | COL 8.02 * COL 5 9.02 |
|--------------------|------------------------------|-----------------------------|--------------------------------------|--------------------------------------|------------------------------------|-----------------------------|-----------------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| | OPERATING ROOM | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 44 | LABORATORY | | | | | | |
| 49 | RESPIRATORY THERAPY | | | | | | |
| 49 | 01 WOUND CARE CENTER | | | | | | |
| 50 | PHYSICAL THERAPY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 53 | 01 CARDIAC CATH LAB | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | | |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | |
| 57 | RENAL DIALYSIS | | | | | | |
| 59 | BEHAVIORAL HEALTH SERVICE | | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | | | | | |
| 60 | 01 CLINIC - FAMILY PRACTICE | | | | | | |
| 60 | 02 OUTPATIENT PSYCHIATRIC SE | | | | | | |
| 60 | 03 OUTPATIENT CHEMO | | | | | | |
| 60 | 04 PRIMARY CARE SENIORS | | | | | | |
| 61 | EMERGENCY | | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | | |
| 62 | 01 OBSERVATION BEDS (DISTINC | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 101 | TOTAL | | | | | | |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

| | | |
|---------------|-----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| 15-0082 | FROM 10/ 1/2009 | WORKSHEET D |
| COMPONENT NO: | TO 9/30/2010 | PART II |
| 15-5544 | | |

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OLD CAPITAL RELATED COST 1 | NEW CAPITAL RELATED COST 2 | TOTAL CHARGES 3 | INPAT PROGRAM CHARGES 4 | OLD CAPITAL CST/CHRG RATIO 5 | CAPITAL COSTS 6 |
|--------------------|---------------------------|----------------------------------|----------------------------------|-----------------------|-------------------------------|------------------------------------|-----------------------|
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 44 | LABORATORY | | | | | | |
| 49 | RESPIRATORY THERAPY | | | | | | |
| 49 01 | WOUND CARE CENTER | | | | | | |
| 50 | PHYSICAL THERAPY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 53 01 | CARDIAC CATH LAB | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | | |
| 55 30 | IMPL. DEV. CHARGED TO PAT | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | |
| 57 | RENAL DIALYSIS | | | | | | |
| 59 | BEHAVIORAL HEALTH SERVICE | | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | | | | | |
| 60 01 | CLINIC - FAMILY PRACTICE | | | | | | |
| 60 02 | OUTPATIENT PSYCHIATRIC SE | | | | | | |
| 60 03 | OUTPATIENT CHEMO | | | | | | |
| 60 04 | PRIMARY CARE SENIORS | | | | | | |
| 61 | EMERGENCY | | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | | |
| 62 01 | OBSERVATION BEDS (DISTINC | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 101 | TOTAL | | | | | | |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

| | | |
|---------------|-----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| 15-0082 | FROM 10/ 1/2009 | WORKSHEET D |
| COMPONENT NO: | TO 9/30/2010 | PART II |
| 15-5544 | | |

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

| WKST A | COST CENTER DESCRIPTION | NEW CAPITAL |
|----------|---------------------------|----------------------|
| LINE NO. | | CST/CHRG RATIO COSTS |
| | | 7 8 |
| | ANCILLARY SRVC COST CNTRS | |
| 37 | OPERATING ROOM | |
| 41 | RADIOLOGY-DIAGNOSTIC | |
| 44 | LABORATORY | |
| 49 | RESPIRATORY THERAPY | |
| 49 01 | WOUND CARE CENTER | |
| 50 | PHYSICAL THERAPY | |
| 53 | ELECTROCARDIOLOGY | |
| 53 01 | CARDIAC CATH LAB | |
| 55 | MEDICAL SUPPLIES CHARGED | |
| 55 30 | IMPL. DEV. CHARGED TO PAT | |
| 56 | DRUGS CHARGED TO PATIENTS | |
| 57 | RENAL DIALYSIS | |
| 59 | BEHAVIORAL HEALTH SERVICE | |
| | OUTPAT SERVICE COST CNTRS | |
| 60 | CLINIC | |
| 60 01 | CLINIC - FAMILY PRACTICE | |
| 60 02 | OUTPATIENT PSYCHIATRIC SE | |
| 60 03 | OUTPATIENT CHEMO | |
| 60 04 | PRIMARY CARE SENIORS | |
| 61 | EMERGENCY | |
| 62 | OBSERVATION BEDS (NON-DIS | |
| 62 01 | OBSERVATION BEDS (DISTINC | |
| | OTHER REIMBURS COST CNTRS | |
| 66 | DURABLE MEDICAL EQUIP-REN | |
| 101 | TOTAL | |

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | NONPHYSICIAN ANESTHETIST | 1 | 1.01 | MED ED NRS SCHOOL COST | 2 | MED ED ALLIED HEALTH COST | 2.01 | MED ED ALL OTHER COSTS | 2.02 | BLOOD CLOT FOR HEMOPHILIACS | 2.03 |
|--------------------|------------------------------|-----------------------------|---|------|---------------------------|---|------------------------------|---------|---------------------------|------|--------------------------------|------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | | | | | | |
| 41 | OPERATING ROOM | | | | | | | 16,884 | | | | |
| 44 | RADIOLOGY-DIAGNOSTIC | | | | | | | | | | | |
| 49 | LABORATORY | | | | | | | | | | | |
| 49 | RESPIRATORY THERAPY | | | | | | | | | | | |
| 50 | 01 WOUND CARE CENTER | | | | | | | | | | | |
| 53 | PHYSICAL THERAPY | | | | | | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | | | | | | |
| 53 | 01 CARDIAC CATH LAB | | | | | | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | | | | | | | |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | | | | | | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | | 319,106 | | | | |
| 57 | RENAL DIALYSIS | | | | | | | | | | | |
| 59 | BEHAVIORAL HEALTH SERVICE | | | | | | | | | | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | | | | | | |
| 60 | CLINIC | | | | | | | | | | | |
| 60 | 01 CLINIC - FAMILY PRACTICE | | | | | | | | | | | |
| 60 | 02 OUTPATIENT PSYCHIATRIC SE | | | | | | | | | | | |
| 60 | 03 OUTPATIENT CHEMO | | | | | | | | | | | |
| 60 | 04 PRIMARY CARE SENIORS | | | | | | | | | | | |
| 61 | EMERGENCY | | | | | | | 18,846 | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | | | | | | | |
| 62 | 01 OBSERVATION BEDS (DISTINC | | | | | | | | | | | |
| 66 | OTHER REIMBURS COST CNTRS | | | | | | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | | | | | | |
| 101 | TOTAL | | | | | | | 354,836 | | | | |

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COSTS 3 | O/P PASS THRU COSTS 3.01 | TOTAL CHARGES 4 | RATIO OF COST TO CHARGES 5 | O/P RATIO OF CST TO CHARGES 5.01 | INPAT PROG CHARGE 6 | INPAT PROG PASS THRU COST 7 |
|--------------------|--|---------------------|-----------------------------------|-----------------------|----------------------------------|--|---------------------------|-----------------------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | | |
| | OPERATING ROOM | 16,884 | 16,884 | 193,548,947 | .000087 | .000087 | 304 | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | 212,308,597 | | | 53,494 | |
| 44 | LABORATORY | | | 158,610,884 | | | 588,313 | |
| 49 | RESPIRATORY THERAPY | | | 18,786,949 | | | 132,666 | |
| 49 01 | WOUND CARE CENTER | | | 1,408,564 | | | | |
| 50 | PHYSICAL THERAPY | | | 26,641,120 | | | 1,519,860 | |
| 53 | ELECTROCARDIOLOGY | | | 18,927,075 | | | 13,693 | |
| 53 01 | CARDIAC CATH LAB | | | 39,517,812 | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | 77,435,986 | | | 318,449 | |
| 55 30 | IMPL. DEV. CHARGED TO PAT | | | 39,565,414 | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | 319,106 | 319,106 | 157,816,197 | .002022 | .002022 | 1,641,261 | 3,319 |
| 57 | RENAL DIALYSIS | | | 4,199,651 | | | | |
| 59 | BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS | | | 1,609,736 | | | 256 | |
| 60 | CLINIC | | | 3,124,012 | | | 1,100 | |
| 60 01 | CLINIC - FAMILY PRACTICE | | | 1,293,889 | | | | |
| 60 02 | OUTPATIENT PSYCHIATRIC SE | | | 3,324,630 | | | | |
| 60 03 | OUTPATIENT CHEMO | | | 5,994,517 | | | | |
| 60 04 | PRIMARY CARE SENIORS | | | 725,460 | | | | |
| 61 | EMERGENCY | 18,846 | 18,846 | 102,012,012 | .000185 | .000185 | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | 7,773,947 | | | | |
| 62 01 | OBSERVATION BEDS (DISTINC | | | 1,133,189 | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | 12,674,572 | | | | |
| 101 | TOTAL | 354,836 | 354,836 | 1088,433,160 | | | 4,269,396 | 3,319 |

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OUTPAT PROG CHARGES 8 | OUTPAT PROG D, V COL 5.03 8.01 | OUTPAT PROG D, V COL 5.04 8.02 | OUTPAT PROG PASS THRU COST 9 | COL 8.01 * COL 5 9.01 | COL 8.02 * COL 5 9.02 |
|--------------------|------------------------------|-----------------------------|--------------------------------------|--------------------------------------|------------------------------------|-----------------------------|-----------------------------|
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 44 | LABORATORY | | | | | | |
| 49 | RESPIRATORY THERAPY | | | | | | |
| 49 | 01 WOUND CARE CENTER | | | | | | |
| 50 | PHYSICAL THERAPY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 53 | 01 CARDIAC CATH LAB | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | | |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | |
| 57 | RENAL DIALYSIS | | | | | | |
| 59 | BEHAVIORAL HEALTH SERVICE | | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | | | | | |
| 60 | 01 CLINIC - FAMILY PRACTICE | | | | | | |
| 60 | 02 OUTPATIENT PSYCHIATRIC SE | | | | | | |
| 60 | 03 OUTPATIENT CHEMO | | | | | | |
| 60 | 04 PRIMARY CARE SENIORS | | | | | | |
| 61 | EMERGENCY | | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | | |
| 62 | 01 OBSERVATION BEDS (DISTINC | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 101 | TOTAL | | | | | | |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011
 | 15-0082 | FROM 10/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 9/30/2010 | PART V
 | 15-5544 | |

TITLE XVIII, PART B

SKILLED NURSING FACILITY

| Cost Center Description | Cost/Charge Ratio (C, Pt I, col. 9) | Cost/Charge Ratio (C, Pt II, col. 9) | Outpatient Ambulatory Surgical Ctr | Outpatient Radiology | Other Outpatient Diagnostic |
|---|-------------------------------------|--------------------------------------|------------------------------------|----------------------|-----------------------------|
| | 1 | 1.02 | 2 | 3 | 4 |
| (A) ANCILLARY SRVC COST CNTRS | | | | | |
| 37 OPERATING ROOM | .226411 | .226411 | | | |
| 41 RADIOLOGY-DIAGNOSTIC | .127165 | .127165 | | | |
| 44 LABORATORY | .226738 | .226738 | | | |
| 49 RESPIRATORY THERAPY | .351068 | .351068 | | | |
| 49 01 WOUND CARE CENTER | .354347 | .354347 | | | |
| 50 PHYSICAL THERAPY | .259036 | .259036 | | | |
| 53 ELECTROCARDIOLOGY | .073646 | .073646 | | | |
| 53 01 CARDIAC CATH LAB | .086503 | .086503 | | | |
| 55 MEDICAL SUPPLIES CHARGED TO PATIENTS | .354812 | .354812 | | | |
| 55 30 IMPL. DEV. CHARGED TO PATIENT | .664819 | .664819 | | | |
| 56 DRUGS CHARGED TO PATIENTS | .237777 | .237777 | | | |
| 57 RENAL DIALYSIS | .539407 | .539407 | | | |
| 59 BEHAVIORAL HEALTH SERVICES | .673739 | .673739 | | | |
| 60 OUTPAT SERVICE COST CNTRS | | | | | |
| 60 CLINIC | .724444 | .724444 | | | |
| 60 01 CLINIC - FAMILY PRACTICE | 2.160788 | 2.160788 | | | |
| 60 02 OUTPATIENT PSYCHIATRIC SERVICES | .322494 | .322494 | | | |
| 60 03 OUTPATIENT CHEMO | .138151 | .138151 | | | |
| 60 04 PRIMARY CARE SENIORS | 2.490209 | 2.490209 | | | |
| 61 EMERGENCY | .181264 | .181264 | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT PART) | .742924 | .742924 | | | |
| 62 01 OBSERVATION BEDS (DISTINCT PART) CVS | .772242 | .772242 | | | |
| 66 OTHER REIMBURS COST CNTRS | | | | | |
| 101 DURABLE MEDICAL EQUIP-RENTED | .439440 | .439440 | | | |
| 102 SUBTOTAL | | | | | |
| 103 CRNA CHARGES | | | | | |
| 103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES | | | | | |
| 104 NET CHARGES | | | | | |

| | | | |
|---|---------------|-----------------|---------------------|
| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| | 15-0082 | FROM 10/ 1/2009 | WORKSHEET D |
| | COMPONENT NO: | TO 9/30/2010 | PART V |
| | 15-5544 | | |

TITLE XVIII, PART B

SKILLED NURSING FACILITY

| | |
|----------------|--------------|
| Hospital I/P | Hospital I/P |
| Part B Charges | Part B Costs |

| Cost Center | Description | 10 | 11 |
|-------------|---|----|----|
| (A) | ANCILLARY SRVC COST CNTRS | | |
| 37 | OPERATING ROOM | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | |
| 44 | LABORATORY | | |
| 49 | RESPIRATORY THERAPY | | |
| 49 | 01 WOUND CARE CENTER | | |
| 50 | PHYSICAL THERAPY | | |
| 53 | ELECTROCARDIOLOGY | | |
| 53 | 01 CARDIAC CATH LAB | | |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | | |
| 55 | 30 IMPL. DEV. CHARGED TO PATIENT | | |
| 56 | DRUGS CHARGED TO PATIENTS | | |
| 57 | RENAL DIALYSIS | | |
| 59 | BEHAVIORAL HEALTH SERVICES | | |
| | OUTPAT SERVICE COST CNTRS | | |
| 60 | CLINIC | | |
| 60 | 01 CLINIC - FAMILY PRACTICE | | |
| 60 | 02 OUTPATIENT PSYCHIATRIC SERVICES | | |
| 60 | 03 OUTPATIENT CHEMO | | |
| 60 | 04 PRIMARY CARE SENIORS | | |
| 61 | EMERGENCY | | |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | | |
| 62 | 01 OBSERVATION BEDS (DISTINCT PART) CVS | | |
| | OTHER REIMBURS COST CNTRS | | |
| 66 | DURABLE MEDICAL EQUIP-RENTED | | |
| 101 | SUBTOTAL | | |
| 102 | CRNA CHARGES | | |
| 103 | LESS PBP CLINIC LAB SVCS- | | |
| | PROGRAM ONLY CHARGES | | |
| 104 | NET CHARGES | | |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 10/3/2011
 WORKSHEET D
 PART I

TITLE XIX

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OLD CAPITAL | | | NEW CAPITAL | | |
|--------------------|---------------------------|----------------------------------|------------------------------|----------------------------------|-----------------------------------|------------------------------|----------------------------------|
| | | CAPITAL REL COST (B, 11) 1 | SWING BED ADJUSTMENT 2 | REDUCED CAP RELATED COST 3 | CAPITAL REL COST (B, 111) 4 | SWING BED ADJUSTMENT 5 | REDUCED CAP RELATED COST 6 |
| | INPAT ROUTINE SRVC CNTRS | | | | | | |
| 25 | ADULTS & PEDIATRICS | | | | 8,415,937 | | 8,415,937 |
| 26 | INTENSIVE CARE UNIT | | | | 1,140,497 | | 1,140,497 |
| 27 | CORONARY CARE UNIT | | | | 811,999 | | 811,999 |
| 28 | BURN INTENSIVE CARE UNIT | | | | | | |
| 29 | SURGICAL INTENSIVE CARE U | | | | | | |
| 31 | SUBPROVIDER | | | | 245,409 | | 245,409 |
| 33 | NURSERY | | | | | | |
| 101 | TOTAL | | | | 10,613,842 | | 10,613,842 |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082 PERIOD: FROM 10/ 1/2009 TO 9/30/2010 PREPARED 10/ 3/2011 WORKSHEET D PART I

TITLE XIX

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL PATIENT DAYS 7 | INPATIENT PROGRAM DAYS 8 | OLD CAPITAL PER DIEM 9 | INPAT PROGRAM OLD CAP CST 10 | NEW CAPITAL PER DIEM 11 | INPAT PROGRAM NEW CAP CST 12 |
|--------------------|---|----------------------------|--------------------------------|------------------------------|------------------------------------|-------------------------------|------------------------------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | 102,453 | 9,925 | | | 82.14 | 815,240 |
| 26 | INTENSIVE CARE UNIT | 9,938 | 1,054 | | | 114.76 | 120,957 |
| 27 | CORONARY CARE UNIT | 7,190 | 840 | | | 112.93 | 94,861 |
| 28 | BURN INTENSIVE CARE UNIT | | | | | | |
| 29 | SURGICAL INTENSIVE CARE U | | | | | | |
| 31 | SUBPROVIDER | 2,149 | 427 | | | 114.20 | 48,763 |
| 33 | NURSERY | | | | | | |
| 101 | TOTAL | 121,730 | 12,246 | | | | 1,079,821 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082
 COMPONENT NO: 15-0082
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 10/3/2011
 WORKSHEET D
 PART II

TITLE XIX

HOSPITAL

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OLD CAPITAL RELATED COST 1 | NEW CAPITAL RELATED COST 2 | TOTAL CHARGES 3 | INPAT PROGRAM CHARGES 4 | OLD CAPITAL CST/CHRG RATIO 5 | CAPITAL COSTS 6 |
|--------------------|---------------------------|----------------------------------|----------------------------------|-----------------------|-------------------------------|------------------------------------|-----------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| | OPERATING ROOM | | 7,413,081 | 193,548,947 | 3,655,987 | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | 4,844,053 | 212,308,597 | 4,241,444 | | |
| 44 | LABORATORY | | 3,192,442 | 158,610,884 | 8,342,709 | | |
| 49 | RESPIRATORY THERAPY | | 885,511 | 18,786,949 | 1,506,558 | | |
| 49 01 | WOUND CARE CENTER | | 51,994 | 1,408,564 | 1,387 | | |
| 50 | PHYSICAL THERAPY | | 557,685 | 26,641,120 | 1,195,465 | | |
| 53 | ELECTROCARDIOLOGY | | 147,898 | 18,927,075 | 830,320 | | |
| 53 01 | CARDIAC CATH LAB | | 517,147 | 39,517,812 | 1,484,994 | | |
| 55 | MEDICAL SUPPLIES CHARGED | | 1,396,576 | 77,435,986 | 3,859,790 | | |
| 55 30 | IMPL. DEV. CHARGED TO PAT | | 1,337,566 | 39,565,414 | 955,526 | | |
| 56 | DRUGS CHARGED TO PATIENTS | | 2,008,685 | 157,816,197 | 10,918,582 | | |
| 57 | RENAL DIALYSIS | | 157,083 | 4,199,651 | 261,624 | | |
| 59 | BEHAVIORAL HEALTH SERVICE | | 48,730 | 1,609,736 | 259,823 | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | 210,099 | 3,124,012 | 399 | | |
| 60 01 | CLINIC - FAMILY PRACTICE | | 430,773 | 1,293,889 | 1,592 | | |
| 60 02 | OUTPATIENT PSYCHIATRIC SE | | 144,465 | 3,324,630 | 8,418 | | |
| 60 03 | OUTPATIENT CHEMO | | 108,426 | 5,994,517 | 7,814 | | |
| 60 04 | PRIMARY CARE SENIORS | | 121,332 | 725,460 | | | |
| 61 | EMERGENCY | | 1,687,065 | 102,012,012 | 3,497,515 | | |
| 62 | OBSERVATION BEDS (NON-DIS | | 742,261 | 7,773,947 | | | |
| 62 01 | OBSERVATION BEDS (DISTINC | | 57,038 | 1,133,189 | 8,096 | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | 570,523 | 12,674,572 | | | |
| 101 | TOTAL | | 26,630,433 | 1088,433,160 | 41,038,043 | | |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 COMPONENT NO: 15-0082
 PREPARED 10/3/2011
 WORKSHEET D
 PART II
 PPS

| TITLE XIX | | HOSPITAL | |
|-----------|--|----------------|---------|
| WKST A | COST CENTER DESCRIPTION | NEW CAPITAL | |
| LINE NO. | | CST/CHRG RATIO | COSTS |
| | | 7 | 8 |
| | ANCILLARY SRVC COST CNTRS | | |
| 37 | OPERATING ROOM | .038301 | 140,028 |
| 41 | RADIOLOGY-DIAGNOSTIC | .022816 | 96,773 |
| 44 | LABORATORY | .020128 | 167,922 |
| 49 | RESPIRATORY THERAPY | .047134 | 71,010 |
| 49 01 | WOUND CARE CENTER | .036913 | 51 |
| 50 | PHYSICAL THERAPY | .020933 | 25,025 |
| 53 | ELECTROCARDIOLOGY | .007814 | 6,488 |
| 53 01 | CARDIAC CATH LAB | .013086 | 19,433 |
| 55 | MEDICAL SUPPLIES CHARGED | .018035 | 69,611 |
| 55 30 | IMPL. DEV. CHARGED TO PAT | .033806 | 32,303 |
| 56 | DRUGS CHARGED TO PATIENTS | .012728 | 138,972 |
| 57 | RENAL DIALYSIS | .037404 | 9,786 |
| 59 | BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS | .030272 | 7,865 |
| 60 | CLINIC | .067253 | 27 |
| 60 01 | CLINIC - FAMILY PRACTICE | .332929 | 530 |
| 60 02 | OUTPATIENT PSYCHIATRIC SE | .043453 | 366 |
| 60 03 | OUTPATIENT CHEMO | .018088 | 141 |
| 60 04 | PRIMARY CARE SENIORS | .167248 | |
| 61 | EMERGENCY | .016538 | 57,842 |
| 62 | OBSERVATION BEDS (NON-DIS | .095481 | |
| 62 01 | OBSERVATION BEDS (DISTINC | .050334 | 408 |
| 66 | OTHER REIMBURS COST CNTRS | | |
| 66 | DURABLE MEDICAL EQUIP-REN | .045013 | |
| 101 | TOTAL | | 844,581 |

PROVIDER NO: 15-0082
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 10/3/2011
 WORKSHEET D
 PART III

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | NONPHYSICIAN ANESTHETIST 1 | MED ED NRS SCHOOL COST 2 | MED ED ALLIED HEALTH COST 2.01 | MED ED ALL OTHER COSTS 2.02 | SWING BED ADJ AMOUNT 3 | TOTAL COSTS 4 |
|--------------------|---|----------------------------------|--------------------------------|--------------------------------------|-----------------------------------|------------------------------|---------------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | | | 599,579 | | | 599,579 |
| 26 | INTENSIVE CARE UNIT | | | 26,791 | | | 26,791 |
| 27 | CORONARY CARE UNIT | | | 28,947 | | | 28,947 |
| 28 | BURN INTENSIVE CARE UNIT | | | | | | |
| 29 | SURGICAL INTENSIVE CARE U | | | | | | |
| 31 | SUBPROVIDER | | | | | | |
| 33 | NURSERY | | | | | | |
| 34 | SKILLED NURSING FACILITY | | | | | | |
| 101 | TOTAL | | | 655,317 | | | 655,317 |

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL PATIENT DAYS 5 | PER DIEM 6 | INPAT PROG DAYS 7 | INPAT PROG PASS THRU COST 8 |
|--------------------|---------------------------|----------------------------|---------------|-------------------------|-----------------------------------|
| 25 | ADULTS & PEDIATRICS | 102,453 | 5.85 | 9,925 | 58,061 |
| 26 | INTENSIVE CARE UNIT | 9,938 | 2.70 | 1,054 | 2,846 |
| 27 | CORONARY CARE UNIT | 7,190 | 4.03 | 840 | 3,385 |
| 28 | BURN INTENSIVE CARE UNIT | | | | |
| 29 | SURGICAL INTENSIVE CARE U | | | | |
| 31 | SUBPROVIDER | 2,149 | | 427 | |
| 33 | NURSERY | | | | |
| 34 | SKILLED NURSING FACILITY | 5,314 | | | |
| 101 | TOTAL | 127,044 | | 12,246 | 64,292 |

TITLE XIX

HOSPITAL

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | NONPHYSICIAN ANESTHETIST | 1.01 | MED ED NRS SCHOOL COST | 2 | MED ED ALLIED HEALTH COST | 2.01 | MED ED ALL OTHER COSTS | 2.02 | BLOOD CLOT FOR HEMOPHILIACS | 2.03 |
|--------------------|--|-----------------------------|------|---------------------------|---|------------------------------|------|---------------------------|------|--------------------------------|------|
| | ANCILLARY SRVC COST CNTRS | | | | | | | | | | |
| 37 | OPERATING ROOM | | | 244,831 | | 16,884 | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | 20,147 | | | | | | | |
| 44 | LABORATORY | | | | | | | | | | |
| 49 | RESPIRATORY THERAPY | | | | | | | | | | |
| 49 01 | WOUND CARE CENTER | | | | | | | | | | |
| 50 | PHYSICAL THERAPY | | | | | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | 41,659 | | | | | | | |
| 53 01 | CARDIAC CATH LAB | | | | | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | | | | | | |
| 55 30 | IMPL. DEV. CHARGED TO PAT | | | | | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | 319,106 | | | | | |
| 57 | RENAL DIALYSIS | | | | | | | | | | |
| 59 | BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS | | | | | | | | | | |
| 60 | CLINIC | | | 19,805 | | | | | | | |
| 60 01 | CLINIC - FAMILY PRACTICE | | | 1,350,491 | | | | | | | |
| 60 02 | OUTPATIENT PSYCHIATRIC SE | | | | | | | | | | |
| 60 03 | OUTPATIENT CHEMO | | | | | | | | | | |
| 60 04 | PRIMARY CARE SENIORS | | | 24,927 | | | | | | | |
| 61 | EMERGENCY | | | 77,513 | | 18,846 | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | 52,880 | | | | | |
| 62 01 | OBSERVATION BEDS (DISTINC | | | | | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | | | | | |
| 101 | TOTAL | | | 1,779,373 | | 407,716 | | | | | |

