

**ST. MARY'S WARRICK HOSPITAL
BOONEVILLE, INDIANA**

**PROVIDER NOS. 15-1325, 15-M325, 15-Z325
AND AIM NO. 100270700**

**HOSPITAL STATEMENTS OF REIMBURSABLE COSTS
(MEDICARE AND MEDICAID PROGRAMS)**

JUNE 30, 2010

ST. MARY'S WARRICK HOSPITAL
PROVIDER NOS. 15-1325, 15-M325, 15-Z325
AND AIM NO. 100270700

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Accounts' Disclaimer

Hospital Statements of Reimbursable Cost



Board of Directors
St. Mary's Warrick Hospital
Boonville, Indiana

We have compiled the Hospital Statements of Reimbursable Cost (Title XVIII and XIX) of St. Mary's Warrick Hospital for the year ended June 30, 2010 in the accompanying prescribed form in accordance with Statements on Standards for Accounting Review Services issued by the American Institute of Certified Public Accountants.

Our compilation was limited to presenting in the form prescribed by the Centers for Medicare and Medicaid Services, information that is the representation of management. We have not audited or reviewed the report referred to above and, accordingly; do not express an opinion or any other form of assurance on it.

The report is presented in accordance with the requirements of the Centers for Medicare and Medicaid Services, which differ from generally accepted accounting principles. Accordingly, this report is not designed for those who are not informed about such differences.

This report is intended to be filed with the Centers for Medicare and Medicaid Services and should not be used for any other purposes.

Bradley Associates, Inc.

November 29, 2010

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 I PROVIDER NO: 15-1325 I PERIOD FROM 7/ 1/2009 TO 6/30/2010 I INTERMEDIARY USE ONLY I --AUDITED --DESK REVIEW I --INITIAL --REOPENED I --FINAL 1-MCR CODE I 00 - # OF REOPENINGS I DATE RECEIVED: / / I INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 11/29/2010 TIME 14:22

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: ST. MARY'S WARRICK HOSPITAL, INC. 15-1325 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 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.

ECR ENCRYPTION INFORMATION DATE: 11/29/2010 TIME 14:22

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PI ENCRYPTION INFORMATION DATE: 11/29/2010 TIME 14:22

b0tYssBdG:xe8mMt1T6eP09e6dEN0 nSohU0btjts8X:fm2Kjvn1K2DRAdCj 5J2B5m9z3w0Q71wL

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

Table with 5 columns: TITLE V, A, XVIII, B, XIX. Rows include HOSPITAL, SUBPROVIDER, SWING BED - SNF, and TOTAL with corresponding dollar amounts.

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.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1116 MILLIS AVE P.O. BOX:
 1.01 CITY: BOONEVILLE STATE: IN ZIP CODE: 47601- COUNTY: WARRICK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

| COMPONENT | COMPONENT NAME | PROVIDER NO. | NPI NUMBER | DATE CERTIFIED | PAYMENT SYSTEM (P,T,O OR N) | | |
|-----------|-----------------|--------------|------------|----------------|-----------------------------|-------|-----|
| | | | | | V | XVIII | XIX |
| 02.00 | HOSPITAL | 2 | 2.01 | 3 | 4 | 5 | 6 |
| 03.00 | SUBPROVIDER | 15-1325 | | 3/ 1/2005 | N | O | N |
| 04.00 | SWING BED - SNF | 15-M325 | | 3/ 1/2005 | N | P | N |
| | | 15-2325 | | 3/ 1/2005 | N | O | N |

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2009 TO: 6/30/2010

18 TYPE OF CONTROL

1 2
1

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

1
4

OTHER INFORMATION

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

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

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

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

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

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

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N

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

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

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

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

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

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

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

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

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

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

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

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

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

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

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. Y 12/13/1985

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

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

| | 1 | 2 | 3 | 4 |
|-------|------|--------|--------|---|
| 28.02 | 0 | 0.0000 | 0.0000 | |
| 28.02 | 0.00 | 0 | | |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

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

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

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

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

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

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

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N 1 2 3
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

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

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y 158056
 40.01 NAME: ST. MARY'S HEALTH SYSTEM FI/CONTRACTOR NAME NGS FI/CONTRACTOR # 15H056
 40.02 STREET: 3700 WASHINGTON AVE. P.O. BOX:
 40.03 CITY: EVANSVILLE STATE: IN ZIP CODE: 47550 0002
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 8,359
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