TITLE XIX

HOSPITAL

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COSTS 3 | O/P PASS THRU COSTS 3.01 | TOTAL CHARGES 4 | RATIO OF COST TO CHARGES 5 | O/P RATIO OF CST TO CHARGES 5.01 | INPAT PROG CHARGE 6 | INPAT PROG PASS THRU COST 7 |
|--------------------|--|---------------------|-----------------------------------|-----------------------|----------------------------------|--|---------------------------|-----------------------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | | |
| | OPERATING ROOM | 261,715 | 261,715 | 193,548,947 | .001352 | .001352 | 3,655,987 | 4,943 |
| 41 | RADIOLOGY-DIAGNOSTIC | 20,147 | 20,147 | 212,308,597 | .000095 | .000095 | 4,241,444 | 403 |
| 44 | LABORATORY | | | 158,610,884 | | | 8,342,709 | |
| 49 | RESPIRATORY THERAPY | | | 18,786,949 | | | 1,506,558 | |
| 49 01 | WOUND CARE CENTER | | | 1,408,564 | | | 1,387 | |
| 50 | PHYSICAL THERAPY | | | 26,641,120 | | | 1,195,465 | |
| 53 | ELECTROCARDIOLOGY | 41,659 | 41,659 | 18,927,075 | .002201 | .002201 | 830,320 | 1,828 |
| 53 01 | CARDIAC CATH LAB | | | 39,517,812 | | | 1,484,994 | |
| 55 | MEDICAL SUPPLIES CHARGED | | | 77,435,986 | | | 3,859,790 | |
| 55 30 | IMPL. DEV. CHARGED TO PAT | | | 39,565,414 | | | 955,526 | |
| 56 | DRUGS CHARGED TO PATIENTS | 319,106 | 319,106 | 157,816,197 | .002022 | .002022 | 10,918,582 | 22,077 |
| 57 | RENAL DIALYSIS | | | 4,199,651 | | | 261,624 | |
| 59 | BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS | | | 1,609,736 | | | 259,823 | |
| 60 | CLINIC | 19,805 | 19,805 | 3,124,012 | .006340 | .006340 | 399 | 3 |
| 60 01 | CLINIC - FAMILY PRACTICE | 1,350,491 | 1,350,491 | 1,293,889 | 1.043746 | 1.043746 | 1,592 | 1,662 |
| 60 02 | OUTPATIENT PSYCHIATRIC SE | | | 3,324,630 | | | 8,418 | |
| 60 03 | OUTPATIENT CHEMO | | | 5,994,517 | | | 7,814 | |
| 60 04 | PRIMARY CARE SENIORS | 24,927 | 24,927 | 725,460 | .034360 | .034360 | | |
| 61 | EMERGENCY | 96,359 | 96,359 | 102,012,012 | .000945 | .000945 | 3,497,515 | 3,305 |
| 62 | OBSERVATION BEDS (NON-DIS | 52,880 | 52,880 | 7,773,947 | .006802 | .006802 | | |
| 62 01 | OBSERVATION BEDS (DISTINC OTHER REIMBURS COST CNTRS | | | 1,133,189 | | | 8,096 | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | 12,674,572 | | | | |
| 101 | TOTAL | 2,187,089 | 2,187,089 | 1088,433,160 | | | 41,038,043 | 34,221 |

TITLE XIX

HOSPITAL

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OUTPAT PROG CHARGES 8 | OUTPAT PROG D, V COL 5.03 8.01 | OUTPAT PROG D, V COL 5.04 8.02 | OUTPAT PROG PASS THRU COST 9 | COL 8.01 * COL 5 9.01 | COL 8.02 * COL 5 9.02 |
|--------------------|--|-----------------------------|--------------------------------------|--------------------------------------|------------------------------------|-----------------------------|-----------------------------|
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | 3,951,921 | | | | 5,343 | |
| 41 | RADIOLOGY-DIAGNOSTIC | 12,024,762 | | | | 1,142 | |
| 44 | LABORATORY | 8,154,281 | | | | | |
| 49 | RESPIRATORY THERAPY | 560,709 | | | | | |
| 49 01 | WOUND CARE CENTER | 79,664 | | | | | |
| 50 | PHYSICAL THERAPY | 47,516 | | | | | |
| 53 | ELECTROCARDIOLOGY | 448,220 | | | | 987 | |
| 53 01 | CARDIAC CATH LAB | 775,479 | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 1,874,737 | | | | | |
| 55 30 | IMPL. DEV. CHARGED TO PAT | 549,703 | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | 3,538,043 | | | | 7,154 | |
| 57 | RENAL DIALYSIS | 7,668 | | | | | |
| 59 | BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS | 186,535 | | | | | |
| 60 | CLINIC | 102,311 | | | | 649 | |
| 60 01 | CLINIC - FAMILY PRACTICE | 969,386 | | | | 1,011,793 | |
| 60 02 | OUTPATIENT PSYCHIATRIC SE | 6,693 | | | | | |
| 60 03 | OUTPATIENT CHEMO | 375,712 | | | | | |
| 60 04 | PRIMARY CARE SENIORS | 132 | | | | 5 | |
| 61 | EMERGENCY | 11,050,549 | | | | 10,443 | |
| 62 | OBSERVATION BEDS (NON-DIS | 1,090,934 | | | | 7,421 | |
| 62 01 | OBSERVATION BEDS (DISTINC | 32,863 | | | | | |
| 66 | OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-REN | | | | | | |
| 101 | TOTAL | 45,827,818 | | | | 1,044,937 | |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011
 | 15-0082 | FROM 10/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 9/30/2010 | PART V
 | 15-0082 | |

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 | .212862 | | | | 3,951,921 |
| 41 RADIOLOGY-DIAGNOSTIC | .118921 | | | | 12,024,762 |
| 44 LABORATORY | .212741 | | | | 8,154,281 |
| 49 RESPIRATORY THERAPY | .328727 | | | | 560,709 |
| 49 01 WOUND CARE CENTER | .332245 | | | | 79,664 |
| 50 PHYSICAL THERAPY | .243132 | | | | 47,516 |
| 53 ELECTROCARDIOLOGY | .071120 | | | | 448,220 |
| 53 01 CARDIAC CATH LAB | .080937 | | | | 775,479 |
| 55 MEDICAL SUPPLIES CHARGED TO PATIENTS | .333476 | | | | 1,874,737 |
| 55 30 IMPL. DEV. CHARGED TO PATIENT | .624840 | | | | 549,703 |
| 56 DRUGS CHARGED TO PATIENTS | .223451 | | | | 3,538,043 |
| 57 RENAL DIALYSIS | .506551 | | | | 7,668 |
| 59 BEHAVIORAL HEALTH SERVICES | .633391 | | | | 186,535 |
| 60 OUTPAT SERVICE COST CNTRS | | | | | |
| 60 CLINIC | .685574 | | | | 102,311 |
| 60 01 CLINIC - FAMILY PRACTICE | 3.004688 | | | | 969,386 |
| 60 02 OUTPATIENT PSYCHIATRIC SERVICES | .301964 | | | | 6,693 |
| 60 03 OUTPATIENT CHEMO | .129378 | | | | 375,712 |
| 60 04 PRIMARY CARE SENIORS | 2.371120 | | | | 132 |
| 61 EMERGENCY | .170772 | | | | 11,050,549 |
| 62 OBSERVATION BEDS (NON-DISTINCT PART) | .695824 | | | | 1,090,934 |
| 62 01 OBSERVATION BEDS (DISTINCT PART) CVS | .725338 | | | | 32,863 |
| 66 OTHER REIMBURS COST CNTRS | | | | | |
| 66 DURABLE MEDICAL EQUIP-RENTED | .412062 | | | | |
| 101 SUBTOTAL | | | | | 45,827,818 |
| 102 CRNA CHARGES | | | | | |
| 103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES | | | | | |
| 104 NET CHARGES | | | | | 45,827,818 |

(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: | PERIOD: | PREPARED 10/ 3/2011
 | 15-0082 | FROM 10/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 9/30/2010 | PART V
 | 15-0082 | |

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 | | 841,214 | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | 1,429,997 | | | |
| 44 LABORATORY | | 1,734,750 | | | |
| 49 RESPIRATORY THERAPY | | 184,320 | | | |
| 49 01 WOUND CARE CENTER | | 26,468 | | | |
| 50 PHYSICAL THERAPY | | 11,553 | | | |
| 53 ELECTROCARDIOLOGY | | 31,877 | | | |
| 53 01 CARDIAC CATH LAB | | 62,765 | | | |
| 55 MEDICAL SUPPLIES CHARGED TO PATIENTS | | 625,180 | | | |
| 55 30 IMPL. DEV. CHARGED TO PATIENT | | 343,476 | | | |
| 56 DRUGS CHARGED TO PATIENTS | | 790,579 | | | |
| 57 RENAL DIALYSIS | | 3,884 | | | |
| 59 BEHAVIORAL HEALTH SERVICES | | 118,150 | | | |
| 60 OUTPAT SERVICE COST CNTRS | | | | | |
| 60 CLINIC | | 70,142 | | | |
| 60 01 CLINIC - FAMILY PRACTICE | | 2,912,702 | | | |
| 60 02 OUTPATIENT PSYCHIATRIC SERVICES | | 2,021 | | | |
| 60 03 OUTPATIENT CHEMO | | 48,609 | | | |
| 60 04 PRIMARY CARE SENIORS | | 313 | | | |
| 61 EMERGENCY | | 1,887,124 | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT PART) | | 759,098 | | | |
| 62 01 OBSERVATION BEDS (DISTINCT PART) CVS | | 23,837 | | | |
| 66 OTHER REIMBURS COST CNTRS | | | | | |
| 101 DURABLE MEDICAL EQUIP-RENTED | | | | | |
| 102 SUBTOTAL | | 11,908,059 | | | |
| 103 CRNA CHARGES | | | | | |
| 104 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES | | | | | |
| NET CHARGES | | 11,908,059 | | | |

COMPUTATION OF INPATIENT OPERATING COST

| | | |
|---------------|-----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| 15-0082 | FROM 10/ 1/2009 | WORKSHEET D-1 |
| COMPONENT NO: | TO 9/30/2010 | PART III |
| 15-0082 | | |

TITLE XVIII PART A HOSPITAL PPS

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

| | | |
|----|---|---|
| 66 | SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST | 1 |
| 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 | 9,036 |
| 84 | ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 639.16 |
| 85 | OBSERVATION BED COST | 5,775,450 |

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 | 65,483,676 | | 5,775,450 | |
| 87 | NEW CAPITAL-RELATED COST | 8,415,937 | .128520 | 5,775,450 | 742,261 |
| 88 | NON PHYSICIAN ANESTHETIST | 65,483,676 | | 5,775,450 | |
| 89 | MEDICAL EDUCATION | 65,483,676 | | 5,775,450 | |
| 89.01 | MEDICAL EDUCATION - ALLIED HEA | 599,579 | .009156 | 5,775,450 | 52,880 |
| 89.02 | MEDICAL EDUCATION - ALL OTHER | 65,483,676 | | 5,775,450 | |

COMPUTATION OF INPATIENT OPERATING COST

| | | |
|---------------|-----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| 15-0082 | FROM 10/ 1/2009 | WORKSHEET D-1 |
| COMPONENT NO: | TO 9/30/2010 | PART I |
| 15-S082 | | |

TITLE XVIII PART A

SUBPROVIDER I

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

| | | |
|----|---|-------|
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN) | 2,149 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS) | 2,149 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 2,149 |
| 5 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 6 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 7 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 8 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 9 | TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 1,031 |
| 10 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 11 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 12 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 13 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 14 | MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | |
| 15 | TOTAL NURSERY DAYS (TITLE V OR XIX ONLY) | |
| 16 | NURSERY DAYS (TITLE V OR XIX ONLY) | |

SWING-BED ADJUSTMENT

| | | |
|----|--|-----------|
| 17 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 18 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 19 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 20 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 21 | TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | 1,980,986 |
| 22 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 23 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 24 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 25 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 1,980,986 |

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

| | | |
|----|---|-----------|
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 3,598,000 |
| 29 | PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | |
| 30 | SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 3,598,000 |
| 31 | GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | .550580 |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE | |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 1,674.27 |
| 34 | AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL | |
| 35 | AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL | |
| 36 | PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT | |
| 37 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL | 1,980,986 |

COMPUTATION OF INPATIENT OPERATING COST

| | | |
|---------------|-----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| 15-0082 | FROM 10/ 1/2009 | WORKSHEET D-1 |
| COMPONENT NO: | TO 9/30/2010 | PART III |
| 15-S082 | | |

TITLE XVIII PART A SUBPROVIDER I PPS

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

| | | |
|----|---|---|
| 66 | SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST | 1 |
| 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 | |
| 84 | ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 921.82 |
| 85 | OBSERVATION BED COST | |

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 | 1,980,986 | | | |
| 87 | NEW CAPITAL-RELATED COST | 245,409 | .123882 | | |
| 88 | NON PHYSICIAN ANESTHETIST | 1,980,986 | | | |
| 89 | MEDICAL EDUCATION | 1,980,986 | | | |
| 89.01 | MEDICAL EDUCATION - ALLIED HEA | 1,980,986 | | | |
| 89.02 | MEDICAL EDUCATION - ALL OTHER | 1,980,986 | | | |

COMPUTATION OF INPATIENT OPERATING COST

| | | |
|---------------|-----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| 15-0082 | FROM 10/ 1/2009 | WORKSHEET D-1 |
| COMPONENT NO: | TO 9/30/2010 | PART I |
| 15-5544 | | |

TITLE XVIII PART A

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

| | | |
|----|---|-------|
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN) | 5,314 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS) | 5,314 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 5,314 |
| 5 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 6 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 7 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 8 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 9 | TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 4,086 |
| 10 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 11 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 12 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 13 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 14 | MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | |
| 15 | TOTAL NURSERY DAYS (TITLE V OR XIX ONLY) | |
| 16 | NURSERY DAYS (TITLE V OR XIX ONLY) | |

SWING-BED ADJUSTMENT

| | | |
|----|--|-----------|
| 17 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 18 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 19 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 20 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 21 | TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | 2,844,743 |
| 22 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 23 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 24 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 25 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 2,844,743 |

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

| | | |
|----|---|-----------|
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 3,111,215 |
| 29 | PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | |
| 30 | SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 3,111,215 |
| 31 | GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | .914351 |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE | |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 585.48 |
| 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 | 2,844,743 |

COMPUTATION OF INPATIENT OPERATING COST

| | | |
|---------------|-----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| 15-0082 | FROM 10/ 1/2009 | WORKSHEET D-1 |
| COMPONENT NO: | TO 9/30/2010 | PART III |
| 15-5544 | | |

TITLE XVIII PART A SNF PPS

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

| | | |
|----|---|-----------|
| 66 | SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST | 2,844,743 |
| 67 | ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM | 535.33 |
| 68 | PROGRAM ROUTINE SERVICE COST | 2,187,358 |
| 69 | MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM | |
| 70 | TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS | 2,187,358 |
| 71 | CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS | 408,510 |
| 72 | PER DIEM CAPITAL-RELATED COSTS | 76.87 |
| 73 | PROGRAM CAPITAL-RELATED COSTS | 314,091 |
| 74 | INPATIENT ROUTINE SERVICE COST | 1,873,267 |
| 75 | AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS | |
| 76 | TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION | 1,873,267 |
| 77 | INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION | |
| 78 | INPATIENT ROUTINE SERVICE COST LIMITATION | |
| 79 | REASONABLE INPATIENT ROUTINE SERVICE COSTS | 2,187,358 |
| 80 | PROGRAM INPATIENT ANCILLARY SERVICES | 1,085,759 |
| 81 | UTILIZATION REVIEW - PHYSICIAN COMPENSATION | |
| 82 | TOTAL PROGRAM INPATIENT OPERATING COSTS | 3,273,117 |

PART IV - COMPUTATION OF OBSERVATION BED COST

| | |
|----|--|
| 83 | TOTAL OBSERVATION BED DAYS |
| 84 | ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM |
| 85 | OBSERVATION BED COST |

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

COMPUTATION OF INPATIENT OPERATING COST

| | | |
|---------------|-----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| 15-0082 | FROM 10/ 1/2009 | WORKSHEET D-1 |
| COMPONENT NO: | TO 9/30/2010 | PART I |
| 15-0082 | | |

TITLE XIX - I/P

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

| | | |
|----|---|---------|
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN) | 102,453 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS) | 102,453 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 102,453 |
| 5 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 6 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 7 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 8 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 9 | TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 9,925 |
| 10 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 11 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 12 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 13 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 14 | MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | |
| 15 | TOTAL NURSERY DAYS (TITLE V OR XIX ONLY) | |
| 16 | NURSERY DAYS (TITLE V OR XIX ONLY) | |

SWING-BED ADJUSTMENT

| | | |
|----|--|------------|
| 17 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 18 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 19 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 20 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 21 | TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | 66,144,752 |
| 22 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 23 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 24 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 25 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 66,144,752 |

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

| | | |
|----|---|------------|
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 97,974,005 |
| 29 | PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | |
| 30 | SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 97,974,005 |
| 31 | GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | .675126 |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE | |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 956.28 |
| 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 | 66,144,752 |

COMPUTATION OF INPATIENT OPERATING COST

| | | |
|---------------|-----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| 15-0082 | FROM 10/ 1/2009 | WORKSHEET D-1 |
| COMPONENT NO: | TO 9/30/2010 | PART III |
| 15-0082 | | |

TITLE XIX - I/P HOSPITAL PPS

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

| | | |
|----|---|---|
| 66 | SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST | 1 |
| 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 | 9,036 |
| 84 | ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 645.61 |
| 85 | OBSERVATION BED COST | 5,833,732 |

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 | 66,144,752 | | 5,833,732 | |
| 87 | NEW CAPITAL-RELATED COST | 8,415,937 | .127235 | 5,833,732 | 742,255 |
| 88 | NON PHYSICIAN ANESTHETIST | | | 5,833,732 | |
| 89 | MEDICAL EDUCATION | | | 5,833,732 | |
| 89.01 | MEDICAL EDUCATION - ALLIED HEA | 599,579 | .009065 | 5,833,732 | 52,883 |
| 89.02 | MEDICAL EDUCATION - ALL OTHER | | | 5,833,732 | |

COMPUTATION OF INPATIENT OPERATING COST

| | | |
|---------------|-----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| 15-0082 | FROM 10/ 1/2009 | WORKSHEET D-1 |
| COMPONENT NO: | TO 9/30/2010 | PART I |
| 15-S082 | | |

TITLE XIX - I/P

SUBPROVIDER I

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

| | | |
|----|---|-------|
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN) | 2,149 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS) | 2,149 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 2,149 |
| 5 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 6 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 7 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 8 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 9 | TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 427 |
| 10 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 11 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 12 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 13 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 14 | MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | |
| 15 | TOTAL NURSERY DAYS (TITLE V OR XIX ONLY) | |
| 16 | NURSERY DAYS (TITLE V OR XIX ONLY) | |

SWING-BED ADJUSTMENT

| | | |
|----|--|-----------|
| 17 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 18 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 19 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 20 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 21 | TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | 1,980,986 |
| 22 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 23 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 24 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 25 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 1,980,986 |

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

| | | |
|----|---|-----------|
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 3,598,000 |
| 29 | PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | |
| 30 | SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 3,598,000 |
| 31 | GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | .550580 |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE | |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 1,674.27 |
| 34 | AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL | |
| 35 | AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL | |
| 36 | PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT | |
| 37 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL | 1,980,986 |

COMPUTATION OF INPATIENT OPERATING COST

| | | |
|---------------|-----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| 15-0082 | FROM 10/ 1/2009 | WORKSHEET D-1 |
| COMPONENT NO: | TO 9/30/2010 | PART III |
| 15-S082 | | |

TITLE XIX - I/P

SUBPROVIDER I

PPS

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

- 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

1

PART IV - COMPUTATION OF OBSERVATION BED COST

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

921.82

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 | | 1,980,986 | | | |
| 87 NEW CAPITAL-RELATED COST | 245,409 | 1,980,986 | .123882 | | |
| 88 NON PHYSICIAN ANESTHETIST | | 1,980,986 | | | |
| 89 MEDICAL EDUCATION | | 1,980,986 | | | |
| 89.01 MEDICAL EDUCATION - ALLIED HEA | | 1,980,986 | | | |
| 89.02 MEDICAL EDUCATION - ALL OTHER | | 1,980,986 | | | |

COMPUTATION OF INPATIENT OPERATING COST

| | | |
|---------------|-----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| 15-0082 | FROM 10/ 1/2009 | WORKSHEET D-1 |
| COMPONENT NO: | TO 9/30/2010 | PART I |
| 15-5544 | | |

TITLE XIX - I/P

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

| | | |
|----|---|-------|
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN) | 5,314 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS) | 5,314 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 5,314 |
| 5 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 6 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 7 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 8 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 9 | TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | |
| 10 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 11 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 12 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 13 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 14 | MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | |
| 15 | TOTAL NURSERY DAYS (TITLE V OR XIX ONLY) | |
| 16 | NURSERY DAYS (TITLE V OR XIX ONLY) | |

SWING-BED ADJUSTMENT

| | | |
|----|--|--|
| 17 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 18 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 19 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 20 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 21 | TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | |
| 22 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 23 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 24 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 25 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | |

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

| | | |
|----|---|-----------|
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 3,111,215 |
| 29 | PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | |
| 30 | SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 3,111,215 |
| 31 | GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE | |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 585.48 |
| 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 | |

COMPUTATION OF INPATIENT OPERATING COST

| | | |
|---------------|-----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| 15-0082 | FROM 10/ 1/2009 | WORKSHEET D-1 |
| COMPONENT NO: | TO 9/30/2010 | PART III |
| 15-5544 | | |

TITLE XIX - I/P

SNF

PPS

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

| | | |
|----|---|---------|
| 66 | SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST | 1 |
| 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 | 408,510 |
| 72 | PER DIEM CAPITAL-RELATED COSTS | 76.87 |
| 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 |
| 84 | ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM |
| 85 | OBSERVATION BED COST |

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

PROVIDER NO: 15-0082
 COMPONENT NO: 15-0082
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 10/3/2011 WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | RATIO COST TO CHARGES 1 | INPATIENT CHARGES 2 | INPATIENT COST 3 |
|--------------------|---|-------------------------------|---------------------------|------------------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | | 44,757,504 | |
| 26 | INTENSIVE CARE UNIT | | 8,270,241 | |
| 27 | CORONARY CARE UNIT | | 7,494,430 | |
| 28 | BURN INTENSIVE CARE UNIT | | | |
| 29 | SURGICAL INTENSIVE CARE UNIT | | | |
| 31 | SUBPROVIDER | | | |
| | ANCILLARY SRVC COST CNTRS | | | |
| 37 | OPERATING ROOM | .226714 | 25,217,341 | 5,717,124 |
| 41 | RADIOLOGY-DIAGNOSTIC | .127165 | 27,583,767 | 3,507,690 |
| 44 | LABORATORY | .227137 | 42,836,460 | 9,729,745 |
| 49 | RESPIRATORY THERAPY | .351286 | 5,795,327 | 2,035,817 |
| 49 01 | WOUND CARE CENTER | .354347 | 2,213 | 784 |
| 50 | PHYSICAL THERAPY | .259036 | 9,673,628 | 2,505,818 |
| 53 | ELECTROCARDIOLOGY | .084134 | 6,898,297 | 580,381 |
| 53 01 | CARDIAC CATH LAB | .086503 | 9,974,543 | 862,828 |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | .354812 | 26,352,748 | 9,350,271 |
| 55 30 | IMPL. DEV. CHARGED TO PATIENT | .664819 | 13,479,627 | 8,961,512 |
| 56 | DRUGS CHARGED TO PATIENTS | .237782 | 49,023,239 | 11,656,844 |
| 57 | RENAL DIALYSIS | .540193 | 3,048,231 | 1,646,633 |
| 59 | BEHAVIORAL HEALTH SERVICES | .673739 | 96,928 | 65,304 |
| | OUTPAT SERVICE COST CNTRS | | | |
| 60 | CLINIC | .724621 | 4,519 | 3,275 |
| 60 01 | CLINIC - FAMILY PRACTICE | 2.160788 | | |
| 60 02 | OUTPATIENT PSYCHIATRIC SERVICES | .322494 | 1,605 | 518 |
| 60 03 | OUTPATIENT CHEMO | .138151 | 34,544 | 4,772 |
| 60 04 | PRIMARY CARE SENIORS | 2.490209 | 2,571 | 6,402 |
| 61 | EMERGENCY | .183900 | 17,364,681 | 3,193,365 |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | .742924 | | |
| 62 01 | OBSERVATION BEDS (DISTINCT PART) CVS | .772242 | 9,164 | 7,077 |
| | OTHER REIMBURS COST CNTRS | | | |
| 66 | DURABLE MEDICAL EQUIP-RENTED | .439440 | | |
| 101 | TOTAL | | 237,399,433 | 59,836,160 |
| 102 | LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES | | | |
| 103 | NET CHARGES | | 237,399,433 | |