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

| | DATE 0 | Y OR N 1 | LIMIT 2 | Y OR N 3 | FEEES 4 |
|--|--------|----------|---------|----------|---------|
| | | N | 0.00 | | 0 |
| | | | 0.00 | | 0 |
| | | | 0.00 | | 0 |
| | | | 0.00 | | 0 |

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

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA?
 ENTER "Y" FOR YES AND "N" FOR NO.
 IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3,
 CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

| NAME | COUNTY | STATE | ZIP CODE | CBSA | FTE/CAMPUS |
|------|--------|-------|----------|------|------------|
|------|--------|-------|----------|------|------------|

62.00 0.00

SETTLEMENT DATA

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

| COMPONENT | NO. OF BEDS 1 | BED DAYS AVAILABLE 2 | CAH HOURS 2.01 | TITLE V 3 | I/P DAYS / TITLE XVIII 4 | O/P VISITS / NOT LTCH N/A | TRIPS 5 | TOTAL TITLE XIX 5 |
|----------------------------------|------------------|-------------------------|-------------------|--------------|-----------------------------|------------------------------|------------|----------------------|
| 1 ADULTS & PEDIATRICS | 25 | 9,125 | 48,504.00 | | 1,271 | | | 257 |
| 2 HMO | | | | | | | | |
| 2 01 HMO - (IRF PPS SUBPROVIDER) | | | | | | | | |
| 3 ADULTS & PED-SB SNF | | | | | 1,101 | | | |
| 4 ADULTS & PED-SB NF | | | | | | | | |
| 5 TOTAL ADULTS AND PEDS | 25 | 9,125 | 48,504.00 | | 2,372 | | | 257 |
| 6 INTENSIVE CARE UNIT | | | | | | | | |
| 7 CORONARY CARE UNIT | | | | | | | | |
| 8 BURN INTENSIVE CARE UNIT | | | | | | | | |
| 9 SURGICAL INTENSIVE CARE UNIT | | | | | | | | |
| 11 NURSERY | | | | | | | | |
| 12 TOTAL | 25 | 9,125 | 48,504.00 | | 2,372 | | | 257 |
| 13 RPCH VISITS | | | | | | | | |
| 14 SUBPROVIDER | 10 | 3,650 | | | 2,818 | | | |
| 15 SKILLED NURSING FACILITY | | | | | | | | |
| 16 NURSING FACILITY | | | | | | | | |
| 16 01 ICF/MR | | | | | | | | |
| 17 OTHER LONG TERM CARE | | | | | | | | |
| 18 HOME HEALTH AGENCY | | | | | | | | |
| 20 AMBULATORY SURGICAL CENTER (| | | | | | | | |
| 21 HOSPICE | | | | | | | | |
| 23 CORF | | | | | | | | |
| 25 TOTAL | 35 | | | | | | | |
| 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 | TITLE XIX OBSERVATION BEDS ADMITTED 5.01 | I/P DAYS / NOT ADMITTED 5.02 | O/P VISITS / TOTAL ALL PATS 6 | / TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01 | NOT ADMITTED 6.02 | INTERNS & RES. FTES / TOTAL 7 | LESS I&R REPL NON-PHYS ANES 8 |
|----------------------------------|---|---------------------------------|----------------------------------|---|----------------------|----------------------------------|----------------------------------|
| 1 ADULTS & PEDIATRICS | | | 2,021 | | | | |
| 2 HMO | | | | | | | |
| 2 01 HMO - (IRF PPS SUBPROVIDER) | | | | | | | |
| 3 ADULTS & PED-SB SNF | | | 1,101 | | | | |
| 4 ADULTS & PED-SB NF | | | 631 | | | | |
| 5 TOTAL ADULTS AND PEDS | | | 3,753 | | | | |
| 6 INTENSIVE CARE UNIT | | | | | | | |
| 7 CORONARY CARE UNIT | | | | | | | |
| 8 BURN INTENSIVE CARE UNIT | | | | | | | |
| 9 SURGICAL INTENSIVE CARE UNIT | | | | | | | |
| 11 NURSERY | | | | | | | |
| 12 TOTAL | | | 3,753 | | | | |
| 13 RPCH VISITS | | | | | | | |
| 14 SUBPROVIDER | | | 3,461 | | | | |
| 15 SKILLED NURSING FACILITY | | | | | | | |
| 16 NURSING FACILITY | | | | | | | |
| 16 01 ICF/MR | | | | | | | |
| 17 OTHER LONG TERM CARE | | | | | | | |
| 18 HOME HEALTH AGENCY | | | | | | | |
| 20 AMBULATORY SURGICAL CENTER (| | | | | | | |
| 21 HOSPICE | | | | | | | |
| 23 CORF | | | | | | | |
| 25 TOTAL | | | 796 | 103 | 693 | | |
| 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 & R FTES / NET 9 | --- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL 10 | NONPAID WORKERS 11 | TITLE V 12 | DISCHARGES / TITLE XVIII 13 | TITLE XIX 14 | TOTAL ALL PATIENTS 15 |
|----------------------------------|-----------------------|--|-----------------------|---------------|--------------------------------|-----------------|--------------------------|
| 1 ADULTS & PEDIATRICS | | | | | 316 | 67 | 576 |
| 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 | | 117.46 | | | 316 | 67 | 576 |