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0082
 COMPONENT NO: 15-S082
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 10/3/2011 WORKSHEET D-4

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | RATIO COST TO CHARGES 1 | INPATIENT CHARGES 2 | INPATIENT COST 3 |
|--------------------|---|-------------------------------|---------------------------|------------------------|
| 25 | INPAT ROUTINE SRVC CNTRS | | | |
| | ADULTS & PEDIATRICS | | | |
| 26 | INTENSIVE CARE UNIT | | | |
| 27 | CORONARY CARE UNIT | | | |
| 28 | BURN INTENSIVE CARE UNIT | | | |
| 29 | SURGICAL INTENSIVE CARE UNIT | | | |
| 31 | SUBPROVIDER | | 1,721,837 | |
| | ANCILLARY SRVC COST CNTRS | | | |
| 37 | OPERATING ROOM | .226714 | 61,759 | 14,002 |
| 41 | RADIOLOGY-DIAGNOSTIC | .127165 | 25,355 | 3,224 |
| 44 | LABORATORY | .227137 | 119,246 | 27,085 |
| 49 | RESPIRATORY THERAPY | .351286 | 186 | 65 |
| 49 01 | WOUND CARE CENTER | .354347 | | |
| 50 | PHYSICAL THERAPY | .259036 | 3,825 | 991 |
| 53 | ELECTROCARDIOLOGY | .084134 | 7,551 | 635 |
| 53 01 | CARDIAC CATH LAB | .086503 | | |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | .354812 | 9,632 | 3,418 |
| 55 30 | IMPL. DEV. CHARGED TO PATIENT | .664819 | | |
| 56 | DRUGS CHARGED TO PATIENTS | .237782 | 225,167 | 53,541 |
| 57 | RENAL DIALYSIS | .540193 | | |
| 59 | BEHAVIORAL HEALTH SERVICES | .673739 | 23,209 | 15,637 |
| | OUTPAT SERVICE COST CNTRS | | | |
| 60 | CLINIC | .724621 | | |
| 60 01 | CLINIC - FAMILY PRACTICE | 2.160788 | | |
| 60 02 | OUTPATIENT PSYCHIATRIC SERVICES | .322494 | | |
| 60 03 | OUTPATIENT CHEMO | .138151 | | |
| 60 04 | PRIMARY CARE SENIORS | 2.490209 | | |
| 61 | EMERGENCY | .183900 | 89,363 | 16,434 |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | .742924 | | |
| 62 01 | OBSERVATION BEDS (DISTINCT PART) CVS | .772242 | | |
| | OTHER REIMBURS COST CNTRS | | | |
| 66 | DURABLE MEDICAL EQUIP-RENTED | .439440 | | |
| 101 | TOTAL | | 565,293 | 135,032 |
| 102 | LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES | | | |
| 103 | NET CHARGES | | 565,293 | |

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0082
 COMPONENT NO: 15-5544
 PERIOD: FROM 10/ 1/2009 TO 9/30/2010
 PREPARED 10/ 3/2011
 WORKSHEET D-4

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | RATIO COST TO CHARGES 1 | INPATIENT CHARGES 2 | INPATIENT COST 3 |
|--------------------|---|-------------------------------|---------------------------|------------------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | | | |
| 26 | INTENSIVE CARE UNIT | | | |
| 27 | CORONARY CARE UNIT | | | |
| 28 | BURN INTENSIVE CARE UNIT | | | |
| 29 | SURGICAL INTENSIVE CARE UNIT | | | |
| 31 | SUBPROVIDER | | | |
| 37 | ANCILLARY SRVC COST CNTRS OPERATING ROOM | . 226411 | 304 | 69 |
| 41 | RADIOLOGY-DIAGNOSTIC | . 127165 | 53,494 | 6,803 |
| 44 | LABORATORY | . 226738 | 588,313 | 133,393 |
| 49 | RESPIRATORY THERAPY | . 351068 | 132,666 | 46,575 |
| 49 01 | WOUND CARE CENTER | . 354347 | | |
| 50 | PHYSICAL THERAPY | . 259036 | 1,519,860 | 393,698 |
| 53 | ELECTROCARDIOLOGY | . 073646 | 13,693 | 1,008 |
| 53 01 | CARDIAC CATH LAB | . 086503 | | |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | . 354812 | 318,449 | 112,990 |
| 55 30 | IMPL. DEV. CHARGED TO PATIENT | . 664819 | | |
| 56 | DRUGS CHARGED TO PATIENTS | . 237777 | 1,641,261 | 390,254 |
| 57 | RENAL DIALYSIS | . 539407 | | |
| 59 | BEHAVIORAL HEALTH SERVICES OUTPAT SERVICE COST CNTRS | . 673739 | 256 | 172 |
| 60 | CLINIC | . 724444 | 1,100 | 797 |
| 60 01 | CLINIC - FAMILY PRACTICE | 2. 160788 | | |
| 60 02 | OUTPATIENT PSYCHIATRIC SERVICES | . 322494 | | |
| 60 03 | OUTPATIENT CHEMO | . 138151 | | |
| 60 04 | PRIMARY CARE SENIORS | 2. 490209 | | |
| 61 | EMERGENCY | . 181264 | | |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | . 742924 | | |
| 62 01 | OBSERVATION BEDS (DISTINCT PART) CVS OTHER REIMBURS COST CNTRS | . 772242 | | |
| 66 | DURABLE MEDICAL EQUIP-RENTED | . 439440 | | |
| 101 | TOTAL | | 4,269,396 | 1,085,759 |
| 102 | LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES | | | |
| 103 | NET CHARGES | | 4,269,396 | |

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0082
 COMPONENT NO: 15-0082
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 10/3/2011
 WORKSHEET D-4

TITLE XIX

HOSPITAL

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | RATIO COST TO CHARGES 1 | INPATIENT CHARGES 2 | INPATIENT COST 3 |
|--------------------|---|-------------------------------|---------------------------|------------------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | | 15,095,809 | |
| 26 | INTENSIVE CARE UNIT | | 2,311,468 | |
| 27 | CORONARY CARE UNIT | | 1,854,122 | |
| 28 | BURN INTENSIVE CARE UNIT | | | |
| 29 | SURGICAL INTENSIVE CARE UNIT | | | |
| 31 | SUBPROVIDER | | | |
| | ANCILLARY SRVC COST CNTRS | | | |
| 37 | OPERATING ROOM | .227979 | 3,655,987 | 833,488 |
| 41 | RADIOLOGY-DIAGNOSTIC | .127260 | 4,241,444 | 539,766 |
| 44 | LABORATORY | .227137 | 8,342,709 | 1,894,938 |
| 49 | RESPIRATORY THERAPY | .351286 | 1,506,558 | 529,233 |
| 49 01 | WOUND CARE CENTER | .354347 | 1,387 | 491 |
| 50 | PHYSICAL THERAPY | .259036 | 1,195,465 | 309,668 |
| 53 | ELECTROCARDIOLOGY | .086335 | 830,320 | 71,686 |
| 53 01 | CARDIAC CATH LAB | .086503 | 1,484,994 | 128,456 |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | .354812 | 3,859,790 | 1,369,500 |
| 55 30 | IMPL. DEV. CHARGED TO PATIENT | .664819 | 955,526 | 635,252 |
| 56 | DRUGS CHARGED TO PATIENTS | .237782 | 10,918,582 | 2,596,242 |
| 57 | RENAL DIALYSIS | .540193 | 261,624 | 141,327 |
| 59 | BEHAVIORAL HEALTH SERVICES OUTPAT SERVICE COST CNTRS | .673739 | 259,823 | 175,053 |
| 60 | CLINIC | .730961 | 399 | 292 |
| 60 01 | CLINIC - FAMILY PRACTICE | 3.204534 | 1,592 | 5,102 |
| 60 02 | OUTPATIENT PSYCHIATRIC SERVICES | .322494 | 8,418 | 2,715 |
| 60 03 | OUTPATIENT CHEMO | .138151 | 7,814 | 1,080 |
| 60 04 | PRIMARY CARE SENIORS | 2.524569 | | |
| 61 | EMERGENCY | .184660 | 3,497,515 | 645,851 |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | .742924 | | |
| 62 01 | OBSERVATION BEDS (DISTINCT PART) CVS OTHER REIMBURS COST CNTRS | .772242 | 8,096 | 6,252 |
| 66 | DURABLE MEDICAL EQUIP-RENTED | .439440 | | |
| 101 | TOTAL | | 41,038,043 | 9,886,392 |
| 102 | LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES | | | |
| 103 | NET CHARGES | | 41,038,043 | |

PROVIDER NO: 15-0082
 COMPONENT NO: 15-0082
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 10/3/2011
 WORKSHEET E
 PART A

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

| DESCRIPTION | 1 | 1.01 |
|--|--------------------------|--|
| DRG AMOUNT | | |
| 1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1 | | |
| 1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1 | 18,242,976 | |
| 1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 | 52,553,489 | |
| MANAGED CARE PATIENTS | | |
| 1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST | | |
| 1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1 | 3,259,367 | |
| 1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1 | 11,242,684 | |
| 1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR) | | |
| 1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001. | | |
| 1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001. | | |
| 2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97 | | |
| 2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS) | 1,596,914 | |
| 3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD | 431.24 | |
| INDIRECT MEDICAL EDUCATION ADJUSTMENT | | |
| 3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I | | |
| 3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS) | | |
| 3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT | | |
| 3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996. | 15.30 | |
| 3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) | | |
| 3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) | | |
| | | FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 |
| | | E-3 PT 6 LN 15 PLUS LN 3.06 |
| 3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS) | 15.30 | |
| 3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS | 16.14 | |
| 3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1. | | |
| 3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1 | | |
| 3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09 | | |
| 3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10 | | |
| 3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS. | | |
| 3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS) | 15.30 | |
| 3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE | 15.89 | |
| 3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE | 16.95 | |
| 3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS). | 16.05 | |
| 3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3) | .037218 | |
| 3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS) | .034388 | |
| 3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19. (SEE INST) | .034388 | |
| 3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1 | | |
| 3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS) | 400,202 | |
| 3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1 | 1,187,374 | |
| | SUM OF LINES 3.21 - 3.23 | PLUS E-3, PT VI, LINE 23 |
| 3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS). | 1,587,576 | 44,355 |
| | | 1,631,931 |
| DISPROPORTIONATE SHARE ADJUSTMENT | | |
| 4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS) | | 5.58 |
| 4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I | | 14.65 |
| 4.02 SUM OF LINES 4 AND 4.01 | | 20.23 |
| 4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC) | | 5.90 |
| 4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS) | | 4,176,991 |
| ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES | | |
| 5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS) | | |
| 5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS) | | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

| | | |
|---------------|-----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| 15-0082 | FROM 10/ 1/2009 | WORKSHEET E |
| COMPONENT NO: | TO 9/30/2010 | PART A |
| 15-0082 | | |

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

| DESCRIPTION | 1 | 1.01 |
|--|------------|------|
| 5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT) | | |
| 5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS) | | |
| 5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK | | |
| 5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC) | | |
| 5.06 TOTAL ADDITIONAL PAYMENT | | |
| 6 SUBTOTAL (SEE INSTRUCTIONS) | 78,202,301 | |
| 7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS) | | |
| 7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000) | | |
| 8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS) | 78,202,301 | |
| 9 PAYMENT FOR INPATIENT PROGRAM CAPITAL | | |
| 10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS) | 6,347,853 | |
| 11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS) | 813,373 | |
| 11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT | | |
| 11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES | | |
| 12 NET ORGAN ACQUISITION COST | | |
| 13 COST OF TEACHING PHYSICIANS | | |
| 14 ROUTINE SERVICE OTHER PASS THROUGH COSTS | 289,716 | |
| 15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS | 104,531 | |
| 16 TOTAL | 85,757,774 | |
| 17 PRIMARY PAYER PAYMENTS | 68,358 | |
| 18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES | 85,689,416 | |
| 19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES | 7,436,244 | |
| 20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES | 448,908 | |
| 21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 1,109,370 | |
| 21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 776,559 | |
| 21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | 948,650 | |
| 22 SUBTOTAL | 78,580,823 | |
| 23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | | |
| 24 OTHER ADJUSTMENTS (SPECIFY) | | |
| 24.94 LOW VOLUME ADJUSTMENT PAYMENT-1 | | |
| 24.95 LOW VOLUME ADJUSTMENT PAYMENT-2 | | |
| 24.96 LOW VOLUME ADJUSTMENT PAYMENT-3 | | |
| 24.97 | | |
| 24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES | | |
| 24.99 OUTLIER RECONCILIATION ADJUSTMENT | | |
| 25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | |
| 26 AMOUNT DUE PROVIDER | 78,580,823 | |
| 27 SEQUESTRATION ADJUSTMENT | | |
| 28 INTERIM PAYMENTS | 77,021,197 | |
| 28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | | |
| 29 BALANCE DUE PROVIDER (PROGRAM) | 1,559,626 | |
| 30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2. | 865,469 | |
| ----- FI ONLY ----- | | |
| 50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01 | | |
| 51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01 | | |
| 52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT(SEE INST) | | |
| 53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST) | | |
| 54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | |
| 55 TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | |
| 56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

| | | |
|--|---|------------|
| 1 | MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) | 23,563 |
| 1.01 | MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS). | 28,109,768 |
| 1.02 | PPS PAYMENTS RECEIVED INCLUDING OUTLIERS. | 28,252,478 |
| 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 | OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101 | 58,126 |
| 2 | INTERNS AND RESIDENTS | |
| 3 | ORGAN ACQUISITIONS | |
| 4 | COST OF TEACHING PHYSICIANS | |
| 5 | TOTAL COST (SEE INSTRUCTIONS) | 23,563 |
| COMPUTATION OF LESSER OF COST OR CHARGES | | |
| REASONABLE CHARGES | | |
| 6 | ANCILLARY SERVICE CHARGES | 100,056 |
| 7 | INTERNS AND RESIDENTS SERVICE CHARGES | |
| 8 | ORGAN ACQUISITION CHARGES | |
| 9 | CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS. | |
| 10 | TOTAL REASONABLE CHARGES | 100,056 |
| 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) | 100,056 |
| 15 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | 76,493 |
| 16 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | |
| 17 | LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC) | 23,563 |
| 17.01 | TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07) | 28,310,604 |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | | |
| 18 | DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS) | 250 |
| 18.01 | DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS) | 6,254,822 |
| 19 | SUBTOTAL (SEE INSTRUCTIONS) | 22,079,095 |
| 20 | SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.) | |
| 21 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | 225,501 |
| 22 | ESRD DIRECT MEDICAL EDUCATION COSTS | |
| 23 | SUBTOTAL | 22,304,596 |
| 24 | PRIMARY PAYER PAYMENTS | 9,831 |
| 25 | SUBTOTAL | 22,294,765 |
| REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | | |
| 26 | COMPOSITE RATE ESRD | |
| 27 | BAD DEBTS (SEE INSTRUCTIONS) | 740,153 |
| 27.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 518,107 |
| 27.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | 680,453 |
| 28 | SUBTOTAL | 22,812,872 |
| 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 | 22,812,872 |
| 33 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 34 | INTERIM PAYMENTS | 22,644,494 |
| 34.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | |
| 35 | BALANCE DUE PROVIDER/PROGRAM | 168,378 |
| 36 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2 | |
| TO BE COMPLETED BY CONTRACTOR | | |
| 50 | ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS) | |
| 51 | OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS) | |
| 52 | THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY | |
| 53 | TIME VALUE OF MONEY (SEE INSTRUCTIONS) | |
| 54 | TOTAL (SUM OF LINES 51 AND 53) | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

| | | |
|---------------|-----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| 15-0082 | FROM 10/ 1/2009 | WORKSHEET E |
| COMPONENT NO: | TO 9/30/2010 | PART B |
| 15-5544 | | |

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

| | | |
|--|---|-----|
| 1 | MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) | 46 |
| 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 | OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,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) | 46 |
| COMPUTATION OF LESSER OF COST OR CHARGES | | |
| REASONABLE CHARGES | | |
| 6 | ANCILLARY SERVICE CHARGES | 192 |
| 7 | INTERNS AND RESIDENTS SERVICE CHARGES | |
| 8 | ORGAN ACQUISITION CHARGES | |
| 9 | CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS. | |
| 10 | TOTAL REASONABLE CHARGES | 192 |
| 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) | 192 |
| 15 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | 146 |
| 16 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | |
| 17 | LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC) | 46 |
| 17.01 | TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07) | |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | | |
| 18 | DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS) | |
| 18.01 | DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS) | |
| 19 | SUBTOTAL (SEE INSTRUCTIONS) | 46 |
| 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 | 46 |
| 24 | PRIMARY PAYER PAYMENTS | |
| 25 | SUBTOTAL | 46 |
| REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | | |
| 26 | COMPOSITE RATE ESRD | |
| 27 | BAD DEBTS (SEE INSTRUCTIONS) | |
| 27.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | |
| 27.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | |
| 28 | SUBTOTAL | 46 |
| 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 | 46 |
| 33 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 34 | INTERIM PAYMENTS | 40 |
| 34.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | |
| 35 | BALANCE DUE PROVIDER/PROGRAM | 6 |
| 36 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2 | |
| TO BE COMPLETED BY CONTRACTOR | | |
| 50 | ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS) | |
| 51 | OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS) | |
| 52 | THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY | |
| 53 | TIME VALUE OF MONEY (SEE INSTRUCTIONS) | |
| 54 | TOTAL (SUM OF LINES 51 AND 53) | |

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 15-0082
 COMPONENT NO: 15-0082
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 10/3/2011
 WORKSHEET E-1

TITLE XVII HOSPITAL

| DESCRIPTION | INPATIENT-PART A | | PART B | |
|--|------------------|------------|------------|------------|
| | MM/DD/YYYY | AMOUNT | MM/DD/YYYY | AMOUNT |
| | 1 | 2 | 3 | 4 |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 76,861,261 | | 22,605,527 |
| 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 | | | 4/ 8/2010 | 43,397 |
| ADJUSTMENTS TO PROVIDER .02 | 9/16/2010 | 184,748 | | |
| ADJUSTMENTS TO PROVIDER .03 | | | | |
| ADJUSTMENTS TO PROVIDER .04 | | | | |
| ADJUSTMENTS TO PROVIDER .05 | | | | |
| ADJUSTMENTS TO PROGRAM .50 | 4/ 8/2010 | 24,812 | | |
| ADJUSTMENTS TO PROGRAM .51 | | | 9/16/2010 | 4,430 |
| ADJUSTMENTS TO PROGRAM .52 | | | | |
| ADJUSTMENTS TO PROGRAM .53 | | | | |
| ADJUSTMENTS TO PROGRAM .54 | | | | |
| SUBTOTAL .99 | | 159,936 | | 38,967 |
| 4 TOTAL INTERIM PAYMENTS | | 77,021,197 | | 22,644,494 |
| 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) | | 1,559,626 | | 168,378 |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | 78,580,823 | | 22,812,872 |

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: 15-0082
 COMPONENT NO: 15-S082
 PERIOD: FROM 10/ 1/2009 TO 9/30/2010
 PREPARED 10/ 3/2011
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

| DESCRIPTION | INPATIENT-PART A | | PART B | |
|--|------------------|---------|------------|--------|
| | MM/DD/YYYY | AMOUNT | MM/DD/YYYY | AMOUNT |
| | 1 | 2 | 3 | 4 |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 705,286 | | |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO. | | NONE | | NONE |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | | |
| ADJUSTMENTS TO PROVIDER | | .01 | | |
| ADJUSTMENTS TO PROVIDER | | .02 | | |
| ADJUSTMENTS TO PROVIDER | | .03 | | |
| ADJUSTMENTS TO PROVIDER | | .04 | | |
| ADJUSTMENTS TO PROVIDER | | .05 | | |
| ADJUSTMENTS TO PROGRAM | | .50 | | |
| ADJUSTMENTS TO PROGRAM | | .51 | | |
| ADJUSTMENTS TO PROGRAM | | .52 | | |
| ADJUSTMENTS TO PROGRAM | | .53 | | |
| ADJUSTMENTS TO PROGRAM | | .54 | | |
| SUBTOTAL | | .99 | | |
| 4 TOTAL INTERIM PAYMENTS | | | NONE | NONE |
| | | | 705,286 | |
| 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 | | |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1) | | | NONE | NONE |
| SETTLEMENT TO PROVIDER | | .01 | 32,847 | |
| SETTLEMENT TO PROGRAM | | .02 | | |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | | 738,133 | |

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: 15-0082
 COMPONENT NO: 15-5544
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 10/3/2011
 WORKSHEET E-1

TITLE XVII SNF

| DESCRIPTION | INPATIENT-PART A | | PART B | |
|--|------------------|-----------|------------|--------|
| | MM/DD/YYYY | AMOUNT | MM/DD/YYYY | AMOUNT |
| | 1 | 2 | 3 | 4 |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 1,367,241 | | 40 |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO. | | NONE | | NONE |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | | |
| ADJUSTMENTS TO PROVIDER .01 | | | | |
| ADJUSTMENTS TO PROVIDER .02 | | | | |
| ADJUSTMENTS TO PROVIDER .03 | | | | |
| ADJUSTMENTS TO PROVIDER .04 | | | | |
| ADJUSTMENTS TO PROVIDER .05 | | | | |
| ADJUSTMENTS TO PROGRAM .50 | | | | |
| ADJUSTMENTS TO PROGRAM .51 | | | | |
| ADJUSTMENTS TO PROGRAM .52 | | | | |
| ADJUSTMENTS TO PROGRAM .53 | | | | |
| ADJUSTMENTS TO PROGRAM .54 | | | | |
| SUBTOTAL | | | | |
| 4 TOTAL INTERIM PAYMENTS | | 1,367,241 | | 40 |
| 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 | | | | |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1) | | 5,663 | | 6 |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | 1,372,904 | | 46 |

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

| | | |
|---------------|-----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| 15-0082 | FROM 10/ 1/2009 | WORKSHEET E-3 |
| COMPONENT NO: | TO 9/30/2010 | PART I |
| 15-S082 | | |

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

| | | |
|-------|--|----------|
| 1 | INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS) | |
| 1.01 | HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS) | |
| 1.02 | ENTER FROM THE PS&R, THE IRF PPS PAYMENT | |
| 1.03 | MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.) | |
| 1.04 | INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS) | |
| 1.05 | OUTLIER PAYMENTS | |
| 1.06 | TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42) | |
| 1.07 | NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS) | |
| | INPATIENT PSYCHIATRIC FACILITY (IPF) | |
| 1.08 | NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS) | 661,152 |
| 1.09 | NET IPF PPS OUTLIER PAYMENTS | 118,902 |
| 1.10 | NET IPF PPS ECT PAYMENTS | 12,157 |
| 1.11 | UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS) | |
| 1.12 | NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS) | |
| 1.13 | CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) | |
| 1.14 | CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) | |
| 1.15 | INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 1.16 | AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) | 5.887671 |
| 1.17 | MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$. | |
| 1.18 | MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17). | |
| 1.19 | ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18) | 792,211 |
| 1.20 | STOP LOSS PAYMENT FLOOR (LINE 1 x 70%) | |
| 1.21 | ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE) | |
| 1.22 | STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-) | |
| 1.23 | TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22) | 792,211 |
| | INPATIENT REHABILITATION FACILITY (IRF) | |
| 1.35 | UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.) | |
| 1.36 | NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS) | |
| 1.37 | CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) | |
| 1.38 | CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) | |
| 1.39 | INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 1.40 | AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) | |
| 1.41 | MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 1.42 | MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41). | |
| 2 | ORGAN ACQUISITION | |
| 3 | COST OF TEACHING PHYSICIANS | |
| 4 | SUBTOTAL (SEE INSTRUCTIONS) | 792,211 |
| 5 | PRIMARY PAYER PAYMENTS | |
| 6 | SUBTOTAL | 792,211 |
| 7 | DEDUCTIBLES | 60,992 |
| 8 | SUBTOTAL | 731,219 |
| 9 | COINSURANCE | 25,933 |
| 10 | SUBTOTAL | 705,286 |
| 11 | REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV) | 46,243 |
| 11.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 32,370 |
| 11.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | 46,243 |
| 12 | SUBTOTAL | 737,656 |
| 13 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | |
| 13.01 | OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS) | 477 |
| 14 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | |
| 15 | OTHER ADJUSTMENTS (SPECIFY) | |
| 15.99 | OUTLIER RECONCILIATION ADJUSTMENT | |
| 16 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

| | | |
|---------------|-----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| 15-0082 | FROM 10/ 1/2009 | WORKSHEET E-3 |
| COMPONENT NO: | TO 9/30/2010 | PART I |
| 15-S082 | | |

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

| | | |
|-------|---|---------|
| 17 | TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS) | 738,133 |
| 18 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 19 | INTERIM PAYMENTS | 705,286 |
| 19.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | |
| 20 | BALANCE DUE PROVIDER/PROGRAM | 32,847 |
| 21 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2. | |

| | | |
|----|---|--|
| 50 | ----- FI ONLY ----- ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS). | |
| 51 | OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS) | |
| 52 | THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY | |
| 53 | TIME VALUE OF MONEY (SEE INSTRUCTIONS). | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 15-0082
 COMPONENT NO: 15-5544
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 10/3/2011
 WORKSHEET E-3
 PART III

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

| | TITLE XVIII | SNF | PPS TITLE V OR TITLE XIX | TITLE XVIII SNF PPS |
|-------|--|-----|--------------------------------|------------------------|
| | | | 1 | 2 |
| 1 | COMPUTATION OF NET COST OF COVERED SERVICE | | | |
| 2 | INPATIENT HOSPITAL/SNF/NF SERVICES | | | |
| 3 | MEDICAL AND OTHER SERVICES | | | |
| 4 | INTERNS AND RESIDENTS (SEE INSTRUCTIONS) | | | |
| 5 | ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY) | | | |
| 6 | COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS) | | | |
| 7 | SUBTOTAL | | | |
| 8 | INPATIENT PRIMARY PAYER PAYMENTS | | | |
| 9 | OUTPATIENT PRIMARY PAYER PAYMENTS | | | |
| | SUBTOTAL | | | |
| | COMPUTATION OF LESSER OF COST OR CHARGES | | | |
| | REASONABLE CHARGES | | | |
| 10 | ROUTINE SERVICE CHARGES | | | |
| 11 | ANCILLARY SERVICE CHARGES | | | |
| 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 | | | |
| | 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) | | | |
| 21 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | | | |
| 22 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | | |
| 23 | COST OF COVERED SERVICES | | | |
| 24 | PROSPECTIVE PAYMENT AMOUNT | | | |
| 25 | OTHER THAN OUTLIER PAYMENTS | | | |
| 26 | OUTLIER PAYMENTS | | | |
| 27 | PROGRAM CAPITAL PAYMENTS | | | |
| 28 | CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS) | | | |
| 29 | ROUTINE SERVICE OTHER PASS THROUGH COSTS | | | |
| 30 | ANCILLARY SERVICE OTHER PASS THROUGH COSTS | | | |
| 31 | SUBTOTAL | | | |
| 32 | CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY) | | | |
| 33 | TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30 | | | |
| | DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT) | | | |
| 34 | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | |
| 35 | EXCESS OF REASONABLE COST | | | |
| 36 | SUBTOTAL | | | |
| 37 | COINSURANCE | | | |
| 38 | SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19 | | | |
| 38.01 | REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | | | |
| 38.02 | ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS) | | | |
| 38.03 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | | | |
| | ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS) | | | |
| 39 | SUBTOTAL (SEE INSTRUCTIONS) | | | |
| 40 | UTILIZATION REVIEW | | | |
| 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 | | | |
| 53 | INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY) | | | |
| 54 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | | | |
| 55 | TOTAL AMOUNT PAYABLE TO THE PROVIDER | | | |
| 56 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | | | |
| 57 | INTERIM PAYMENTS | | | |
| 57.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | | | |
| 58 | BALANCE DUE PROVIDER/PROGRAM | | | |
| 59 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) | | | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

| | | |
|---------------|-----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| 15-0082 | FROM 10/ 1/2009 | WORKSHEET E-3 |
| COMPONENT NO: | TO 9/30/2010 | PART III |
| 15-5544 | | |

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

| | | | |
|------|---|----------------------------|----------------|
| 1 | NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE | | |
| 1.01 | NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR) | | |
| 2 | UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY | | |
| 2.01 | UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR) | | |
| 3 | AGGREGATE APPROVED AMOUNT | | |
| 3.01 | UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96 | | 18.00 |
| 3.02 | UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6) | | |
| 3.03 | UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). | E-3, PT 6 LN 4 + LINE 3.03 | |
| 3.04 | FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03) | 16.60 | 16.60 |
| 3.05 | UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS | | 16.16 |
| 3.06 | ENTER THE LESSER OF LINE 3.04 OR LINE 3.05. | | 16.16 |
| 3.07 | WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO. | | 15.79 |
| 3.08 | WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO. | | |
| 3.09 | ENTER THE SUM OF LINES 3.07 AND 3.08. | | 15.79 |
| 3.10 | SEE INSTRUCTIONS | | 15.79 |
| 3.11 | WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO. | | |
| 3.12 | SEE INSTRUCTIONS | | |
| 3.13 | TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS) | | |
| 3.14 | TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS) | | |
| 3.15 | ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS) | | RES INIT YEARS |
| 3.16 | ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS) | | |
| 3.17 | ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT. | | |
| 3.18 | SEE INSTRUCTIONS | | |
| 3.19 | ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS) | | 15.68 |
| 3.20 | ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS) | | 16.96 |
| 3.21 | SEE INSTRUCTIONS | | RES INIT YEARS |
| 3.22 | SEE INSTRUCTIONS | | 16.14 |
| 3.23 | SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 | | 113,871.47 |
| 3.24 | SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 | | 1,837,886 |
| 3.25 | SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 | | 1,837,886 |

COMPUTATION OF PROGRAM PATIENT LOAD

| | | | |
|------|--|------------------------------|---------|
| 4 | PROGRAM PART A INPATIENT DAYS | | 54,262 |
| 5 | TOTAL INPATIENT DAYS | | 112,694 |
| 6 | RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. | LN 6 * LN 3.25 + E-3, 6 L 11 | .481499 |
| 6.01 | TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS | 884,940 | 884,940 |
| 6.02 | PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS) | | 10,992 |
| 6.03 | ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. | | 112,694 |
| 6.04 | ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS) | | 100.00 |
| 6.05 | GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD. | | 153,934 |
| 6.06 | PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS) | | |
| 6.07 | ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS) | PRIOR TO 422 E-3, 6 LN 12 | 100.00 |
| 6.08 | GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD | | |

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

| | | | |
|---|--|--|-----------|
| 7 | RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS | | |
| 8 | RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES | | 4,199,651 |
| 9 | RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES | | |

TITLE XVIII

10 MEDICARE OUTPATIENT ESRD CHARGES
 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

| | | |
|----|------------------------------------|-------------|
| 12 | REASONABLE COST (SEE INSTRUCTIONS) | 101,718,167 |
| 13 | ORGAN ACQUISITION COSTS | |
| 14 | COST OF TEACHING PHYSICIANS | |
| 15 | PRIMARY PAYER PAYMENTS | 68,358 |
| 16 | TOTAL PART A REASONABLE COST | 101,649,809 |

PART B REASONABLE COST

| | | |
|----|--|-------------|
| 17 | REASONABLE COST | 28,191,503 |
| 18 | PRIMARY PAYER PAYMENTS | 9,831 |
| 19 | TOTAL PART B REASONABLE COST | 28,181,672 |
| 20 | TOTAL REASONABLE COST | 129,831,481 |
| 21 | RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST | .782937 |
| 22 | RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST | .217063 |

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

| | | |
|-------|---|-----------|
| 23 | TOTAL PROGRAM GME PAYMENT | |
| 23.01 | FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08) | 1,038,874 |
| 24 | PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY | 813,373 |
| 25 | PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY | 225,501 |

TITLE XVII I I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

| | COLUMN 1 | COLUMN 1.01 |
|--|----------|-------------|
| 1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD. | 1.000000 | |
| 2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS) | 16.60 | |
| 3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02) | 18.00 | |
| 4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS) | 16.60 | |

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

| | | |
|--|-----------|--|
| 5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4) | | |
| 5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY) | | |
| 6 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS) | | |
| 7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS) | | |
| 8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS) | 87,893.42 | |
| 9 MULTIPLY LINE 7 TIMES LINE 8 | | |
| 10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6. | | |
| 11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10) | | |
| 12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5]) | | |

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

| | |
|---|--|
| 13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS) | |
| 14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05) | |
| 15 PRORATED REDUCED ALLOWABLE IIME FTE CAP | |

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

| | |
|---|------------|
| 16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C). | 2.22 |
| 17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS) | .84 |
| 18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005) | .84 |
| 19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A) | .001948 |
| 20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS) | .000520 |
| 21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005. | 70,796,465 |
| 22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005 | 14,502,051 |
| 23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA | 44,355 |

| | GENERAL FUND | SPECIFIC FUND PURPOSE | ENDOWMENT FUND | PLANT FUND |
|---|--------------|-----------------------|----------------|------------|
| ASSETS | 1 | 2 | 3 | 4 |
| CURRENT ASSETS | | | | |
| 1 CASH ON HAND AND IN BANKS | 45,404,178 | | | |
| 2 TEMPORARY INVESTMENTS | 32,280,782 | | | |
| 3 NOTES RECEIVABLE | | | | |
| 4 ACCOUNTS RECEIVABLE | 100,255,565 | | | |
| 5 OTHER RECEIVABLES | | | | |
| 6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE | | | | |
| 7 INVENTORY | 5,359,268 | | | |
| 8 PREPAID EXPENSES | 4,844,935 | | | |
| 9 OTHER CURRENT ASSETS | 2,880,645 | | | |
| 10 DUE FROM OTHER FUNDS | | | | |
| 11 TOTAL CURRENT ASSETS | 191,025,373 | | | |
| FIXED ASSETS | | | | |
| 12 LAND | 10,266,158 | | | |
| 12.01 LAND IMPROVEMENTS | 4,240,572 | | | |
| 13.01 LESS ACCUMULATED DEPRECIATION | -3,254,771 | | | |
| 14 BUILDINGS | 354,291,565 | | | |
| 14.01 LESS ACCUMULATED DEPRECIATION | -179,210,153 | | | |
| 15 LEASEHOLD IMPROVEMENTS | | | | |
| 15.01 LESS ACCUMULATED DEPRECIATION | | | | |
| 16 FIXED EQUIPMENT | | | | |
| 16.01 LESS ACCUMULATED DEPRECIATION | | | | |
| 17 AUTOMOBILES AND TRUCKS | | | | |
| 17.01 LESS ACCUMULATED DEPRECIATION | | | | |
| 18 MAJOR MOVABLE EQUIPMENT | 188,130,647 | | | |
| 18.01 LESS ACCUMULATED DEPRECIATION | -138,960,126 | | | |
| 19 MINOR EQUIPMENT DEPRECIABLE | | | | |
| 19.01 LESS ACCUMULATED DEPRECIATION | | | | |
| 20 MINOR EQUIPMENT-NONDEPRECIABLE | | | | |
| 21 TOTAL FIXED ASSETS | 235,503,892 | | | |
| OTHER ASSETS | | | | |
| 22 INVESTMENTS | 210,350,390 | 8,130,489 | | |
| 23 DEPOSITS ON LEASES | | | | |
| 24 DUE FROM OWNERS/OFFICERS | | | | |
| 25 OTHER ASSETS | 89,608,105 | | | |
| 26 TOTAL OTHER ASSETS | 299,958,495 | 8,130,489 | | |
| 27 TOTAL ASSETS | 726,487,760 | 8,130,489 | | |

| | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|--|-----------------|-----------------------------|-------------------|---------------|
| LIABILITIES AND FUND BALANCE | 1 | 2 | 3 | 4 |
| CURRENT LIABILITIES | | | | |
| 28 ACCOUNTS PAYABLE | 31,639,461 | | | |
| 29 SALARIES, WAGES & FEES PAYABLE | 20,133,685 | | | |
| 30 PAYROLL TAXES PAYABLE | 2,730,313 | | | |
| 31 NOTES AND LOANS PAYABLE (SHORT TERM) | 6,155,000 | | | |
| 32 DEFERRED INCOME | | | | |
| 33 ACCELERATED PAYMENTS | | | | |
| 34 DUE TO OTHER FUNDS | | | | |
| 35 OTHER CURRENT LIABILITIES | 7,025,273 | | | |
| 36 TOTAL CURRENT LIABILITIES | 67,683,732 | | | |
| LONG TERM LIABILITIES | | | | |
| 37 MORTGAGE PAYABLE | | | | |
| 38 NOTES PAYABLE | 293,514,494 | | | |
| 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 | 293,514,494 | | | |
| 43 TOTAL LIABILITIES | 361,198,226 | | | |
| CAPITAL ACCOUNTS | | | | |
| 44 GENERAL FUND BALANCE | 365,289,534 | | | |
| 45 SPECIFIC PURPOSE FUND | | 8,130,489 | | |
| 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 | 365,289,534 | 8,130,489 | | |
| 52 TOTAL LIABILITIES AND FUND BALANCES | 726,487,760 | 8,130,489 | | |

STATEMENT OF CHANGES IN FUND BALANCES

| | | GENERAL FUND | | SPECIFIC PURPOSE FUND | |
|----|---|--------------|-------------|-----------------------|-----------|
| | | 1 | 2 | 3 | 4 |
| 1 | FUND BALANCE AT BEGINNING OF PERIOD | | 325,414,596 | | |
| 2 | NET INCOME (LOSS) | | 42,918,155 | | |
| 3 | TOTAL | | 368,332,751 | | |
| 4 | ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY) | | | | |
| 5 | ADDITIONS (CREDIT ADJUSTM | | | | |
| 6 | NET UNREALIZED GAIN ON IN | 7,507,505 | | | |
| 7 | PENSION RELATED CHANGES | 7,620,595 | | | |
| 8 | ADD RESTRICTED ASSETS | | | 8,130,489 | |
| 9 | | | | | |
| 10 | TOTAL ADDITIONS | | 15,128,100 | | 8,130,489 |
| 11 | SUBTOTAL | | 383,460,851 | | 8,130,489 |
| 12 | DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY) | | | | |
| 13 | DEDUCTIONS (DEBIT ADJUSTM | | | | |
| 14 | TRANSFER FROM DHS | 18,171,317 | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | TOTAL DEDUCTIONS | | 18,171,317 | | |
| 19 | FUND BALANCE AT END OF PERIOD PER BALANCE SHEET | | 365,289,534 | | 8,130,489 |

| | | ENDOWMENT FUND | | PLANT FUND | |
|----|---|----------------|---|------------|---|
| | | 5 | 6 | 7 | 8 |
| 1 | FUND BALANCE AT BEGINNING OF PERIOD | | | | |
| 2 | NET INCOME (LOSS) | | | | |
| 3 | TOTAL | | | | |
| 4 | ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY) | | | | |
| 5 | ADDITIONS (CREDIT ADJUSTM | | | | |
| 6 | NET UNREALIZED GAIN ON IN | | | | |
| 7 | PENSION RELATED CHANGES | | | | |
| 8 | ADD RESTRICTED ASSETS | | | | |
| 9 | | | | | |
| 10 | TOTAL ADDITIONS | | | | |
| 11 | SUBTOTAL | | | | |
| 12 | DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY) | | | | |
| 13 | DEDUCTIONS (DEBIT ADJUSTM | | | | |
| 14 | TRANSFER FROM DHS | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | TOTAL DEDUCTIONS | | | | |
| 19 | FUND BALANCE AT END OF PERIOD PER BALANCE SHEET | | | | |

PART I - PATIENT REVENUES

| REVENUE CENTER | INPATIENT 1 | OUTPATIENT 2 | TOTAL 3 |
|---|----------------|-----------------|--------------|
| GENERAL INPATIENT ROUTINE CARE SERVICES | | | |
| 1 00 HOSPITAL | 101,246,558 | | 101,246,558 |
| 2 00 SUBPROVIDER | 3,598,000 | | 3,598,000 |
| 4 00 SWING BED - SNF | | | |
| 5 00 SWING BED - NF | | | |
| 6 00 SKILLED NURSING FACILITY | 3,129,538 | | 3,129,538 |
| 9 00 TOTAL GENERAL INPATIENT ROUTINE CARE | 107,974,096 | | 107,974,096 |
| INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS | | | |
| 10 00 INTENSIVE CARE UNIT | 24,033,158 | | 24,033,158 |
| 11 00 CORONARY CARE UNIT | 18,064,183 | | 18,064,183 |
| 12 00 BURN INTENSIVE CARE UNIT | | | |
| 13 00 SURGICAL INTENSIVE CARE UNIT | | | |
| 15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP | 42,097,341 | | 42,097,341 |
| 16 00 TOTAL INPATIENT ROUTINE CARE SERVICE | 150,071,437 | | 150,071,437 |
| 17 00 ANCILLARY SERVICES | 489,709,589 | 487,865,618 | 977,575,207 |
| 18 00 OUTPATIENT SERVICES | 55,590,129 | 146,910,509 | 202,500,638 |
| 19 00 HOME HEALTH AGENCY | | 4,107,936 | 4,107,936 |
| 23 00 HOSPICE | 6,055 | 4,553,169 | 4,559,224 |
| 24 00 | | | |
| 25 00 TOTAL PATIENT REVENUES | 695,377,210 | 643,437,232 | 1338,814,442 |

PART II - OPERATING EXPENSES

| | | | |
|--------------------------------|------------|-------------|--|
| 26 00 OPERATING EXPENSES | | 462,188,274 | |
| ADD (SPECIFY) | | | |
| 27 00 BAD DEBT | 23,754,974 | | |
| 28 00 | | | |
| 29 00 | | | |
| 30 00 | | | |
| 31 00 | | | |
| 32 00 | | | |
| 33 00 TOTAL ADDITIONS | | 23,754,974 | |
| DEDUCT (SPECIFY) | | | |
| 34 00 DEDUCT (SPECIFY) | | | |
| 35 00 | | | |
| 36 00 | | | |
| 37 00 | | | |
| 38 00 | | | |
| 39 00 TOTAL DEDUCTIONS | | | |
| 40 00 TOTAL OPERATING EXPENSES | | 485,943,248 | |

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0082
 PERIOD: FROM 10/ 1/2009 TO 9/30/2010
 PREPARED 10/ 3/2011
 WORKSHEET G-3

DESCRIPTION

| | | |
|----|---|--------------|
| 1 | TOTAL PATIENT REVENUES | 1338,814,442 |
| 2 | LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS | 841,374,741 |
| 3 | NET PATIENT REVENUES | 497,439,701 |
| 4 | LESS: TOTAL OPERATING EXPENSES | 485,943,248 |
| 5 | NET INCOME FROM SERVICE TO PATIENTS | 11,496,453 |
| | OTHER INCOME | |
| 6 | CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC. | |
| 7 | INCOME FROM INVESTMENTS | 4,551,682 |
| 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 OTHER 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 | 26,870,020 |
| 25 | TOTAL OTHER INCOME | 31,421,702 |
| 26 | TOTAL | 42,918,155 |
| 27 | OTHER EXPENSES | |
| 28 | OTHER EXPENSES (SPECIFY) | |
| 29 | | |
| 30 | TOTAL OTHER EXPENSES | |
| 31 | NET INCOME (OR LOSS) FOR THE PERIOD | 42,918,155 |

HHA 1

| | SALARIES 1 | EMPLOYEE BENEFITS 2 | TRANSPORTATION 3 | CONTRACTED/ PURCHASED SVCS 4 | OTHER COSTS 5 | TOTAL 6 |
|------------------------------|---------------|---------------------------|---------------------|------------------------------------|------------------|------------|
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | 719,197 | | | | 171,181 | 890,378 |
| HHA REIMBURSABLE SERVICES | | | | | | |
| 6 | 1,053,451 | | 61,693 | | | 1,115,144 |
| 7 | | | 28,815 | 747,282 | | 776,097 |
| 8 | | | 12,244 | 255,902 | | 268,146 |
| 9 | | | 1,641 | 47,928 | | 49,569 |
| 10 | 43,137 | | 898 | | | 44,035 |
| 11 | 79,032 | | 16,889 | | | 95,921 |
| 12 | | | | | 72,652 | 72,652 |
| 13 | | | | | 1,681 | 1,681 |
| 13.20 | | | | | | |
| 14 | | | | | | |
| HHA NONREIMBURSABLE SERVICES | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 23.50 | | | | | | |
| 24 | 1,894,817 | | 122,180 | 1,051,112 | 245,514 | 3,313,623 |

| | RECLASSIFI- CATIONS 7 | RECLASSIFIED TRIAL BALANCE 8 | ADJUSTMENTS 9 | NET EXPENSES FOR ALLOCATION 10 |
|------------------------------|-----------------------------|------------------------------------|------------------|--------------------------------------|
| GENERAL SERVICE COST CENTERS | | | | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | 890,378 | | 890,378 |
| HHA REIMBURSABLE SERVICES | | | | |
| 6 | | 1,115,144 | | 1,115,144 |
| 7 | | 776,097 | | 776,097 |
| 8 | | 268,146 | | 268,146 |
| 9 | | 49,569 | | 49,569 |
| 10 | | 44,035 | | 44,035 |
| 11 | | 95,921 | | 95,921 |
| 12 | | 72,652 | | 72,652 |
| 13 | | 1,681 | | 1,681 |
| 13.20 | | | | |
| 14 | | | | |
| HHA NONREIMBURSABLE SERVICES | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |
| 21 | | | | |
| 22 | | | | |
| 23 | | | | |
| 23.50 | | | | |
| 24 | | 3,313,623 | | 3,313,623 |

HHA 1

| | NET EXPENSES FOR COST ALLOCATION | CAP-REL COST-BLDG & FIX | CAP-REL COST-MOV EQUIP | PLANT OPER & MAINT | TRANSPORTATION | SUBTOTAL | ADMINISTRATIVE & GENERAL |
|------------------------------|--|-------------------------------|------------------------------|-----------------------|----------------|-----------|-----------------------------|
| | 0 | 1 | 2 | 3 | 4 | 4A | 5 |
| GENERAL SERVICE COST CENTERS | | | | | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| | | | | | | | |
| 5 | 890,378 | | | | | 890,378 | 890,378 |
| HHA REIMBURSABLE SERVICES | | | | | | | |
| 6 | 1,115,144 | | | | | 1,115,144 | 409,740 |
| 7 | 776,097 | | | | | 776,097 | 285,163 |
| 8 | 268,146 | | | | | 268,146 | 98,525 |
| 9 | 49,569 | | | | | 49,569 | 18,213 |
| 10 | 44,035 | | | | | 44,035 | 16,180 |
| 11 | 95,921 | | | | | 95,921 | 35,244 |
| 12 | 72,652 | | | | | 72,652 | 26,695 |
| 13 | 1,681 | | | | | 1,681 | 618 |
| 13.20 | | | | | | | |
| 14 | | | | | | | |
| HHA NONREIMBURSABLE SERVICES | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| 20 | | | | | | | |
| 21 | | | | | | | |
| 22 | | | | | | | |
| 23 | | | | | | | |
| 23.50 | | | | | | | |
| 24 | 3,313,623 | | | | | 3,313,623 | |

TOTAL

6

| | | | | | | | |
|------------------------------|-----------|--|--|--|--|--|--|
| GENERAL SERVICE COST CENTERS | | | | | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| | | | | | | | |
| 6 | 1,524,884 | | | | | | |
| 7 | 1,061,260 | | | | | | |
| 8 | 366,671 | | | | | | |
| 9 | 67,782 | | | | | | |
| 10 | 60,215 | | | | | | |
| 11 | 131,165 | | | | | | |
| 12 | 99,347 | | | | | | |
| 13 | 2,299 | | | | | | |
| 13.20 | | | | | | | |
| 14 | | | | | | | |
| HHA NONREIMBURSABLE SERVICES | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| 20 | | | | | | | |
| 21 | | | | | | | |
| 22 | | | | | | | |
| 23 | | | | | | | |
| 23.50 | | | | | | | |
| 24 | 3,313,623 | | | | | | |

HHA 1

| | CAP-REL COST-BLDG & FIX (SQUARE FEET) | CAP-REL COST-MOV EQUIP (DOLLAR VALUE) | PLANT OPER & MAINT (SQUARE FEET) | TRANSPORTATIO N (MI LEAGE) | RECONCILIATIO N (| ADMINISTRATIV E & GENERAL (ACCUM. COST) | |
|------------------------------|---|---|---|---------------------------------------|-------------------------|--|-----------|
| | 1 | 2 | 3 | 4 | 5A | 5 | |
| GENERAL SERVICE COST CENTERS | | | | | | | |
| 1 | CAP-REL COST-BLDG & FIX | | | | | | |
| 2 | CAP-REL COST-MOV EQUIP | | | | | | |
| 3 | PLANT OPER & MAINT | | | | | | |
| 4 | TRANSPORTATION | | | | | | |
| 5 | ADMINISTRATIVE & GENERAL | | | | | | |
| | HHA REIMBURSABLE SERVICES | | | | | -890,378 | 2,423,245 |
| 6 | SKILLED NURSING CARE | | | | | 1,115,144 | |
| 7 | PHYSICAL THERAPY | | | | | 776,097 | |
| 8 | OCCUPATIONAL THERAPY | | | | | 268,146 | |
| 9 | SPEECH PATHOLOGY | | | | | 49,569 | |
| 10 | MEDICAL SOCIAL SERVICES | | | | | 44,035 | |
| 11 | HOME HEALTH AIDE | | | | | 95,921 | |
| 12 | SUPPLIES | | | | | 72,652 | |
| 13 | DRUGS | | | | | 1,681 | |
| 13. 20 | COST ADMINISTERING DRUGS | | | | | | |
| 14 | DME | | | | | | |
| | HHA NONREIMBURSABLE SERVICES | | | | | | |
| 15 | HOME DIALYSIS AIDE SVCS | | | | | | |
| 16 | RESPIRATORY THERAPY | | | | | | |
| 17 | PRIVATE DUTY NURSING | | | | | | |
| 18 | CLINIC | | | | | | |
| 19 | HEALTH PROM ACTIVITIES | | | | | | |
| 20 | DAY CARE PROGRAM | | | | | | |
| 21 | HOME DEL MEALS PROGRAM | | | | | | |
| 22 | HOMEMAKER SERVICE | | | | | | |
| 23 | ALL OTHERS | | | | | | |
| 23. 50 | TELEMEDICINE | | | | | | |
| 24 | TOTAL (SUM OF LINES 1-23) | | | | | | |
| | | | | | | -890,378 | 2,423,245 |
| 25 | COST TO BE ALLOCATED | | | | | 890,378 | |
| 26 | UNIT COST MULTIPLIER | | | | | .367432 | |

HHA 1

| HHA COST CENTER | HHA TRIAL BALANCE (1) 0 | NEW CAP REL COSTS-BLDG & 3 | NEW CAP REL COSTS- BLDG 3.01 | NEW CAP REL COSTS-MVBLE 4 | EMPLOYEE BEN EFITS 5 | SUBTOTAL 5A |
|-------------------------------|----------------------------|-------------------------------|---------------------------------|------------------------------|-------------------------|----------------|
| 1 ADMIN & GENERAL | | 50,208 | | 63,195 | 197,015 | 310,418 |
| 2 SKILLED NURSING CARE | 1,524,884 | | | | 288,578 | 1,813,462 |
| 3 PHYSICAL THERAPY | 1,061,260 | | | | | 1,061,260 |
| 4 OCCUPATIONAL THERAPY | 366,671 | | | | | 366,671 |
| 5 SPEECH PATHOLOGY | 67,782 | | | | | 67,782 |
| 6 MEDICAL SOCIAL SERVICES | 60,215 | | | | 11,817 | 72,032 |
| 7 HOME HEALTH AIDE | 131,165 | | | | 21,650 | 152,815 |
| 8 SUPPLIES | 99,347 | | | | | 99,347 |
| 9 DRUGS | 2,299 | | | | | 2,299 |
| 9.20 COST ADMINISTERING DRUGS | | | | | | |
| 10 DME | | | | | | |
| 11 HOME DIALYSIS AIDE SVCS | | | | | | |
| 12 RESPIRATORY THERAPY | | | | | | |
| 13 PRIVATE DUTY NURSING | | | | | | |
| 14 CLINIC | | | | | | |
| 15 HEALTH PROM ACTIVITIES | | | | | | |
| 16 DAY CARE PROGRAM | | | | | | |
| 17 HOME DEL MEALS PROGRAM | | | | | | |
| 18 HOMEMAKER SERVICE | | | | | | |
| 19 ALL OTHER | | | | | | |
| 19.50 TELEMEDICINE | | | | | | |
| 20 TOTAL (SUM OF 1-19) (2) | 3,313,623 | 50,208 | | 63,195 | 519,060 | 3,946,086 |
| 21 UNIT COST MULTIPLIER | | | | | | |

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

| HHA COST CENTER | ADMINISTRATIVE & GENERAL 6 | OPERATION OF PLANT 8 | LAUNDRY & LINEN SERVICE 9 | HOUSEKEEPING 10 | DIETARY 11 | CAFETERIA 12 |
|-------------------------------|-------------------------------|-------------------------|------------------------------|--------------------|---------------|-----------------|
| 1 ADMIN & GENERAL | 56,857 | 77,406 | | 30,959 | | 7,617 |
| 2 SKILLED NURSING CARE | 332,158 | | | | | 8,871 |
| 3 PHYSICAL THERAPY | 194,384 | | | | | |
| 4 OCCUPATIONAL THERAPY | 67,161 | | | | | |
| 5 SPEECH PATHOLOGY | 12,415 | | | | | |
| 6 MEDICAL SOCIAL SERVICES | 13,194 | | | | | 464 |
| 7 HOME HEALTH AIDE | 27,990 | | | | | 1,022 |
| 8 SUPPLIES | 18,197 | | | | | |
| 9 DRUGS | 421 | | | | | |
| 9.20 COST ADMINISTERING DRUGS | | | | | | |
| 10 DME | | | | | | |
| 11 HOME DIALYSIS AIDE SVCS | | | | | | |
| 12 RESPIRATORY THERAPY | | | | | | |
| 13 PRIVATE DUTY NURSING | | | | | | |
| 14 CLINIC | | | | | | |
| 15 HEALTH PROM ACTIVITIES | | | | | | |
| 16 DAY CARE PROGRAM | | | | | | |
| 17 HOME DEL MEALS PROGRAM | | | | | | |
| 18 HOMEMAKER SERVICE | | | | | | |
| 19 ALL OTHER | | | | | | |
| 19.50 TELEMEDICINE | | | | | | |
| 20 TOTAL (SUM OF 1-19) (2) | 722,777 | 77,406 | | 30,959 | | 17,974 |
| 21 UNIT COST MULTIPLIER | | | | | | |

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

| HHA COST CENTER | NURSING ADMINISTRATION 14 | CENTRAL SERVICES & SUPPLIES 15 | PHARMACY 16 | MEDICAL RECORDS & LIBRARY 17 | SOCIAL SERVICE 18 | I&R SERVICES - SALARY & FR 22 |
|-------------------------------|------------------------------|-----------------------------------|----------------|---------------------------------|----------------------|----------------------------------|
| 1 ADMIN & GENERAL | | | | 13,525 | | |
| 2 SKILLED NURSING CARE | | | | | | |
| 3 PHYSICAL THERAPY | | | | | | |
| 4 OCCUPATIONAL THERAPY | | | | | | |
| 5 SPEECH PATHOLOGY | | | | | | |
| 6 MEDICAL SOCIAL SERVICES | | | | | | |
| 7 HOME HEALTH AIDE | | | | | | |
| 8 SUPPLIES | | 4,505 | | | | |
| 9 DRUGS | | | 178 | | | |
| 9.20 COST ADMINISTERING DRUGS | | | | | | |
| 10 DME | | | | | | |
| 11 HOME DIALYSIS AIDE SVCS | | | | | | |
| 12 RESPIRATORY THERAPY | | | | | | |
| 13 PRIVATE DUTY NURSING | | | | | | |
| 14 CLINIC | | | | | | |
| 15 HEALTH PROM ACTIVITIES | | | | | | |
| 16 DAY CARE PROGRAM | | | | | | |
| 17 HOME DEL MEALS PROGRAM | | | | | | |
| 18 HOMEMAKER SERVICE | | | | | | |
| 19 ALL OTHER | | | | | | |
| 19.50 TELEMEDICINE | | | | | | |
| 20 TOTAL (SUM OF 1-19) (2) | | 4,505 | 178 | 13,525 | | |
| 21 UNIT COST MULTIPLIER | | | | | | |

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

| HHA COST CENTER | I&R SERVICES - OTHER PRGM 23 | PARAMED P RGM 24 | PARAMED P RGM - (CHAPLIN) 24.01 | PARAMED P RGM - (NURSING) 24.03 | SUBTOTAL 25 | POST STEP DOWN ADJUST 26 |
|-------------------------------|---------------------------------|---------------------|------------------------------------|------------------------------------|----------------|-----------------------------|
| 1 ADMIN & GENERAL | | | | | 496,782 | |
| 2 SKILLED NURSING CARE | | | | | 2,154,491 | |
| 3 PHYSICAL THERAPY | | | | | 1,255,644 | |
| 4 OCCUPATIONAL THERAPY | | | | | 433,832 | |
| 5 SPEECH PATHOLOGY | | | | | 80,197 | |
| 6 MEDICAL SOCIAL SERVICES | | | | | 85,690 | |
| 7 HOME HEALTH AIDE | | | | | 181,827 | |
| 8 SUPPLIES | | | | | 122,049 | |
| 9 DRUGS | | | | | 2,898 | |
| 9.20 COST ADMINISTERING DRUGS | | | | | | |
| 10 DME | | | | | | |
| 11 HOME DIALYSIS AIDE SVCS | | | | | | |
| 12 RESPIRATORY THERAPY | | | | | | |
| 13 PRIVATE DUTY NURSING | | | | | | |
| 14 CLINIC | | | | | | |
| 15 HEALTH PROM ACTIVITIES | | | | | | |
| 16 DAY CARE PROGRAM | | | | | | |
| 17 HOME DEL MEALS PROGRAM | | | | | | |
| 18 HOMEMAKER SERVICE | | | | | | |
| 19 ALL OTHER | | | | | | |
| 19.50 TELEMEDICINE | | | | | | |
| 20 TOTAL (SUM OF 1-19) (2) | | | | | 4,813,410 | |
| 21 UNIT COST MULTIPLIER | | | | | | |

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

| HHA COST CENTER | SUBTOTAL 27 | ALLOCATED HHA A & G 28 | TOTAL HHA COSTS 29 |
|-------------------------------|----------------|------------------------------|--------------------------|
| 1 ADMIN & GENERAL | 496,782 | | |
| 2 SKILLED NURSING CARE | 2,154,491 | 247,949 | 2,402,440 |
| 3 PHYSICAL THERAPY | 1,255,644 | 144,507 | 1,400,151 |
| 4 OCCUPATIONAL THERAPY | 433,832 | 49,928 | 483,760 |
| 5 SPEECH PATHOLOGY | 80,197 | 9,230 | 89,427 |
| 6 MEDICAL SOCIAL SERVICES | 85,690 | 9,862 | 95,552 |
| 7 HOME HEALTH AIDE | 181,827 | 20,926 | 202,753 |
| 8 SUPPLIES | 122,049 | 14,046 | 136,095 |
| 9 DRUGS | 2,898 | 334 | 3,232 |
| 9.20 COST ADMINISTERING DRUGS | | | |
| 10 DME | | | |
| 11 HOME DIALYSIS AIDE SVCS | | | |
| 12 RESPIRATORY THERAPY | | | |
| 13 PRIVATE DUTY NURSING | | | |
| 14 CLINIC | | | |
| 15 HEALTH PROM ACTIVITIES | | | |
| 16 DAY CARE PROGRAM | | | |
| 17 HOME DEL MEALS PROGRAM | | | |
| 18 HOMEMAKER SERVICE | | | |
| 19 ALL OTHER | | | |
| 19.50 TELEMEDICINE | | | |
| 20 TOTAL (SUM OF 1-19) (2) | 4,813,410 | 496,782 | 4,813,410 |
| 21 UNIT COST MULTIPLIER | | 0.115086 | |

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

| HHA COST CENTER | NEW CAP REL COSTS-BLDG & (SQUARE FEET - A) 3 | NEW CAP REL COSTS- BLDG (SQUARE FEET - B) 3.01 | NEW CAP REL COSTS-MVBLE (DEPRECIATION EXPENSE) 4 | EMPLOYEE BENEFITS (GROSS SALARIES) 5 | RECONCILIATION 6A | ADMINISTRATIVE & GENERAL (ACCUM. COST) 6 |
|-------------------------------|--|--|--|--------------------------------------|-------------------|--|
| 1 ADMIN & GENERAL | 4,002 | | 39,139 | 719,197 | | 310,418 |
| 2 SKILLED NURSING CARE | | | | 1,053,450 | | 1,813,462 |
| 3 PHYSICAL THERAPY | | | | | | 1,061,260 |
| 4 OCCUPATIONAL THERAPY | | | | | | 366,671 |
| 5 SPEECH PATHOLOGY | | | | | | 67,782 |
| 6 MEDICAL SOCIAL SERVICES | | | | 43,137 | | 72,032 |
| 7 HOME HEALTH AIDE | | | | 79,032 | | 152,815 |
| 8 SUPPLIES | | | | | | 99,347 |
| 9 DRUGS | | | | | | 2,299 |
| 9.20 COST ADMINISTERING DRUGS | | | | | | |
| 10 DME | | | | | | |
| 11 HOME DIALYSIS AIDE SVCS | | | | | | |
| 12 RESPIRATORY THERAPY | | | | | | |
| 13 PRIVATE DUTY NURSING | | | | | | |
| 14 CLINIC | | | | | | |
| 15 HEALTH PROM ACTIVITIES | | | | | | |
| 16 DAY CARE PROGRAM | | | | | | |
| 17 HOME DEL MEALS PROGRAM | | | | | | |
| 18 HOMEMAKER SERVICE | | | | | | |
| 19 ALL OTHER | | | | | | |
| 19.50 TELEMEDICINE | | | | | | |
| 20 TOTAL (SUM OF 1-19) | 4,002 | | 39,139 | 1,894,816 | | 3,946,086 |
| 21 COST TO BE ALLOCATED | 50,208 | | 63,195 | 519,060 | | 722,777 |
| 22 UNIT COST MULTIPLIER | 12.545727 | | 1.614630 | 0.273937 | | 0.183163 |

| HHA COST CENTER | OPERATION OF PLANT (SQUARE FEET - A) 8 | LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9 | HOUSEKEEPING (SQUARE FEET - A) 10 | DIETARY (MEALS) 11 | CAFETERIA (FTES) 12 | NURSING ADMINISTRATION (FTE'S -NRSG) 14 |
|-------------------------------|--|---|-----------------------------------|--------------------|---------------------|---|
| 1 ADMIN & GENERAL | 4,002 | | 4,002 | | 164 | |
| 2 SKILLED NURSING CARE | | | | | 191 | |
| 3 PHYSICAL THERAPY | | | | | | |
| 4 OCCUPATIONAL THERAPY | | | | | | |
| 5 SPEECH PATHOLOGY | | | | | | |
| 6 MEDICAL SOCIAL SERVICES | | | | | 10 | |
| 7 HOME HEALTH AIDE | | | | | 22 | |
| 8 SUPPLIES | | | | | | |
| 9 DRUGS | | | | | | |
| 9.20 COST ADMINISTERING DRUGS | | | | | | |
| 10 DME | | | | | | |
| 11 HOME DIALYSIS AIDE SVCS | | | | | | |
| 12 RESPIRATORY THERAPY | | | | | | |
| 13 PRIVATE DUTY NURSING | | | | | | |
| 14 CLINIC | | | | | | |
| 15 HEALTH PROM ACTIVITIES | | | | | | |
| 16 DAY CARE PROGRAM | | | | | | |
| 17 HOME DEL MEALS PROGRAM | | | | | | |
| 18 HOMEMAKER SERVICE | | | | | | |
| 19 ALL OTHER | | | | | | |
| 19.50 TELEMEDICINE | | | | | | |
| 20 TOTAL (SUM OF 1-19) | 4,002 | | 4,002 | | 387 | |
| 21 COST TO BE ALLOCATED | 77,406 | | 30,959 | | 17,974 | |
| 22 UNIT COST MULTIPLIER | 19.341829 | | 7.735882 | | 46.444444 | |

HHA 1

| HHA COST CENTER | CENTRAL SERVICES & SUPPLIES (COSTED REQUIS. 15) | PHARMACY (COSTED REQUIS. 16) | MEDICAL RECORDS & LIBRARY (GROSS REVENUE 17) | SOCIAL SERVICE (HOURS - A 18) | I&R SERVICES - SALARY & FR (HOURS - B 22) | I&R SERVICES - OTHER PRGM (HOURS - B 23) |
|-------------------------------|---|------------------------------|--|-------------------------------|---|--|
| 1 ADMIN & GENERAL | | | 4,067,590 | | | |
| 2 SKILLED NURSING CARE | | | | | | |
| 3 PHYSICAL THERAPY | | | | | | |
| 4 OCCUPATIONAL THERAPY | | | | | | |
| 5 SPEECH PATHOLOGY | | | | | | |
| 6 MEDICAL SOCIAL SERVICES | | | | | | |
| 7 HOME HEALTH AIDE | | | | | | |
| 8 SUPPLIES | 74,079 | | | | | |
| 9 DRUGS | | 219 | | | | |
| 9.20 COST ADMINISTERING DRUGS | | | | | | |
| 10 DME | | | | | | |
| 11 HOME DIALYSIS AIDE SVCS | | | | | | |
| 12 RESPIRATORY THERAPY | | | | | | |
| 13 PRIVATE DUTY NURSING | | | | | | |
| 14 CLINIC | | | | | | |
| 15 HEALTH PROM ACTIVITIES | | | | | | |
| 16 DAY CARE PROGRAM | | | | | | |
| 17 HOME DEL MEALS PROGRAM | | | | | | |
| 18 HOMEMAKER SERVICE | | | | | | |
| 19 ALL OTHER | | | | | | |
| 19.50 TELEMEDICINE | | | | | | |
| 20 TOTAL (SUM OF 1-19) | 74,079 | 219 | 4,067,590 | | | |
| 21 COST TO BE ALLOCATED | 4,505 | 178 | 13,525 | | | |
| 22 UNIT COST MULTIPLIER | 0.060813 | 0.812785 | 0.003325 | | | |

| HHA COST CENTER | PARAMEDIC RGM (HOURS - C 24) | PARAMEDIC RGM - (CHAPLIN) (HOURS - D 24.01) | PARAMEDIC RGM - (NURSING) (HOURS - F 24.03) |
|-------------------------------|------------------------------|---|---|
| 1 ADMIN & GENERAL | | | |
| 2 SKILLED NURSING CARE | | | |
| 3 PHYSICAL THERAPY | | | |
| 4 OCCUPATIONAL THERAPY | | | |
| 5 SPEECH PATHOLOGY | | | |
| 6 MEDICAL SOCIAL SERVICES | | | |
| 7 HOME HEALTH AIDE | | | |
| 8 SUPPLIES | | | |
| 9 DRUGS | | | |
| 9.20 COST ADMINISTERING DRUGS | | | |
| 10 DME | | | |
| 11 HOME DIALYSIS AIDE SVCS | | | |
| 12 RESPIRATORY THERAPY | | | |
| 13 PRIVATE DUTY NURSING | | | |
| 14 CLINIC | | | |
| 15 HEALTH PROM ACTIVITIES | | | |
| 16 DAY CARE PROGRAM | | | |
| 17 HOME DEL MEALS PROGRAM | | | |
| 18 HOMEMAKER SERVICE | | | |
| 19 ALL OTHER | | | |
| 19.50 TELEMEDICINE | | | |
| 20 TOTAL (SUM OF 1-19) | | | |
| 21 COST TO BE ALLOCATED | | | |
| 22 UNIT COST MULTIPLIER | | | |

PROVIDER NO: 15-0082
 HHA NO: 15-7132
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 10/3/2011
 WORKSHEET H-6
 PARTS I II & III
 HHA 1

[] TITLE V [X] TITLE XVIII [] TITLE XIX

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

| COST PER VISIT COMPUTATION | FROM WKST H-5 PART I COL. 29, LINE: | FACILITY COSTS (FROM PART I) | SHARED ANCILLARY COSTS (FROM PART II) | TOTAL HHA COSTS | TOTAL VISITS | AVERAGE COST PER VISIT | PROGRAM VISITS |
|----------------------------|-------------------------------------|------------------------------|---------------------------------------|-----------------|--------------|------------------------|----------------|
| | | | | | | | PART A |
| PATIENT SERVICES | | | | | | | 6 |
| 1 SKILLED NURSING | 2 | 2,402,440 | 2 | 2,402,440 | 15,835 | 151.72 | 4,590 |
| 2 PHYSICAL THERAPY | 3 | 1,400,151 | | 1,400,151 | 6,961 | 201.14 | 2,652 |
| 3 OCCUPATIONAL THERAPY | 4 | 483,760 | | 483,760 | 2,991 | 161.74 | 1,240 |
| 4 SPEECH PATHOLOGY | 5 | 89,427 | | 89,427 | 404 | 221.35 | 215 |
| 5 MEDICAL SOCIAL SERVICES | 6 | 95,552 | | 95,552 | 217 | 440.33 | 84 |
| 6 HOME HEALTH AIDE SERVICE | 7 | 202,753 | | 202,753 | 2,439 | 83.13 | 837 |
| 7 TOTAL | | 4,674,083 | | 4,674,083 | 28,847 | | 9,618 |

| PATIENT SERVICES | PROGRAM VISITS | | COST OF SERVICES | | TOTAL PROGRAM COST |
|-----------------------------|---------------------------------|-----------------------------|------------------|---------------------------------|--------------------|
| | NOT SUBJECT TO DEDUCT & COINSUR | SUBJECT TO DEDUCT & COINSUR | PART A | NOT SUBJECT TO DEDUCT & COINSUR | |
| 1 SKILLED NURSING | 7 | 3,436 | 9 | 521,310 | 1,217,705 |
| 2 PHYSICAL THERAPY | | 1,283 | 10 | 258,063 | 791,486 |
| 3 OCCUPATIONAL THERAPY | | 517 | 11 | 83,620 | 284,178 |
| 4 SPEECH PATHOLOGY | | 70 | | 15,495 | 63,085 |
| 5 MEDICAL SOCIAL SERVICES | | 38 | | 16,733 | 53,721 |
| 6 HOME HEALTH AIDE SERVICES | | 999 | | 83,047 | 152,627 |
| 7 TOTAL | | 6,343 | | 978,268 | 2,562,802 |

| LIMITATION COST COMPUTATION | PATIENT SERVICES | 1 | 2 | 3 | 4 | PROGRAM COST LIMITS | PROGRAM VISITS |
|--------------------------------|------------------|---|---|---|---|---------------------|----------------|
| | | | | | | 5 | 6 |
| 8 SKILLED NURSING | | | | | | | |
| 8.01 SKILLED NURSING | | | | | | | |
| 9 PHYSICAL THERAPY | | | | | | | |
| 9.01 PHYSICAL THERAPY | | | | | | | |
| 10 OCCUPATIONAL THERAPY | | | | | | | |
| 10.01 OCCUPATIONAL THERAPY | | | | | | | |
| 11 SPEECH PATHOLOGY | | | | | | | |
| 11.01 SPEECH PATHOLOGY | | | | | | | |
| 12 MEDICAL SOCIAL SERVICES | | | | | | | |
| 12.01 MEDICAL SOCIAL SERVICES | | | | | | | |
| 13 HOME HEALTH AIDE SERVICE | | | | | | | |
| 13.01 HOME HEALTH AIDE SERVICE | | | | | | | |
| 14 TOTAL | | | | | | | |

| PATIENT SERVICES | PROGRAM VISITS | | COST OF SERVICES | | TOTAL PROGRAM COST |
|--------------------------------|---------------------------------|-----------------------------|------------------|---------------------------------|--------------------|
| | NOT SUBJECT TO DEDUCT & COINSUR | SUBJECT TO DEDUCT & COINSUR | PART A | NOT SUBJECT TO DEDUCT & COINSUR | |
| 8 SKILLED NURSING | 7 | 3,436 | 9 | 521,310 | 1,217,705 |
| 8.01 SKILLED NURSING | | 1,283 | 10 | 258,063 | 791,486 |
| 9 PHYSICAL THERAPY | | 517 | 11 | 83,620 | 284,178 |
| 9.01 PHYSICAL THERAPY | | 70 | | 15,495 | 63,085 |
| 10 OCCUPATIONAL THERAPY | | 38 | | 16,733 | 53,721 |
| 10.01 OCCUPATIONAL THERAPY | | 999 | | 83,047 | 152,627 |
| 11 SPEECH PATHOLOGY | | 6,343 | | 978,268 | 2,562,802 |
| 11.01 SPEECH PATHOLOGY | | | | | |
| 12 MEDICAL SOCIAL SERVICES | | | | | |
| 12.01 MEDICAL SOCIAL SERVICES | | | | | |
| 13 HOME HEALTH AIDE SERVICE | | | | | |
| 13.01 HOME HEALTH AIDE SERVICE | | | | | |
| 14 TOTAL | | | | | |

[] TITLE V [X] TITLE XVIII [] TITLE XIX

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

| SUPPLIES AND EQUIPMENT COST COMPUTATION | FROM WKST H-5 PART I COL. 29, LINE: | FACILITY COSTS (FROM WKST H-5 PART I) 1 | SHARED ANCILLARY COSTS (FROM PART II) 2 | TOTAL HHA COSTS 3 | TOTAL CHARGES 4 | RATIO 5 | PROGRAM COVERED CHARGES PART A 6 |
|---|-------------------------------------|---|---|-------------------|-----------------|----------|----------------------------------|
| 15 COST OF MEDICAL SUPPLIES | 8.00 | 136,095 | 49,064 | 185,159 | 138,282 | 1.338996 | 36,024 |
| 16 COST OF DRUGS | 9.00 | 3,232 | | 3,232 | | | |
| 16.20 COST OF DRUGS | 9.20 | | | | | | |

| | PROGRAM COVERED CHARGES -----PART B----- | | -----COST OF SERVICES----- | |
|-----------------------------|--|-------------------------------|-----------------------------------|--------------------------------|
| | NOT SUBJECT TO DEDUCT & COINSUR 7 | SUBJECT TO DEDUCT & COINSUR 8 | NOT SUBJECT TO DEDUCT & COINSUR 9 | SUBJECT TO DEDUCT & COINSUR 10 |
| 15 COST OF MEDICAL SUPPLIES | | 50,265 | 48,236 | 67,305 |
| 16 COST OF DRUGS | | | | |
| 16.20 COST OF DRUGS | | | | |

| PER BENEFICIARY COST LIMITATION: | MSA NUMBER 1 | AMOUNT 2 |
|---|--------------|----------|
| 162 PROGRAM UNDUP CENSUS FROM WRKST S-4 | | |
| 16.01 PROGRAM UNDUP CENSUS FROM WRKST S-4 | | |
| 17 PER BENE COST LIMITATION (FRM FI) | | |
| 17.01 PER BENE COST LIMITATION (FRM FI) | | |
| 18 PER BENE COST LIMITATION (LN 17*18) | | |

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

| | FROM WKST C PT I, COL 9 | COST TO CHARGE RATIO 1 | TOTAL HHA CHARGES 2 | HHA SHARED ANCILLARY COSTS 3 | TRANSFER TO PART I AS INDICATED 4 |
|---------------------------------------|-------------------------|------------------------|---------------------|------------------------------|-----------------------------------|
| 1 PHYSICAL THERAPY | 50 | .259036 | | | COL 2, LN 2 |
| 2 OCCUPATIONAL THERAPY | 51 | | | | COL 2, LN 3 |
| 3 SPEECH PATHOLOGY | 52 | | | | COL 2, LN 4 |
| 4 MEDICAL SUPPLIES CHARGED TO PATIENT | 55 | .354812 | 138,282 | 49,064 | COL 2, LN 15 |
| 4.30 IMPL. DEV. CHARGED TO PATIENT | 55.30 | .664819 | | | |
| 5 DRUGS CHARGED TO PATIENTS | 56 | .237777 | | | COL 2, LN 16 |

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

| | FROM PART I, COL 5 1 | COST PER VISIT 2 | PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE | | PROGRAM COSTS | | PROG VISITS ON OR AFTER 5 |
|----------------------------|----------------------|------------------|--|--------------------------|---------------|---|---------------------------|
| | | | PRIOR 1/1/1998 TO 12/31/1998 3 | 1/1/1998 TO 12/31/1998 4 | | | |
| 1 PHYSICAL THERAPY | 2 | 201.14 | 2.01 | 3 | 3.01 | 4 | 5 |
| 2 OCCUPATIONAL THERAPY | 3 | 161.74 | | | | | |
| 3 SPEECH PATHOLOGY | 4 | 221.35 | | | | | |
| 4 TOTAL (SUM OF LINES 1-3) | | | | | | | |

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

TITLE XVII I HHA 1

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

| | PART A | PART B NOT SUBJECT TO DED & COINS | PART B SUBJECT TO DED & COINS |
|---|--------|---|-------------------------------------|
| | 1 | 2 | 3 |
| 1 REASONABLE COST OF SERVICES | | | |
| 2 TOTAL CHARGES | | | |
| 3 CUSTOMARY CHARGES | | | |
| 4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | | | |
| 5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B) | | | |
| 6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000) | | | |
| 7 TOTAL CUSTOMARY CHARGES | | | |
| 8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST | | | |
| 9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | | |
| 10 PRIMARY PAYOR AMOUNTS | | | |

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

| | PART A SERVICES | PART B SERVICES |
|---|--------------------|--------------------|
| | 1 | 2 |
| 10 TOTAL REASONABLE COST | | |
| 10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS | 1,497,739 | 893,812 |
| 10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS | 12,587 | 10,938 |
| 10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES | 30,121 | 21,397 |
| 10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES | 10,440 | 10,099 |
| 10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE | | |
| 10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES | | |
| 10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS | 7,544 | 4,608 |
| 10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES | | |
| 10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE | | |
| 10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES | | |
| 10.11 TOTAL OTHER PAYMENTS | | |
| 10.12 DME PAYMENTS | | |
| 10.13 OXYGEN PAYMENTS | | |
| 10.14 PROSTHETIC AND ORTHOTIC PAYMENTS | | |
| 11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE) | | |
| 12 SUBTOTAL | 1,558,431 | 940,854 |
| 13 EXCESS REASONABLE COST | | |
| 14 SUBTOTAL | 1,558,431 | 940,854 |
| 15 COINSURANCE BILLED TO PROGRAM PATIENTS | | |
| 16 NET COST | 1,558,431 | 940,854 |
| 17 REIMBURSABLE BAD DEBTS | | |
| 17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | | |
| 18 TOTAL COSTS - CURRENT COST REPORTING PERIOD | 1,558,431 | 940,854 |
| 19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | |
| 20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION | | |
| 21 OTHER ADJUSTMENTS (SPECIFY) | | |
| 22 SUBTOTAL | 1,558,431 | 940,854 |
| 23 SEQUESTRATION ADJUSTMENT | | |
| 24 SUBTOTAL | 1,558,431 | 940,854 |
| 25 INTERIM PAYMENTS | 1,558,431 | 940,854 |
| 25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | | |
| 26 BALANCE DUE PROVIDER/PROGRAM | | |
| 27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2 | | |

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

| | | | | |
|--------------|---------|---------|-----------------|---------------------|
| PROVIDER NO: | 15-0082 | PERIOD: | FROM 10/ 1/2009 | PREPARED 10/ 3/2011 |
| HHA NO: | 15-7132 | TO | 9/30/2010 | WORKSHEET H-8 |

TITLE XVII I HHA 1

| DESCRIPTION | P A R T A | | P A R T B | |
|--|-----------------|-------------|-----------------|-------------|
| | MM/DD/YYYY 1 | AMOUNT 2 | MM/DD/YYYY 3 | AMOUNT 4 |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 1, 558, 431 | | 940, 854 |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO. | | NONE | | NONE |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | | |
| ADJUSTMENTS TO PROVIDER | | .01 | | |
| ADJUSTMENTS TO PROVIDER | | .02 | | |
| ADJUSTMENTS TO PROVIDER | | .03 | | |
| ADJUSTMENTS TO PROVIDER | | .04 | | |
| ADJUSTMENTS TO PROVIDER | | .05 | | |
| ADJUSTMENTS TO PROGRAM | | .50 | | |
| ADJUSTMENTS TO PROGRAM | | .51 | | |
| ADJUSTMENTS TO PROGRAM | | .52 | | |
| ADJUSTMENTS TO PROGRAM | | .53 | | |
| ADJUSTMENTS TO PROGRAM | | .54 | | |
| SUBTOTAL | | .99 | | |
| 4 TOTAL INTERIM PAYMENTS | | NONE | | NONE |
| TO BE COMPLETED BY INTERMEDIARY | | 1, 558, 431 | | 940, 854 |
| 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 | | |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1) | | NONE | | NONE |
| SETTLEMENT TO PROVIDER | | .01 | | |
| SETTLEMENT TO PROGRAM | | .02 | | |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | 1, 558, 431 | | 940, 854 |

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.

PROVIDER NO: 15-0082 HHA NO: 15-7132
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 10/3/2011 WORKSHEET H-6 PARTS I II & III HHA 1

[] TITLE V [] TITLE XVIII [X] TITLE XIX

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

| COST PER VISIT COMPUTATION | FROM WKST H-5 PART I COL. 29, LINE: | FACILITY COSTS (FROM PART I) | SHARED ANCI LLARY COSTS (FROM PART II) | TOTAL HHA COSTS | TOTAL VISITS | AVERAGE COST PER VISIT | PROGRAM VISITS |
|----------------------------|-------------------------------------|------------------------------|--|-----------------|--------------|------------------------|----------------|
| | | | | | | | PART A |
| PATIENT SERVICES | | | | | | | 6 |
| 1 SKILLED NURSING | 2 | 2,402,440 | 2 | 2,402,440 | 15,835 | 151.72 | 1,876 |
| 2 PHYSICAL THERAPY | 3 | 1,400,151 | | 1,400,151 | 6,961 | 201.14 | 244 |
| 3 OCCUPATIONAL THERAPY | 4 | 483,760 | | 483,760 | 2,991 | 161.74 | 124 |
| 4 SPEECH PATHOLOGY | 5 | 89,427 | | 89,427 | 404 | 221.35 | 10 |
| 5 MEDICAL SOCIAL SERVICES | 6 | 95,552 | | 95,552 | 217 | 440.33 | 15 |
| 6 HOME HEALTH AIDE SERVICE | 7 | 202,753 | | 202,753 | 2,439 | 83.13 | 74 |
| 7 TOTAL | | 4,674,083 | | 4,674,083 | 28,847 | | 2,343 |

| | -----PROGRAM VISITS----- | | -----COST OF SERVICES----- | | TOTAL PROGRAM COST | |
|-----------------------------|---------------------------------|-----------------------------|---------------------------------|-----------------------------|--------------------|---------|
| | NOT SUBJECT TO DEDUCT & COINSUR | SUBJECT TO DEDUCT & COINSUR | NOT SUBJECT TO DEDUCT & COINSUR | SUBJECT TO DEDUCT & COINSUR | | |
| | 7 | 8 | 9 | 10 | 11 | 12 |
| 1 SKILLED NURSING | | | 284,627 | | | 284,627 |
| 2 PHYSICAL THERAPY | | | 49,078 | | | 49,078 |
| 3 OCCUPATIONAL THERAPY | | | 20,056 | | | 20,056 |
| 4 SPEECH PATHOLOGY | | | 2,214 | | | 2,214 |
| 5 MEDICAL SOCIAL SERVICES | | | 6,605 | | | 6,605 |
| 6 HOME HEALTH AIDE SERVICES | | | 6,152 | | | 6,152 |
| 7 TOTAL | | | 368,732 | | | 368,732 |

| LIMITATION COST COMPUTATION | PATIENT SERVICES | 1 | 2 | 3 | 4 | PROGRAM COST LIMITS | PROGRAM VISITS |
|--------------------------------|------------------|---|---|---|---|---------------------|----------------|
| | | | | | | 5 | 6 |
| 8 SKILLED NURSING | | | | | | | |
| 8.01 SKILLED NURSING | | | | | | | |
| 9 PHYSICAL THERAPY | | | | | | | |
| 9.01 PHYSICAL THERAPY | | | | | | | |
| 10 OCCUPATIONAL THERAPY | | | | | | | |
| 10.01 OCCUPATIONAL THERAPY | | | | | | | |
| 11 SPEECH PATHOLOGY | | | | | | | |
| 11.01 SPEECH PATHOLOGY | | | | | | | |
| 12 MEDICAL SOCIAL SERVICES | | | | | | | |
| 12.01 MEDICAL SOCIAL SERVICES | | | | | | | |
| 13 HOME HEALTH AIDE SERVICE | | | | | | | |
| 13.01 HOME HEALTH AIDE SERVICE | | | | | | | |
| 14 TOTAL | | | | | | | |

| | -----PROGRAM VISITS----- | | -----COST OF SERVICES----- | | TOTAL PROGRAM COST | |
|--------------------------------|---------------------------------|-----------------------------|---------------------------------|-----------------------------|--------------------|----|
| | NOT SUBJECT TO DEDUCT & COINSUR | SUBJECT TO DEDUCT & COINSUR | NOT SUBJECT TO DEDUCT & COINSUR | SUBJECT TO DEDUCT & COINSUR | | |
| | 7 | 8 | 9 | 10 | 11 | 12 |
| 8 SKILLED NURSING | | | | | | |
| 8.01 SKILLED NURSING | | | | | | |
| 9 PHYSICAL THERAPY | | | | | | |
| 9.01 PHYSICAL THERAPY | | | | | | |
| 10 OCCUPATIONAL THERAPY | | | | | | |
| 10.01 OCCUPATIONAL THERAPY | | | | | | |
| 11 SPEECH PATHOLOGY | | | | | | |
| 11.01 SPEECH PATHOLOGY | | | | | | |
| 12 MEDICAL SOCIAL SERVICES | | | | | | |
| 12.01 MEDICAL SOCIAL SERVICES | | | | | | |
| 13 HOME HEALTH AIDE SERVICE | | | | | | |
| 13.01 HOME HEALTH AIDE SERVICE | | | | | | |
| 14 TOTAL | | | | | | |

[] TITLE V [] TITLE XVIII [X] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

| SUPPLIES AND EQUIPMENT COST COMPUTATION | FROM WKST H-5 PART I COL. 29, LINE: | FACILITY COSTS (FROM WKST H-5 PART I) 1 | SHARED ANCILLARY COSTS (FROM PART II) 2 | TOTAL HHA COSTS 3 | TOTAL CHARGES 4 | RATIO 5 | PROGRAM COVERED CHARGES PART A 6 |
|---|-------------------------------------|---|---|-------------------|-----------------|---------|----------------------------------|
| 15 COST OF MEDICAL SUPPLIES | 8.00 | 136,095 | | 136,095 | | | |
| 16 COST OF DRUGS | 9.00 | 3,232 | | 3,232 | | | |
| 16.20 COST OF DRUGS | 9.20 | | | | | | |

| | PROGRAM COVERED CHARGES -----PART B----- | | -----COST OF SERVICES----- | |
|-----------------------------|--|-------------------------------|-----------------------------------|--------------------------------|
| | NOT SUBJECT TO DEDUCT & COINSUR 7 | SUBJECT TO DEDUCT & COINSUR 8 | NOT SUBJECT TO DEDUCT & COINSUR 9 | SUBJECT TO DEDUCT & COINSUR 10 |
| 15 COST OF MEDICAL SUPPLIES | | | | |
| 16 COST OF DRUGS | | | | |
| 16.20 COST OF DRUGS | | | | |

| PER BENEFICIARY COST LIMITATION: | MSA NUMBER 1 | AMOUNT 2 |
|---|--------------|----------|
| 162 PROGRAM UNDUP CENSUS FROM WRKST S-4 | | |
| 16.01 PROGRAM UNDUP CENSUS FROM WRKST S-4 | | |
| 17 PER BENE COST LIMITATION (FRM FI) | | |
| 17.01 PER BENE COST LIMITATION (FRM FI) | | |
| 18 PER BENE COST LIMITATION (LN 17*18) | | |

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

| | FROM WKST C PT I, COL 9 | COST TO CHARGE RATIO 1 | TOTAL HHA CHARGES 2 | HHA SHARED ANCILLARY COSTS 3 | TRANSFER TO PART I AS INDICATED 4 |
|---------------------------------------|-------------------------|------------------------|---------------------|------------------------------|-----------------------------------|
| 1 PHYSICAL THERAPY | 50 | .259036 | | | COL 2, LN 2 |
| 2 OCCUPATIONAL THERAPY | 51 | | | | COL 2, LN 3 |
| 3 SPEECH PATHOLOGY | 52 | | | | COL 2, LN 4 |
| 4 MEDICAL SUPPLIES CHARGED TO PATIENT | 55 | .354812 | | | COL 2, LN 15 |
| 4.30 IMPL. DEV. CHARGED TO PATIENT | 55.30 | .664819 | | | |
| 5 DRUGS CHARGED TO PATIENTS | 56 | .237777 | | | COL 2, LN 16 |

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

| | FROM PART I, COL 5 1 | COST PER VISIT 2 | PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE | | PROGRAM COSTS | | PROG VISITS ON OR AFTER 5 |
|----------------------------|----------------------|------------------|--|--------------------------|---------------|---|---------------------------|
| | | | PRIOR 1/1/1998 TO 12/31/1998 3 | 1/1/1998 TO 12/31/1998 4 | | | |
| 1 PHYSICAL THERAPY | 2 | 201.14 | 2.01 | 3 | 3.01 | 4 | 5 |
| 2 OCCUPATIONAL THERAPY | 3 | 161.74 | | | | | |
| 3 SPEECH PATHOLOGY | 4 | 221.35 | | | | | |
| 4 TOTAL (SUM OF LINES 1-3) | | | | | | | |

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

| | | |
|--------------|-----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| 15-0082 | FROM 10/ 1/2009 | WORKSHEET K |
| HOSPICE NO: | TO 9/30/2010 | |
| 15-1512 | | |

HOSPICE 1

| | SALARIES (FROM K-1) 1 | EMPLOYEE BENEFITS (FROM K-2) 2 | TRANSPORTATION (SEE INST.) 3 | CONTRACTED SERVICES (FROM K-3) 4 |
|--|-----------------------------|---|------------------------------------|---|
| GENERAL SERVICE COST CENTERS | | | | |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | | |
| 3 PLANT OPERATION AND MAINTENANCE | | | | |
| 4 TRANSPORTATION - STAFF | | | 53,501 | |
| 5 VOLUNTEER SERVICE COORDINATION | 43,895 | | | |
| 6 ADMINISTRATIVE AND GENERAL | 406,048 | | | |
| INPATIENT CARE SERVICE | | | | |
| 7 INPATIENT - GENERAL CARE | 408,070 | | | |
| 8 INPATIENT - RESPIRE CARE | 39,845 | | | |
| VISITING SERVICES | | | | |
| 9 PHYSICIAN SERVICES | | | | |
| 10 NURSING CARE | 320,561 | | | |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 11 PHYSICAL THERAPY | | | | 3,480 |
| 12 OCCUPATIONAL THERAPY | | | | 695 |
| 13 SPEECH/LANGUAGE PATHOLOGY | | | | 246 |
| 14 MEDICAL SOCIAL SERVICES | 45,533 | | | |
| 15 SPIRITUAL COUNSELING | 36,529 | | | |
| 16 DIETARY COUNSELING | | | | |
| 17 COUNSELING - OTHER | | | | |
| 18 HOME HEALTH AIDE AND HOME MAKER | 145,566 | | | |
| 18.20 HH AIDE & HOME MAKER-CONT. HOME CARE | | | | |
| OTHER HOSPICE SERVICE COSTS | | | | |
| 19 OTHER | | | | |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 20.30 ANALGESICS | | | | |
| 20.31 SEDATIVES / HYPNOTICS | | | | |
| 20.32 OTHER - SPECIFY | | | | |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 22 PATIENT TRANSPORTATION | | | 57 | |
| 23 IMAGING SERVICES | | | | |
| 24 LABS AND DIAGNOSTICS | | | | |
| 25 MEDICAL SUPPLIES | | | | |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 27 RADIATION THERAPY | | | | |
| 28 CHEMOTHERAPY | | | | |
| 29 OTHER | | | | |
| 30 BEREAVEMENT PROGRAM COSTS | | | | |
| 31 VOLUNTEER PROGRAM COSTS | | | | |
| 32 FUNDRAISING | | | | |
| 33 OTHER PROGRAM COSTS | | | | |
| 34 TOTAL (SUM OF LINES 1 THRU 33) | 1,446,047 | | 53,558 | 4,421 |

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 15-0082
HOSPICE NO: 15-1512
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 10/3/2011
WORKSHEET K

HOSPICE 1

| | OTHER 5 | TOTAL (COLS. 1-5) 6 | RECLASSIFICATIONS 7 | SUBTOTAL (COL. 6 + COL. 7) 8 |
|--|------------|---------------------------|------------------------|---------------------------------------|
| GENERAL SERVICE COST CENTERS | | | | |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | | |
| 3 PLANT OPERATION AND MAINTENANCE | | | | |
| 4 TRANSPORTATION - STAFF | | 53,501 | | 53,501 |
| 5 VOLUNTEER SERVICE COORDINATION | | 43,895 | | 43,895 |
| 6 ADMINISTRATIVE AND GENERAL | 645,434 | 1,051,482 | | 1,051,482 |
| INPATIENT CARE SERVICE | | | | |
| 7 INPATIENT - GENERAL CARE | | 408,070 | | 408,070 |
| 8 INPATIENT - RESPIRE CARE | | 39,845 | | 39,845 |
| VISITING SERVICES | | | | |
| 9 PHYSICIAN SERVICES | | | | |
| 10 NURSING CARE | | 320,561 | | 320,561 |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 11 PHYSICAL THERAPY | | 3,480 | | 3,480 |
| 12 OCCUPATIONAL THERAPY | | 695 | | 695 |
| 13 SPEECH/LANGUAGE PATHOLOGY | | 246 | | 246 |
| 14 MEDICAL SOCIAL SERVICES | | 45,533 | | 45,533 |
| 15 SPIRITUAL COUNSELING | | 36,529 | | 36,529 |
| 16 DIETARY COUNSELING | | | | |
| 17 COUNSELING - OTHER | | | | |
| 18 HOME HEALTH AIDE AND HOME MAKER | | 145,566 | | 145,566 |
| 18.20 HH AIDE & HOME MAKER-CONT. HOME CARE | | | | |
| OTHER HOSPICE SERVICE COSTS | | | | |
| 19 OTHER | | | | |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY | 331,561 | 331,561 | | 331,561 |
| 20.30 ANALGESICS | | | | |
| 20.31 SEDATIVES / HYPNOTICS | | | | |
| 20.32 OTHER - SPECIFY | | | | |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN | 6,919 | 6,919 | | 6,919 |
| 22 PATIENT TRANSPORTATION | | 57 | | 57 |
| 23 IMAGING SERVICES | | | | |
| 24 LABS AND DIAGNOSTICS | 71 | 71 | | 71 |
| 25 MEDICAL SUPPLIES | 31,418 | 31,418 | | 31,418 |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 27 RADIATION THERAPY | | | | |
| 28 CHEMOTHERAPY | | | | |
| 29 OTHER | | | | |
| 30 BEREAVEMENT PROGRAM COSTS | | | | |
| 31 VOLUNTEER PROGRAM COSTS | | | | |
| 32 FUNDRAISING | | | | |
| 33 OTHER PROGRAM COSTS | | | | |
| 34 TOTAL (SUM OF LINES 1 THRU 33) | 1,015,403 | 2,519,429 | | 2,519,429 |

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

| | | |
|--------------|-----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| 15-0082 | FROM 10/ 1/2009 | WORKSHEET K |
| HOSPICE NO: | TO 9/30/2010 | |
| 15-1512 | | |

HOSPICE 1

| | ADJUSTMENTS | TOTAL (COL. 8 + COL. 9) |
|--|-------------|-------------------------------|
| | 9 | 10 |
| GENERAL SERVICE COST CENTERS | | |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT. | | |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | |
| 3 PLANT OPERATION AND MAINTENANCE | | |
| 4 TRANSPORTATION - STAFF | | 53,501 |
| 5 VOLUNTEER SERVICE COORDINATION | | 43,895 |
| 6 ADMINISTRATIVE AND GENERAL | | 1,051,482 |
| INPATIENT CARE SERVICE | | |
| 7 INPATIENT - GENERAL CARE | | 408,070 |
| 8 INPATIENT - RESPIRE CARE | | 39,845 |
| VISITING SERVICES | | |
| 9 PHYSICIAN SERVICES | | |
| 10 NURSING CARE | | 320,561 |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE | | |
| 11 PHYSICAL THERAPY | | 3,480 |
| 12 OCCUPATIONAL THERAPY | | 695 |
| 13 SPEECH/LANGUAGE PATHOLOGY | | 246 |
| 14 MEDICAL SOCIAL SERVICES | | 45,533 |
| 15 SPIRITUAL COUNSELING | | 36,529 |
| 16 DIETARY COUNSELING | | |
| 17 COUNSELING - OTHER | | |
| 18 HOME HEALTH AIDE AND HOME MAKER | | 145,566 |
| 18.20 HH AIDE & HOME MAKER-CONT. HOME CARE | | |
| OTHER HOSPICE SERVICE COSTS | | |
| 19 OTHER | | |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY | | 331,561 |
| 20.30 ANALGESICS | | |
| 20.31 SEDATIVES / HYPNOTICS | | |
| 20.32 OTHER - SPECIFY | | |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN | | 6,919 |
| 22 PATIENT TRANSPORTATION | | 57 |
| 23 IMAGING SERVICES | | |
| 24 LABS AND DIAGNOSTICS | | 71 |
| 25 MEDICAL SUPPLIES | | 31,418 |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | |
| 27 RADIATION THERAPY | | |
| 28 CHEMOTHERAPY | | |
| 29 OTHER | | |
| 30 BEREAVEMENT PROGRAM COSTS | | |
| 31 VOLUNTEER PROGRAM COSTS | | |
| 32 FUNDRAISING | | |
| 33 OTHER PROGRAM COSTS | | |
| 34 TOTAL (SUM OF LINES 1 THRU 33) | | 2,519,429 |

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | |
|--------------|-----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| 15-0082 | FROM 10/ 1/2009 | WORKSHEET K-1 |
| HOSPICE NO: | TO 9/30/2010 | |
| 15-1512 | | |

HOSPICE 1

| | ADMINISTRATOR 1 | DIRECTOR 2 | SOCIAL SERVICES 3 | SUPERVISORS 4 |
|--|--------------------|---------------|-------------------------|------------------|
| 1 GENERAL SERVICE COST CENTERS | | | | |
| 2 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | |
| 3 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | | |
| 4 PLANT OPERATION AND MAINTENANCE | | | | |
| 5 TRANSPORTATION - STAFF | | | | |
| 6 VOLUNTEER SERVICE COORDINATION | | | | |
| 7 ADMINISTRATIVE AND GENERAL | | 52,870 | | 74,961 |
| 8 INPATIENT CARE SERVICE | | | | |
| 9 INPATIENT - GENERAL CARE | | | | |
| 10 INPATIENT - RESPIRE CARE | | | | |
| 11 VISITING SERVICES | | | | |
| 12 PHYSICIAN SERVICES | | | | |
| 13 NURSING CARE | | | | |
| 14.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 15 PHYSICAL THERAPY | | | | |
| 16 OCCUPATIONAL THERAPY | | | | |
| 17 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 18 MEDICAL SOCIAL SERVICES | | | 45,533 | |
| 19 SPIRITUAL COUNSELING | | | | |
| 20 DIETARY COUNSELING | | | | |
| 21 COUNSELING - OTHER | | | | |
| 22 HOME HEALTH AIDE AND HOME MAKER | | | | |
| 23.20 HH AIDE & HOME MAKER-CONT. HOME CARE | | | | |
| 24 OTHER HOSPICE SERVICE COSTS | | | | |
| 25 OTHER | | | | |
| 26 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 27.30 ANALGESICS | | | | |
| 28.31 SEDATIVES / HYPNOTICS | | | | |
| 29.32 OTHER - SPECIFY | | | | |
| 30 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 31 PATIENT TRANSPORTATION | | | | |
| 32 IMAGING SERVICES | | | | |
| 33 LABS AND DIAGNOSTICS | | | | |
| 34 MEDICAL SUPPLIES | | | | |
| 35 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 36 RADIATION THERAPY | | | | |
| 37 CHEMOTHERAPY | | | | |
| 38 OTHER | | | | |
| 39 BEREAVEMENT PROGRAM COSTS | | | | |
| 40 VOLUNTEER PROGRAM COSTS | | | | |
| 41 FUNDRAISING | | | | |
| 42 OTHER PROGRAM COSTS | | | | |
| 43 TOTAL (SUM OF LINES 1 THRU 33) | | 52,870 | 45,533 | 74,961 |

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | |
|--------------|-----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 15-0082 | FROM 10/ 1/2009 | 10/ 3/2011 |
| HOSPICE NO: | TO | WORKSHEET K-1 |
| 15-1512 | 9/30/2010 | |

HOSPICE 1

| | NURSES 5 | TOTAL THERAPISTS 6 | AIDES 7 | ALL OTHER 8 |
|--|-------------|--------------------------|------------|-------------------|
| GENERAL SERVICE COST CENTERS | | | | |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | | |
| 3 PLANT OPERATION AND MAINTENANCE | | | | |
| 4 TRANSPORTATION - STAFF | | | | |
| 5 VOLUNTEER SERVICE COORDINATION | | | | 43,895 |
| 6 ADMINISTRATIVE AND GENERAL | | | | 278,217 |
| INPATIENT CARE SERVICE | | | | |
| 7 INPATIENT - GENERAL CARE | 263,949 | | 144,121 | |
| 8 INPATIENT - RESPIRE CARE | 25,773 | | 14,072 | |
| VISITING SERVICES | | | | |
| 9 PHYSICIAN SERVICES | | | | |
| 10 NURSING CARE | 320,561 | | | |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 11 PHYSICAL THERAPY | | | | |
| 12 OCCUPATIONAL THERAPY | | | | |
| 13 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 14 MEDICAL SOCIAL SERVICES | | | | |
| 15 SPIRITUAL COUNSELING | | | | 36,529 |
| 16 DIETARY COUNSELING | | | | |
| 17 COUNSELING - OTHER | | | | |
| 18 HOME HEALTH AIDE AND HOME MAKER | | | 145,566 | |
| 18.20 HH AIDE & HOME MAKER-CONT. HOME CARE | | | | |
| OTHER HOSPICE SERVICE COSTS | | | | |
| 19 OTHER | | | | |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 20.30 ANALGESICS | | | | |
| 20.31 SEDATIVES / HYPNOTICS | | | | |
| 20.32 OTHER - SPECIFY | | | | |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 22 PATIENT TRANSPORTATION | | | | |
| 23 IMAGING SERVICES | | | | |
| 24 LABS AND DIAGNOSTICS | | | | |
| 25 MEDICAL SUPPLIES | | | | |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 27 RADIATION THERAPY | | | | |
| 28 CHEMOTHERAPY | | | | |
| 29 OTHER | | | | |
| 30 BEREAVEMENT PROGRAM COSTS | | | | |
| 31 VOLUNTEER PROGRAM COSTS | | | | |
| 32 FUNDRAISING | | | | |
| 33 OTHER PROGRAM COSTS | | | | |
| 34 TOTAL (SUM OF LINES 1 THRU 33) | 610,283 | | 303,759 | 358,641 |

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | |
|--------------|-----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| 15-0082 | FROM 10/ 1/2009 | WORKSHEET K-1 |
| HOSPICE NO: | TO 9/30/2010 | |
| 15-1512 | | |

HOSPICE 1

TOTAL (1)
9

| | | |
|----|---------------------------------------|-----------|
| 1 | GENERAL SERVICE COST CENTERS | |
| 2 | CAPITAL RELATED COSTS-BLDG AND FIXT. | |
| 3 | CAPITAL RELATED COSTS-MOVABLE EQUIP. | |
| 4 | PLANT OPERATION AND MAINTENANCE | |
| 5 | TRANSPORTATION - STAFF | |
| 6 | VOLUNTEER SERVICE COORDINATION | 43,895 |
| 7 | ADMINISTRATIVE AND GENERAL | 406,048 |
| 8 | INPATIENT CARE SERVICE | |
| 9 | INPATIENT - GENERAL CARE | 408,070 |
| 10 | INPATIENT - RESPIRE CARE | 39,845 |
| 11 | VISITING SERVICES | |
| 12 | PHYSICIAN SERVICES | |
| 13 | NURSING CARE | 320,561 |
| 14 | NURSING CARE-CONTINUOUS HOME CARE | |
| 15 | PHYSICAL THERAPY | |
| 16 | OCCUPATIONAL THERAPY | |
| 17 | SPEECH/LANGUAGE PATHOLOGY | |
| 18 | MEDICAL SOCIAL SERVICES | 45,533 |
| 19 | SPIRITUAL COUNSELING | 36,529 |
| 20 | DIETARY COUNSELING | |
| 21 | COUNSELING - OTHER | |
| 22 | HOME HEALTH AIDE AND HOMEMAKER | 145,566 |
| 23 | HH AIDE & HOMEMAKER-CONT. HOME CARE | |
| 24 | OTHER HOSPICE SERVICE COSTS | |
| 25 | OTHER | |
| 26 | DRUGS BIOLOGICAL AND INFUSION THERAPY | |
| 27 | ANALGESICS | |
| 28 | SEDATIVES / HYPNOTICS | |
| 29 | OTHER - SPECIFY | |
| 30 | DURABLE MEDICAL EQUIPMENT/OXYGEN | |
| 31 | PATIENT TRANSPORTATION | |
| 32 | IMAGING SERVICES | |
| 33 | LABS AND DIAGNOSTICS | |
| 34 | MEDICAL SUPPLIES | |
| 35 | OUTPATIENT SERVICES (INCL. E/R DEPT.) | |
| 36 | RADIATION THERAPY | |
| 37 | CHEMOTHERAPY | |
| 38 | OTHER | |
| 39 | BEREAVEMENT PROGRAM COSTS | |
| 40 | VOLUNTEER PROGRAM COSTS | |
| 41 | FUNDRAISING | |
| 42 | OTHER PROGRAM COSTS | |
| 43 | TOTAL (SUM OF LINES 1 THRU 33) | 1,446,047 |

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 1

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | |
|--------------|-----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| 15-0082 | FROM 10/ 1/2009 | WORKSHEET K-3 |
| HOSPICE NO: | TO 9/30/2010 | |
| 15-1512 | | |

HOSPICE 1

ADMINISTRATOR
1

DIRECTOR
2

SOCIAL
SERVICES
3

SUPERVISORS
4

- GENERAL SERVICE COST CENTERS
- 1 CAPITAL RELATED COSTS-BLDG AND FIXT.
- 2 CAPITAL RELATED COSTS-MOVABLE EQUIP.
- 3 PLANT OPERATION AND MAINTENANCE
- 4 TRANSPORTATION - STAFF
- 5 VOLUNTEER SERVICE COORDINATION
- 6 ADMINISTRATIVE AND GENERAL
- INPATIENT CARE SERVICE
- 7 INPATIENT - GENERAL CARE
- 8 INPATIENT - RESPIRE CARE
- VISITING SERVICES
- 9 PHYSICIAN SERVICES
- 10 NURSING CARE
- 10. 20 NURSING CARE-CONTINUOUS HOME CARE
- 11 PHYSICAL THERAPY
- 12 OCCUPATIONAL THERAPY
- 13 SPEECH/LANGUAGE PATHOLOGY
- 14 MEDICAL SOCIAL SERVICES
- 15 SPIRITUAL COUNSELING
- 16 DIETARY COUNSELING
- 17 COUNSELING - OTHER
- 18 HOME HEALTH AIDE AND HOMEMAKER
- 18. 20 HH AIDE & HOMEMAKER-CONT. HOME CARE
- OTHER HOSPICE SERVICE COSTS
- 19 OTHER
- 20 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 20. 30 ANALGESICS
- 20. 31 SEDATIVES / HYPNOTICS
- 20. 32 OTHER - SPECIFY
- 21 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 22 PATIENT TRANSPORTATION
- 23 IMAGING SERVICES
- 24 LABS AND DIAGNOSTICS
- 25 MEDICAL SUPPLIES
- 26 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 27 RADIATION THERAPY
- 28 CHEMOTHERAPY
- 29 OTHER
- 30 BEREAVEMENT PROGRAM COSTS
- 31 VOLUNTEER PROGRAM COSTS
- 32 FUNDRAISING
- 33 OTHER PROGRAM COSTS
- 34 TOTAL (SUM OF LINES 1 THRU 33)

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | |
|--------------|-----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| 15-0082 | FROM 10/ 1/2009 | WORKSHEET K-3 |
| HOSPICE NO: | TO 9/30/2010 | |
| 15-1512 | | |

HOSPICE 1

| | NURSES 5 | TOTAL THERAPISTS 6 | AIDES 7 | ALL OTHER 8 |
|--|-------------|--------------------------|------------|-------------------|
| GENERAL SERVICE COST CENTERS | | | | |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | | |
| 3 PLANT OPERATION AND MAINTENANCE | | | | |
| 4 TRANSPORTATION - STAFF | | | | |
| 5 VOLUNTEER SERVICE COORDINATION | | | | |
| 6 ADMINISTRATIVE AND GENERAL | | | | |
| INPATIENT CARE SERVICE | | | | |
| 7 INPATIENT - GENERAL CARE | | | | |
| 8 INPATIENT - RESPIRE CARE | | | | |
| VISITING SERVICES | | | | |
| 9 PHYSICIAN SERVICES | | | | |
| 10 NURSING CARE | | | | |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 11 PHYSICAL THERAPY | | 3,480 | | |
| 12 OCCUPATIONAL THERAPY | | 695 | | |
| 13 SPEECH/LANGUAGE PATHOLOGY | | 246 | | |
| 14 MEDICAL SOCIAL SERVICES | | | | |
| 15 SPIRITUAL COUNSELING | | | | |
| 16 DIETARY COUNSELING | | | | |
| 17 COUNSELING - OTHER | | | | |
| 18 HOME HEALTH AIDE AND HOME MAKER | | | | |
| 18.20 HH AIDE & HOME MAKER-CONT. HOME CARE | | | | |
| OTHER HOSPICE SERVICE COSTS | | | | |
| 19 OTHER | | | | |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 20.30 ANALGESICS | | | | |
| 20.31 SEDATIVES / HYPNOTICS | | | | |
| 20.32 OTHER - SPECIFY | | | | |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 22 PATIENT TRANSPORTATION | | | | |
| 23 IMAGING SERVICES | | | | |
| 24 LABS AND DIAGNOSTICS | | | | |
| 25 MEDICAL SUPPLIES | | | | |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 27 RADIATION THERAPY | | | | |
| 28 CHEMOTHERAPY | | | | |
| 29 OTHER | | | | |
| 30 BEREAVEMENT PROGRAM COSTS | | | | |
| 31 VOLUNTEER PROGRAM COSTS | | | | |
| 32 FUNDRAISING | | | | |
| 33 OTHER PROGRAM COSTS | | | | |
| 34 TOTAL (SUM OF LINES 1 THRU 33) | | 4,421 | | |

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | |
|--------------|-----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| 15-0082 | FROM 10/ 1/2009 | WORKSHEET K-3 |
| HOSPICE NO: | TO 9/30/2010 | |
| 15-1512 | | |

HOSPICE 1

TOTAL (1)
9

| | | |
|----|---------------------------------------|-------|
| 1 | GENERAL SERVICE COST CENTERS | |
| 2 | CAPITAL RELATED COSTS-BLDG AND FIXT. | |
| 3 | CAPITAL RELATED COSTS-MOVABLE EQUIP. | |
| 4 | PLANT OPERATION AND MAINTENANCE | |
| 5 | TRANSPORTATION - STAFF | |
| 6 | VOLUNTEER SERVICE COORDINATION | |
| 7 | ADMINISTRATIVE AND GENERAL | |
| 8 | INPATIENT CARE SERVICE | |
| 9 | INPATIENT - GENERAL CARE | |
| 10 | INPATIENT - RESPIRE CARE | |
| 11 | VISITING SERVICES | |
| 12 | PHYSICIAN SERVICES | |
| 13 | NURSING CARE | |
| 14 | NURSING CARE-CONTINUOUS HOME CARE | |
| 15 | PHYSICAL THERAPY | 3,480 |
| 16 | OCCUPATIONAL THERAPY | 695 |
| 17 | SPEECH/LANGUAGE PATHOLOGY | 246 |
| 18 | MEDICAL SOCIAL SERVICES | |
| 19 | SPIRITUAL COUNSELING | |
| 20 | DIETARY COUNSELING | |
| 21 | COUNSELING - OTHER | |
| 22 | HOME HEALTH AIDE AND HOMEMAKER | |
| 23 | HH AIDE & HOMEMAKER-CONT. HOME CARE | |
| 24 | OTHER HOSPICE SERVICE COSTS | |
| 25 | OTHER | |
| 26 | DRUGS BIOLOGICAL AND INFUSION THERAPY | |
| 27 | ANALGESICS | |
| 28 | SEDATIVES / HYPNOTICS | |
| 29 | OTHER - SPECIFY | |
| 30 | DURABLE MEDICAL EQUIPMENT/OXYGEN | |
| 31 | PATIENT TRANSPORTATION | |
| 32 | IMAGING SERVICES | |
| 33 | LABS AND DIAGNOSTICS | |
| 34 | MEDICAL SUPPLIES | |
| 35 | OUTPATIENT SERVICES (INCL. E/R DEPT.) | |
| 36 | RADIATION THERAPY | |
| 37 | CHEMOTHERAPY | |
| 38 | OTHER | |
| 39 | BEREAVEMENT PROGRAM COSTS | |
| 40 | VOLUNTEER PROGRAM COSTS | |
| 41 | FUNDRAISING | |
| 42 | OTHER PROGRAM COSTS | |
| 43 | TOTAL (SUM OF LINES 1 THRU 33) | 4,421 |

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 4

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

| | | |
|--------------|-----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 15-0082 | FROM 10/ 1/2009 | 10/ 3/2011 |
| HOSPICE NO: | TO 9/30/2010 | WORKSHEET K-4 |
| 15-1512 | | PART I |

HOSPICE 1

| | NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10) | CAP. REL. COST BUI LDINGS & FIXTURES | CAP. REL. COST MOVABLE EQUIPMENT | PLANT OPERATION & MAINT. |
|---|--|--|--|--------------------------------|
| | 0 | 1 | 2 | 3 |
| GENERAL SERVICE COST CENTERS | | | | |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | | |
| 3 PLANT OPERATION AND MAINTENANCE | | | | |
| 4 TRANSPORTATION - STAFF | 53,501 | | | |
| 5 VOLUNTEER SERVICE COORDINATION | 43,895 | | | |
| 6 ADMINISTRATIVE AND GENERAL | 1,051,482 | | | |
| INPATIENT CARE SERVICE | | | | |
| 7 INPATIENT - GENERAL CARE | 408,070 | | | |
| 8 INPATIENT - RESPI TE CARE | 39,845 | | | |
| VISITING SERVICES | | | | |
| 9 PHYSICIAN SERVICES | | | | |
| 10 NURSING CARE | 320,561 | | | |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 11 PHYSICAL THERAPY | 3,480 | | | |
| 12 OCCUPATIONAL THERAPY | 695 | | | |
| 13 SPEECH/LANGUAGE PATHOLOGY | 246 | | | |
| 14 MEDICAL SOCIAL SERVICES | 45,533 | | | |
| 15 SPIRITUAL COUNSELING | 36,529 | | | |
| 16 DIETARY COUNSELING | | | | |
| 17 COUNSELING - OTHER | | | | |
| 18 HOME HEALTH AIDE AND HOMEMAKER | 145,566 | | | |
| 18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE | | | | |
| OTHER HOSPICE SERVICE COSTS | | | | |
| 19 OTHER | | | | |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY | 331,561 | | | |
| 20.30 ANALGESICS | | | | |
| 20.31 SEDATIVES / HYPNOTICS | | | | |
| 20.32 OTHER - SPECIFY | | | | |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN | 6,919 | | | |
| 22 PATIENT TRANSPORTATION | 57 | | | |
| 23 IMAGING SERVICES | | | | |
| 24 LABS AND DIAGNOSTICS | 71 | | | |
| 25 MEDICAL SUPPLIES | 31,418 | | | |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 27 RADIATION THERAPY | | | | |
| 28 CHEMOTHERAPY | | | | |
| 29 OTHER | | | | |
| 30 BEREAVEMENT PROGRAM COSTS | | | | |
| 31 VOLUNTEER PROGRAM COSTS | | | | |
| 32 FUNDRAISING | | | | |
| 33 OTHER PROGRAM COSTS | | | | |
| 34 TOTAL (SUM OF LINES 1 THRU 33) | 2,519,429 | | | |

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

| | | |
|--------------|-----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 15-0082 | FROM 10/ 1/2009 | 10/ 3/2011 |
| HOSPICE NO: | TO 9/30/2010 | WORKSHEET K-4 |
| 15-1512 | | PART I |

HOSPICE 1

| | TRANSPORTATION | VOLUNTEER SERVICES COORDINATOR | SUBTOTAL (COL. 0-5) | ADMINISTRATIVE & GENERAL |
|---|----------------|--------------------------------|---------------------|--------------------------|
| | 4 | 5 | 5A | 6 |
| GENERAL SERVICE COST CENTERS | | | | |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | | |
| 3 PLANT OPERATION AND MAINTENANCE | | | | |
| 4 TRANSPORTATION - STAFF | 53,501 | | | |
| 5 VOLUNTEER SERVICE COORDINATION | | 43,895 | | |
| 6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE | 53,501 | 43,895 | 1,148,878 | 1,148,878 |
| 7 INPATIENT - GENERAL CARE | | | 408,070 | 342,070 |
| 8 INPATIENT - RESPIRE CARE | | | 39,845 | 33,400 |
| 9 VISITING SERVICES | | | | |
| 10 PHYSICIAN SERVICES | | | | |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE | | | 320,561 | 268,713 |
| 11 PHYSICAL THERAPY | | | 3,480 | 2,917 |
| 12 OCCUPATIONAL THERAPY | | | 695 | 583 |
| 13 SPEECH/LANGUAGE PATHOLOGY | | | 246 | 206 |
| 14 MEDICAL SOCIAL SERVICES | | | 45,533 | 38,168 |
| 15 SPIRITUAL COUNSELING | | | 36,529 | 30,621 |
| 16 DIETARY COUNSELING | | | | |
| 17 COUNSELING - OTHER | | | | |
| 18 HOME HEALTH AIDE AND HOMEMAKER | | | 145,566 | 122,022 |
| 18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE | | | | |
| 19 OTHER HOSPICE SERVICE COSTS | | | | |
| 19 OTHER | | | | |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | 331,561 | 277,934 |
| 20.30 ANALGESICS | | | | |
| 20.31 SEDATIVES / HYPNOTICS | | | | |
| 20.32 OTHER - SPECIFY | | | | |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | 6,919 | 5,800 |
| 22 PATIENT TRANSPORTATION | | | 57 | 48 |
| 23 IMAGING SERVICES | | | | |
| 24 LABS AND DIAGNOSTICS | | | 71 | 60 |
| 25 MEDICAL SUPPLIES | | | 31,418 | 26,336 |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 27 RADIATION THERAPY | | | | |
| 28 CHEMOTHERAPY | | | | |
| 29 OTHER | | | | |
| 30 BEREAVEMENT PROGRAM COSTS | | | | |
| 31 VOLUNTEER PROGRAM COSTS | | | | |
| 32 FUNDRAISING | | | | |
| 33 OTHER PROGRAM COSTS | | | | |
| 34 TOTAL (SUM OF LINES 1 THRU 33) | 53,501 | 43,895 | 1,370,551 | 1,148,878 |

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

| | | |
|--------------|-----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 15-0082 | FROM 10/ 1/2009 | 10/ 3/2011 |
| HOSPICE NO: | TO | WORKSHEET K-4 |
| 15-1512 | 9/30/2010 | PART I |

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

| | | |
|----|---------------------------------------|-----------|
| 1 | GENERAL SERVICE COST CENTERS | |
| 2 | CAPITAL RELATED COSTS-BLDG AND FIXT. | |
| 3 | CAPITAL RELATED COSTS-MOVABLE EQUIP. | |
| 4 | PLANT OPERATION AND MAINTENANCE | |
| 5 | TRANSPORTATION - STAFF | |
| 6 | VOLUNTEER SERVICE COORDINATION | |
| 7 | ADMINISTRATIVE AND GENERAL | |
| 8 | INPATIENT CARE SERVICE | |
| 9 | INPATIENT - GENERAL CARE | 750,140 |
| 10 | INPATIENT - RESPIRE CARE | 73,245 |
| 11 | VISITING SERVICES | |
| 12 | PHYSICIAN SERVICES | |
| 13 | NURSING CARE | 589,274 |
| 14 | NURSING CARE-CONTINUOUS HOME CARE | |
| 15 | PHYSICAL THERAPY | 6,397 |
| 16 | OCCUPATIONAL THERAPY | 1,278 |
| 17 | SPEECH/LANGUAGE PATHOLOGY | 452 |
| 18 | MEDICAL SOCIAL SERVICES | 83,701 |
| 19 | SPIRITUAL COUNSELING | 67,150 |
| 20 | DIETARY COUNSELING | |
| 21 | COUNSELING - OTHER | |
| 22 | HOME HEALTH AIDE AND HOMEMAKER | 267,588 |
| 23 | HH AIDE & HOMEMAKER-CONT. HOME CARE | |
| 24 | OTHER HOSPICE SERVICE COSTS | |
| 25 | OTHER | |
| 26 | DRUGS BIOLOGICAL AND INFUSION THERAPY | 609,495 |
| 27 | ANALGESICS | |
| 28 | SEDATIVES / HYPNOTICS | |
| 29 | OTHER - SPECIFY | |
| 30 | DURABLE MEDICAL EQUIPMENT/OXYGEN | 12,719 |
| 31 | PATIENT TRANSPORTATION | 105 |
| 32 | IMAGING SERVICES | |
| 33 | LABS AND DIAGNOSTICS | 131 |
| 34 | MEDICAL SUPPLIES | 57,754 |
| 35 | OUTPATIENT SERVICES (INCL. E/R DEPT.) | |
| 36 | RADIATION THERAPY | |
| 37 | CHEMOTHERAPY | |
| 38 | OTHER | |
| 39 | BEREAVEMENT PROGRAM COSTS | |
| 40 | VOLUNTEER PROGRAM COSTS | |
| 41 | FUNDRAISING | |
| 42 | OTHER PROGRAM COSTS | |
| 43 | TOTAL (SUM OF LINES 1 THRU 33) | 2,519,429 |

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

| | | |
|--------------|-----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 15-0082 | FROM 10/ 1/2009 | 10/ 3/2011 |
| HOSPICE NO: | TO 9/30/2010 | WORKSHEET K-4 |
| 15-1512 | | PART II |

HOSPICE 1

| | CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1 | CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2 | PLANT OPERATION & MAINT. (SQUARE FEET) 3 | TRANSPORTATION (MILEAGE) 4 |
|--|---|---|--|----------------------------------|
| GENERAL SERVICE COST CENTERS | | | | |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | | |
| 3 PLANT OPERATION AND MAINTENANCE | | | | |
| 4 TRANSPORTATION - STAFF | | | | 100 |
| 5 VOLUNTEER SERVICE COORDINATION | | | | |
| 6 ADMINISTRATIVE AND GENERAL | | | | 100 |
| INPATIENT CARE SERVICE | | | | |
| 7 INPATIENT - GENERAL CARE | | | | |
| 8 INPATIENT - RESPIRE CARE | | | | |
| VISITING SERVICES | | | | |
| 9 PHYSICIAN SERVICES | | | | |
| 10 NURSING CARE | | | | |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 11 PHYSICAL THERAPY | | | | |
| 12 OCCUPATIONAL THERAPY | | | | |
| 13 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 14 MEDICAL SOCIAL SERVICES | | | | |
| 15 SPIRITUAL COUNSELING | | | | |
| 16 DIETARY COUNSELING | | | | |
| 17 COUNSELING - OTHER | | | | |
| 18 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE | | | | |
| OTHER HOSPICE SERVICE COSTS | | | | |
| 19 OTHER | | | | |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 20.30 ANALGESICS | | | | |
| 20.31 SEDATIVES / HYPNOTICS | | | | |
| 20.32 OTHER - SPECIFY | | | | |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 22 PATIENT TRANSPORTATION | | | | |
| 23 IMAGING SERVICES | | | | |
| 24 LABS AND DIAGNOSTICS | | | | |
| 25 MEDICAL SUPPLIES | | | | |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 27 RADIATION THERAPY | | | | |
| 28 CHEMOTHERAPY | | | | |
| 29 OTHER | | | | |
| 30 | | | | |
| 31 | | | | |
| 32 FUNDRAISING | | | | |
| 33 OTHER PROGRAM COSTS | | | | |
| 34 COST TO BE ALLOCATED (PER WKST K-4, PART I) | | | | 53,501 |
| 35 UNIT COST MULTIPLIER | .000000 | .000000 | .000000 | 535.01000 |

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

| | | |
|--------------|-----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 15-0082 | FROM 10/ 1/2009 | 10/ 3/2011 |
| HOSPICE NO: | TO 9/30/2010 | WORKSHEET K-4 |
| 15-1512 | | PART II |

HOSPICE 1

| | VOLUNTEER SERVICES COORDINATOR (HOURS) 5 | RECONCILIATION 6A | ADMINISTRATIVE & GENERAL (ACCUM. COST) 6 |
|---|---|----------------------|---|
| 1 GENERAL SERVICE COST CENTERS | | | |
| 2 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | |
| 3 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | |
| 4 PLANT OPERATION AND MAINTENANCE | | | |
| 5 TRANSPORTATION - STAFF | | | |
| 6 VOLUNTEER SERVICE COORDINATION | 100 | | |
| 7 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE | 100 | -1,148,878 | 1,370,551 |
| 8 INPATIENT - GENERAL CARE | | | 408,070 |
| 9 INPATIENT - RESPIRE CARE | | | 39,845 |
| 10 VISITING SERVICES | | | |
| 11 PHYSICIAN SERVICES | | | |
| 12 NURSING CARE | | | 320,561 |
| 13.20 NURSING CARE-CONTINUOUS HOME CARE | | | |
| 14 PHYSICAL THERAPY | | | 3,480 |
| 15 OCCUPATIONAL THERAPY | | | 695 |
| 16 SPEECH/LANGUAGE PATHOLOGY | | | 246 |
| 17 MEDICAL SOCIAL SERVICES | | | 45,533 |
| 18 SPIRITUAL COUNSELING | | | 36,529 |
| 19 DIETARY COUNSELING | | | |
| 20 COUNSELING - OTHER | | | |
| 21 HOME HEALTH AIDE AND HOMEMAKER | | | 145,566 |
| 22.20 HH AIDE & HOMEMAKER-CONT. HOME CARE | | | |
| 23 OTHER HOSPICE SERVICE COSTS | | | |
| 24 OTHER | | | |
| 25 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | 331,561 |
| 26.30 ANALGESICS | | | |
| 27.31 SEDATIVES / HYPNOTICS | | | |
| 28.32 OTHER - SPECIFY | | | |
| 29 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | 6,919 |
| 30 PATIENT TRANSPORTATION | | | 57 |
| 31 IMAGING SERVICES | | | |
| 32 LABS AND DIAGNOSTICS | | | 71 |
| 33 MEDICAL SUPPLIES | | | 31,418 |
| 34 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | |
| 35 RADIATION THERAPY | | | |
| 36 CHEMOTHERAPY | | | |
| 37 OTHER | | | |
| 38 | | | |
| 39 | | | |
| 40 | | | |
| 41 | | | |
| 42 FUNDRAISING | | | |
| 43 OTHER PROGRAM COSTS | | | |
| 44 COST TO BE ALLOCATED (PER WKST K-4, PART I) | 43,895 | | 1,148,878 |
| 45 UNIT COST MULTIPLIER | 438.950000 | | .838260 |

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 15-0082
 HOSPICE NO: 15-1512
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 10/3/2011
 WORKSHEET K-5
 PART I

HOSPICE 1

| HOSPICE COST CENTER | FROM K-4, PART 1, COLUMN 7, LINE | HOSPICE TRIAL BALANCE (1) | NEW CAP REL COSTS-BLDG & FIXT | NEW CAP REL COSTS- BLDG & FIXT | NEW CAP REL COSTS-MVBLE EQUIP |
|---|----------------------------------|---------------------------|-------------------------------|--------------------------------|-------------------------------|
| | | 0 | 3 | 3.01 | 4 |
| 1.00 ADMINISTRATIVE AND GENERAL | 6 | | 66,041 | | 3,793 |
| 2.00 INPATIENT - GENERAL CARE | 7 | 750,140 | | | |
| 3.00 INPATIENT - RESPIRE CARE | 8 | 73,245 | | | |
| 4.00 PHYSICIAN SERVICES | 9 | | | | |
| 5.00 NURSING CARE | 10 | 589,274 | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | 10.20 | | | | |
| 6.00 PHYSICAL THERAPY | 11 | 6,397 | | | |
| 7.00 OCCUPATIONAL THERAPY | 12 | 1,278 | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | 13 | 452 | | | |
| 9.00 MEDICAL SOCIAL SERVICES | 14 | 83,701 | | | |
| 10.00 SPIRITUAL COUNSELING | 15 | 67,150 | | | |
| 11.00 DIETARY COUNSELING | 16 | | | | |
| 12.00 COUNSELING - OTHER | 17 | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | 18 | 267,588 | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | 18.20 | | | | |
| 14.00 | 19 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | 20 | 609,495 | | | |
| 15.30 ANALGESICS | 20.30 | | | | |
| 15.31 SEDATIVES / HYPNOTICS | 20.31 | | | | |
| 15.32 OTHER | 20.32 | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | 21 | 12,719 | | | |
| 17.00 PATIENT TRANSPORTATION | 22 | 105 | | | |
| 18.00 IMAGING SERVICES | 23 | | | | |
| 19.00 LABS AND DIAGNOSTICS | 24 | 131 | | | |
| 20.00 MEDICAL SUPPLIES | 25 | 57,754 | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | 26 | | | | |
| 22.00 RADIATION THERAPY | 27 | | | | |
| 23.00 CHEMOTHERAPY | 28 | | | | |
| 24.00 | 29 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | 30 | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | 31 | | | | |
| 27.00 FUNDRAISING | 32 | | | | |
| 28.00 OTHER PROGRAM COSTS | 33 | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2) | | 2,519,429 | 66,041 | | 3,793 |
| 30.00 UNIT COST MULTIPLIER | | | | | |

| HOSPICE COST CENTER | EMPLOYEE BENEFITS | SUBTOTAL | ADMINISTRATIVE & GENERAL | OPERATION OF PLANT |
|---|-------------------|-----------|--------------------------|--------------------|
| | 5 | 5A | 6 | 8 |
| 1.00 ADMINISTRATIVE AND GENERAL | 123,256 | 193,090 | 35,367 | 101,815 |
| 2.00 INPATIENT - GENERAL CARE | 111,785 | 861,925 | 157,873 | |
| 3.00 INPATIENT - RESPIRE CARE | 10,915 | 84,160 | 15,415 | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | 87,814 | 677,088 | 124,017 | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | 6,397 | 1,172 | |
| 7.00 OCCUPATIONAL THERAPY | | 1,278 | 234 | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | 452 | 83 | |
| 9.00 MEDICAL SOCIAL SERVICES | 12,473 | 96,174 | 17,616 | |
| 10.00 SPIRITUAL COUNSELING | 10,007 | 77,157 | 14,132 | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | 39,876 | 307,464 | 56,316 | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | 609,495 | 111,637 | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | 12,719 | 2,330 | |
| 17.00 PATIENT TRANSPORTATION | | 105 | 19 | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | 131 | 24 | |
| 20.00 MEDICAL SUPPLIES | | 57,754 | 10,578 | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2) | 396,126 | 2,985,389 | 546,813 | 101,815 |
| 30.00 UNIT COST MULTIPLIER | | | | |

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPI CE
COST CENTERS

PROVIDER NO: 15-0082
HOSPI CE NO: 15-1512
PERIOD: FROM 10/ 1/2009 TO 9/30/2010
PREPARED 10/ 3/2011
WORKSHEET K-5
PART I

HOSPI CE 1

LAUNDRY & LINEN SERVICE HOUSEKEEPING DI ETARY CAFETERIA

| HOSPI CE COST CENTER | 9 | 10 | 11 | 12 |
|---|-----|--------|--------|--------|
| 1.00 ADMINISTRATIVE AND GENERAL | | 40,721 | | 3,994 |
| 2.00 INPATIENT - GENERAL CARE | 906 | | 37,303 | 4,134 |
| 3.00 INPATIENT - RESPI TE CARE | 88 | | 3,646 | 418 |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | 2,276 |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | 464 |
| 10.00 SPIRITUAL COUNSELING | | | | 464 |
| 11.00 DI ETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | 1,904 |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2) | 994 | 40,721 | 40,949 | 13,654 |
| 30.00 UNIT COST MULTIPLIER | | | | |

NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY

| HOSPI CE COST CENTER | 14 | 15 | 16 | 17 |
|---|----|-------|---------|--------|
| 1.00 ADMINISTRATIVE AND GENERAL | | | | 15,105 |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPI TE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DI ETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | 265,713 | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | 2,602 | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2) | | 2,602 | 265,713 | 15,105 |
| 30.00 UNIT COST MULTIPLIER | | | | |

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 15-0082
 HOSPICE NO: 15-1512
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 10/3/2011
 WORKSHEET K-5
 PART I

HOSPICE 1

SOCIAL SERVICE

I & R
 SERVICES-SALARY
 & FRINGES
 APPRVD 22

I & R
 SERVICES-OTHER
 PRGM COSTS
 APPRVD 23

PARAMED ED PRGM

HOSPICE COST CENTER

18

24

- 1.00 ADMINISTRATIVE AND GENERAL
- 2.00 INPATIENT - GENERAL CARE
- 3.00 INPATIENT - RESPIRE CARE
- 4.00 PHYSICIAN SERVICES
- 5.00 NURSING CARE
- 5.20 NURSING CARE-CONTINUOUS HOME CARE
- 6.00 PHYSICAL THERAPY
- 7.00 OCCUPATIONAL THERAPY
- 8.00 SPEECH/LANGUAGE PATHOLOGY
- 9.00 MEDICAL SOCIAL SERVICES
- 10.00 SPIRITUAL COUNSELING
- 11.00 DIETARY COUNSELING
- 12.00 COUNSELING - OTHER
- 13.00 HOME HEALTH AIDE AND HOMEMAKER
- 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE
- 14.00
- 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 15.30 ANALGESICS
- 15.31 SEDATIVES / HYPNOTICS
- 15.32 OTHER
- 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 17.00 PATIENT TRANSPORTATION
- 18.00 IMAGING SERVICES
- 19.00 LABS AND DIAGNOSTICS
- 20.00 MEDICAL SUPPLIES
- 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 22.00 RADIATION THERAPY
- 23.00 CHEMOTHERAPY
- 24.00
- 25.00 BEREAVEMENT PROGRAM COSTS
- 26.00 VOLUNTEER PROGRAM COSTS
- 27.00 FUNDRAISING
- 28.00 OTHER PROGRAM COSTS
- 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)
- 30.00 UNIT COST MULTIPLIER

PARAMED ED
 PRGM- (CHAPLIN
 RESIDENCY)

PARAMED ED
 PRGM- (NURSING)

SUBTOTAL

INTRN & RSDNT
 COST & POST
 STEPDOWN AD

HOSPICE COST CENTER

24.01

24.03

25

26

- 1.00 ADMINISTRATIVE AND GENERAL
- 2.00 INPATIENT - GENERAL CARE
- 3.00 INPATIENT - RESPIRE CARE
- 4.00 PHYSICIAN SERVICES
- 5.00 NURSING CARE
- 5.20 NURSING CARE-CONTINUOUS HOME CARE
- 6.00 PHYSICAL THERAPY
- 7.00 OCCUPATIONAL THERAPY
- 8.00 SPEECH/LANGUAGE PATHOLOGY
- 9.00 MEDICAL SOCIAL SERVICES
- 10.00 SPIRITUAL COUNSELING
- 11.00 DIETARY COUNSELING
- 12.00 COUNSELING - OTHER
- 13.00 HOME HEALTH AIDE AND HOMEMAKER
- 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE
- 14.00
- 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 15.30 ANALGESICS
- 15.31 SEDATIVES / HYPNOTICS
- 15.32 OTHER
- 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 17.00 PATIENT TRANSPORTATION
- 18.00 IMAGING SERVICES
- 19.00 LABS AND DIAGNOSTICS
- 20.00 MEDICAL SUPPLIES
- 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 22.00 RADIATION THERAPY
- 23.00 CHEMOTHERAPY
- 24.00
- 25.00 BEREAVEMENT PROGRAM COSTS
- 26.00 VOLUNTEER PROGRAM COSTS
- 27.00 FUNDRAISING
- 28.00 OTHER PROGRAM COSTS
- 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)
- 30.00 UNIT COST MULTIPLIER

390,092
 1,062,141
 103,727
 803,381
 7,569
 1,512
 535
 114,254
 91,753
 365,684
 986,845
 15,049
 124
 155
 70,934
 4,013,755

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

| | | |
|--------------|-----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| 15-0082 | FROM 10/ 1/2009 | WORKSHEET K-5 |
| HOSPICE NO: | TO 9/30/2010 | PART I |
| 15-1512 | | |

HOSPICE 1

| HOSPICE COST CENTER | SUBTOTAL | ALLOCATED HOSPICE A & G | TOTAL HOSPICE COSTS |
|---|-----------|-------------------------|---------------------|
| | 27 | 28 | 29 |
| 1.00 ADMINISTRATIVE AND GENERAL | 390,092 | | |
| 2.00 INPATIENT - GENERAL CARE | 1,062,141 | 114,341 | 1,176,482 |
| 3.00 INPATIENT - RESPIRE CARE | 103,727 | 11,166 | 114,893 |
| 4.00 PHYSICIAN SERVICES | | | |
| 5.00 NURSING CARE | 803,381 | 86,485 | 889,866 |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | |
| 6.00 PHYSICAL THERAPY | 7,569 | 815 | 8,384 |
| 7.00 OCCUPATIONAL THERAPY | 1,512 | 163 | 1,675 |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | 535 | 58 | 593 |
| 9.00 MEDICAL SOCIAL SERVICES | 114,254 | 12,300 | 126,554 |
| 10.00 SPIRITUAL COUNSELING | 91,753 | 9,877 | 101,630 |
| 11.00 DIETARY COUNSELING | | | |
| 12.00 COUNSELING - OTHER | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | 365,684 | 39,366 | 405,050 |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | |
| 14.00 | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | 986,845 | 106,235 | 1,093,080 |
| 15.30 ANALGESICS | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | |
| 15.32 OTHER | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | 15,049 | 1,620 | 16,669 |
| 17.00 PATIENT TRANSPORTATION | 124 | 13 | 137 |
| 18.00 IMAGING SERVICES | | | |
| 19.00 LABS AND DIAGNOSTICS | 155 | 17 | 172 |
| 20.00 MEDICAL SUPPLIES | 70,934 | 7,636 | 78,570 |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | |
| 22.00 RADIATION THERAPY | | | |
| 23.00 CHEMOTHERAPY | | | |
| 24.00 | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | |
| 27.00 FUNDRAISING | | | |
| 28.00 OTHER PROGRAM COSTS | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2) | 4,013,755 | | 4,013,755 |
| 30.00 UNIT COST MULTIPLIER | | .107651 | |

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.
 (2) COLUMNS 0 THROUGH 27, LINE 29 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, LINE 93.

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

PROVIDER NO: 15-0082
HOSPICE NO: 15-1512
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 10/3/2011
WORKSHEET K-5
PART 11

HOSPICE 1

| HOSPICE COST CENTER | NEW CAP REL COSTS-BLDG & FIXT | NEW CAP REL COSTS-BLDG & FIXT | NEW CAP REL COSTS-MVBLE EQUIP | EMPLOYEE BENEFITS |
|---|-------------------------------|-------------------------------|-------------------------------|--------------------|
| | (SQUARE FEET - A) 3 | (SQUARE FEET - B) 3.01 | (DEPRECIATION EXPENSE) 4 | (GROSS SALARIES) 5 |
| 1.00 ADMINISTRATIVE AND GENERAL | 5,264 | | 2,349 | 449,944 |
| 2.00 INPATIENT - GENERAL CARE | | | | 408,070 |
| 3.00 INPATIENT - RESPIRE CARE | | | | 39,845 |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | 320,561 |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | 45,533 |
| 10.00 SPIRITUAL COUNSELING | | | | 36,529 |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | 145,566 |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) | 5,264 | | 2,349 | 1,446,048 |
| 30.00 TOTAL COST TO BE ALLOCATED | 66,041 | | 3,793 | 396,126 |
| 31.00 UNIT COST MULTIPLIER | 12.545783 | .000000 | 1.614730 | .273937 |

| HOSPICE COST CENTER | RECONCILIATION | ADMINISTRATIVE & GENERAL | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE |
|---|----------------|--------------------------|---------------------|-------------------------|
| | 6A | (ACCUMULATED COST) 6 | (SQUARE FEET - A) 8 | (POUNDS OF LAUNDRY) 9 |
| 1.00 ADMINISTRATIVE AND GENERAL | | 193,090 | 5,264 | |
| 2.00 INPATIENT - GENERAL CARE | | 861,925 | | 904 |
| 3.00 INPATIENT - RESPIRE CARE | | 84,160 | | 88 |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | 677,088 | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | 6,397 | | |
| 7.00 OCCUPATIONAL THERAPY | | 1,278 | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | 452 | | |
| 9.00 MEDICAL SOCIAL SERVICES | | 96,174 | | |
| 10.00 SPIRITUAL COUNSELING | | 77,157 | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | 307,464 | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | 609,495 | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | 12,719 | | |
| 17.00 PATIENT TRANSPORTATION | | 105 | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | 131 | | |
| 20.00 MEDICAL SUPPLIES | | 57,754 | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

PROVIDER NO: 15-0082
HOSPICE NO: 15-1512
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 10/3/2011
WORKSHEET K-5
PART II

HOSPICE 1

| HOSPICE COST CENTER | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE |
|---|---------------------------|--------------------|---------------------------|----------------|
| | (COSTED REQ UI S.) | (COSTED REQ UI S.) | (GROSS REVENUE) | (HOURS - A) |
| | 15 | 16 | 17 | 18 |
| 1.00 ADMINISTRATIVE AND GENERAL | | | 4,542,724 | |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPIRE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | 327,183 | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | 42,787 | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) | 42,787 | 327,183 | 4,542,724 | |
| 30.00 TOTAL COST TO BE ALLOCATED | 2,602 | 265,713 | 15,105 | |
| 31.00 UNIT COST MULTIPLIER | .060813 | .812123 | .003325 | .000000 |

| HOSPICE COST CENTER | I&R SERVICES-SALARY & FRINGES APPRVD (HOURS - B) | I&R SERVICES-OTHER PRGM COSTS APPRVD (HOURS - B) | PARAMED ED PRGM (HOURS - C) | PARAMED ED PRGM-(CHAPLIN RESIDENCY) (HOURS - D) |
|---|--|--|-----------------------------|---|
| | | 22 | 23 | 24 |
| 1.00 ADMINISTRATIVE AND GENERAL | | | | |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPIRE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
 COST CENTERS - STATISTICAL BASIS

| | | |
|--------------|-----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 15-0082 | FROM 10/ 1/2009 | 10/ 3/2011 |
| HOSPICE NO: | TO 9/30/2010 | WORKSHEET K-5 |
| 15-1512 | | PART II |

HOSPICE 1

| HOSPICE COST CENTER | I&R SERVICES-SALARY & FRINGES APPRVD 22 | I&R SERVICES-OTHER PRGM COSTS APPRVD 23 | PARAMED ED PRGM 24 | PARAMED ED PRGM-(CHAPLIN RESIDENCY) 24.01 |
|---------------------|---|---|-----------------------|--|
|---------------------|---|---|-----------------------|--|

| | | | | |
|-------------------------------------|---------|---------|---------|---------|
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) | | | | |
| 30.00 TOTAL COST TO BE ALLOCATED | | | | |
| 31.00 UNIT COST MULTIPLIER | .000000 | .000000 | .000000 | .000000 |

PARAMED ED
 PRGM-(NURSING)

HOSPICE COST CENTER

(HOURS - F)

24.03

- 1.00 ADMINISTRATIVE AND GENERAL
- 2.00 INPATIENT - GENERAL CARE
- 3.00 INPATIENT - RESPIRE CARE
- 4.00 PHYSICIAN SERVICES
- 5.00 NURSING CARE
- 5.20 NURSING CARE-CONTINUOUS HOME CARE
- 6.00 PHYSICAL THERAPY
- 7.00 OCCUPATIONAL THERAPY
- 8.00 SPEECH/LANGUAGE PATHOLOGY
- 9.00 MEDICAL SOCIAL SERVICES
- 10.00 SPIRITUAL COUNSELING
- 11.00 DIETARY COUNSELING
- 12.00 COUNSELING - OTHER
- 13.00 HOME HEALTH AIDE AND HOMEMAKER
- 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE
- 14.00
- 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 15.30 ANALGESICS
- 15.31 SEDATIVES / HYPNOTICS
- 15.32 OTHER
- 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 17.00 PATIENT TRANSPORTATION
- 18.00 IMAGING SERVICES
- 19.00 LABS AND DIAGNOSTICS
- 20.00 MEDICAL SUPPLIES
- 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 22.00 RADIATION THERAPY
- 23.00 CHEMOTHERAPY
- 24.00
- 25.00 BEREAVEMENT PROGRAM COSTS
- 26.00 VOLUNTEER PROGRAM COSTS
- 27.00 FUNDRAISING
- 28.00 OTHER PROGRAM COSTS
- 29.00 TOTAL (SUM OF LINE 1 THRU 28)
- 30.00 TOTAL COST TO BE ALLOCATED
- 31.00 UNIT COST MULTIPLIER .000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
 COST CENTERS - STATISTICAL BASIS

| | | |
|--------------|-----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 15-0082 | FROM 10/ 1/2009 | 10/ 3/2011 |
| HOSPICE NO: | TO 9/30/2010 | WORKSHEET K-5 |
| 15-1512 | | PART III |

HOSPICE 1

| | WKSHT C, PART I COLUMN 9 LINE: | COST TO CHARGE RATIO 1 | TOTAL HOSPICE CHARGES 2 | HOSPICE SHARED ANCILLARY COSTS 3 | |
|------|---|---------------------------------|----------------------------------|--|---------|
| 1 | PHYSICAL THERAPY | 50 | . 259036 | 2, 997 | 776 |
| 2 | OCCUPATIONAL THERAPY | 51 | | | |
| 3 | SPEECH PATHOLOGY | 52 | | | |
| 4 | DRUGS CHARGED TO PATIENTS | 56 | . 237777 | 272, 760 | 64, 856 |
| 5 | DURABLE MEDICAL EQUIP-SOLD | 67 | | | |
| 6 | LABORATORY | 44 | . 226738 | 13, 531 | 3, 068 |
| 7 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 55 | . 354812 | 38, 434 | 13, 637 |
| 7.30 | IMPL. DEV. CHARGED TO PATIENT | 55.30 | . 664819 | | |
| 8 | EMERGENCY | 61 | . 181264 | 4, 349 | 788 |
| 9 | RADIOLOGY-DIAGNOSTIC | 41 | . 127165 | 24, 772 | 3, 150 |
| 10 | BEHAVIORAL HEALTH SERVICES | 59 | . 673739 | | |
| 11 | TOTAL (SUM OF LINES 1-10) | | | | 86, 275 |

CALCULATION OF PER DIEM COST

| | | |
|--------------|-----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 10/ 3/2011 |
| 15-0082 | FROM 10/ 1/2009 | WORKSHEET K-6 |
| HOSPICE NO: | TO 9/30/2010 | |
| 15-1512 | | |

HOSPICE 1

COMPUTATION OF PER DIEM COST

| | TITLE XVIII | TITLE XIX | OTHER | TOTAL(1) |
|--|-------------|-----------|---------|-----------|
| | 1 | 2 | 3 | 4 |
| 1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS) | | | | 4,100,030 |
| 2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4) | | | | 14,077 |
| 3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2) | | | | 291.26 |
| 4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1) | 12,383 | | | |
| 5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4) | 3,606,673 | | | |
| 6 UNDUPLICATED MEDICAID DAYS | | 333 | | |
| 7 AGGREGATE MEDICAID COST | | 96,990 | | |
| 8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2) | | | | |
| 9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8) | | | | |
| 10 UNDUPLICATED NF DAYS | | | | |
| 11 AGGREGATE NF COST | | | | |
| 12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3) | | | 1,361 | |
| 13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12) | | | 396,405 | |

NOTE: THE DATA FOR THE SNF AND NF LINES 8 THROUGH 11 ARE INCLUDED IN THE MEDICARE AND MEDICAID LINES 4 THROUGH 7.

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

| | | |
|---|--|-----------|
| 1 | CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS | |
| | CAPITAL FEDERAL AMOUNT | |
| 2 | CAPITAL DRG OTHER THAN OUTLIER | 5,745,892 |
| 3 | CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997 | |
| 3.01 | CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997 | 270,998 |
| | INDIRECT MEDICAL EDUCATION ADJUSTMENT | |
| 4 | TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS | 304.72 |
| | IN THE COST REPORTING PERIOD | |
| 4.01 | NUMBER OF INTERNS AND RESIDENTS | 16.89 |
| | (SEE INSTRUCTIONS) | |
| 4.02 | INDIRECT MEDICAL EDUCATION PERCENTAGE | 1.58 |
| 4.03 | INDIRECT MEDICAL EDUCATION ADJUSTMENT | 90,785 |
| | (SEE INSTRUCTIONS) | |
| 5 | PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO | 5.58 |
| | MEDICARE PART A PATIENT DAYS | |
| 5.01 | PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL | 14.65 |
| | DAYS REPORTED ON S-3, PART I | |
| 5.02 | SUM OF 5 AND 5.01 | 20.23 |
| 5.03 | ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE | 4.18 |
| 5.04 | DISPROPORTIONATE SHARE ADJUSTMENT | 240,178 |
| 6 | TOTAL PROSPECTIVE CAPITAL PAYMENTS | 6,347,853 |
| PART II - HOLD HARMLESS METHOD | | |
| 1 | NEW CAPITAL | |
| 2 | OLD CAPITAL | |
| 3 | TOTAL CAPITAL | |
| 4 | RATIO OF NEW CAPITAL TO OLD CAPITAL | .000000 |
| 5 | TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE | |
| 6 | REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT | |
| 7 | REDUCED OLD CAPITAL AMOUNT | |
| 8 | HOLD HARMLESS PAYMENT FOR NEW CAPITAL | |
| 9 | SUBTOTAL | |
| 10 | PAYMENT UNDER HOLD HARMLESS | |
| PART III - PAYMENT UNDER REASONABLE COST | | |
| 1 | PROGRAM INPATIENT ROUTINE CAPITAL COST | |
| 2 | PROGRAM INPATIENT ANCILLARY CAPITAL COST | |
| 3 | TOTAL INPATIENT PROGRAM CAPITAL COST | |
| 4 | CAPITAL COST PAYMENT FACTOR | |
| 5 | TOTAL INPATIENT PROGRAM CAPITAL COST | |
| PART IV - COMPUTATION OF EXCEPTION PAYMENTS | | |
| 1 | PROGRAM INPATIENT CAPITAL COSTS | |
| 2 | PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY | |
| | CIRCUMSTANCES | |
| 3 | NET PROGRAM INPATIENT CAPITAL COSTS | |
| 4 | APPLICABLE EXCEPTION PERCENTAGE | .00 |
| 5 | CAPITAL COST FOR COMPARISON TO PAYMENTS | |
| 6 | PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY | .00 |
| | CIRCUMSTANCES | |
| 7 | ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL | |
| | FOR EXTRAORDINARY CIRCUMSTANCES | |
| 8 | CAPITAL MINIMUM PAYMENT LEVEL | |
| 9 | CURRENT YEAR CAPITAL PAYMENTS | |
| 10 | CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT | |
| | LEVEL TO CAPITAL PAYMENTS | |
| 11 | CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT | |
| | LEVEL OVER CAPITAL PAYMENT | |
| 12 | NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL | |
| | TO CAPITAL PAYMENTS | |
| 13 | CURRENT YEAR EXCEPTION PAYMENT | |
| 14 | CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT | |
| | LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD | |
| 15 | CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT | |
| 16 | CURRENT YEAR OPERATING AND CAPITAL COSTS | |
| 17 | CURRENT YEAR EXCEPTION OFFSET AMOUNT | |
| | (SEE INSTRUCTIONS) | |

CALCULATION OF CAPITAL PAYMENT

TITLE XIX

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

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