| COMPONENT | I & R FTES | | --- FULL TIME EQUIV --- | | DISCHARGES | | | TOTAL ALL PATIENTS |
|----------------------------------|------------|------------|-------------------------|-----------------|------------|-------------|-----------|--------------------|
| | NET | ON PAYROLL | EMPLOYEES | NONPAID WORKERS | TITLE V | TITLE XVIII | TITLE XIX | |
| 13 RPCH VISITS | 9 | 10 | | 11 | 12 | 13 | 14 | 15 |
| 14 SUBPROVIDER | | | 16.41 | | | | 198 | 247 |
| 15 SKILLED NURSING FACILITY | | | | | | | | |
| 16 NURSING FACILITY | | | | | | | | |
| 16 01 ICF/MR | | | | | | | | |
| 17 OTHER LONG TERM CARE | | | | | | | | |
| 18 HOME HEALTH AGENCY | | | | | | | | |
| 20 AMBULATORY SURGICAL CENTER (| | | | | | | | |
| 21 HOSPICE | | | | | | | | |
| 23 CORF | | | | | | | | |
| 25 TOTAL | | | 133.87 | | | | | |
| 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 | | | | | | | | |

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 15-1325
I

I PERIOD:
I FROM 7/ 1/2009
I TO 6/30/2010

I PREPARED 11/29/2010
I WORKSHEET A
I

| | COST CENTER | COST CENTER DESCRIPTION | SALARIES 1 | OTHER 2 | TOTAL 3 | RECLASS- IFICATIONS 4 | RECLASSIFIED TRIAL BALANCE 5 |
|-------|-------------|--------------------------------------|---------------|------------|------------|-----------------------------|------------------------------------|
| | | GENERAL SERVICE COST CNTR | | | | | |
| 1 | 0100 | OLD CAP REL COSTS-BLDG & FIXT | | | | | |
| 2 | 0200 | OLD CAP REL COSTS-MVBLE EQUIP | | | | | |
| 3 | 0300 | NEW CAP REL COSTS-BLDG & FIXT | | 934,813 | 934,813 | | 934,813 |
| 4 | 0400 | NEW CAP REL COSTS-MVBLE EQUIP | | 254,765 | 254,765 | | 254,765 |
| 5 | 0500 | EMPLOYEE BENEFITS | 26,602 | 1,919,181 | 1,945,783 | | 1,945,783 |
| 6.02 | 0610 | NONPATIENT TELEPHONES | 29,015 | 25,675 | 54,690 | | 54,690 |
| 6.03 | 0611 | PURCHASING, RECEIVING AND | 42,304 | 12,803 | 55,107 | | 55,107 |
| 6.04 | 0612 | CASHIERING/ ACCOUNTS RECEIVABLE | 310,287 | 272,264 | 582,551 | 381 | 582,932 |
| 6.05 | 0660 | OTHER ADMINISTRATIVE AND GENERAL | 605,157 | 898,024 | 1,503,181 | -81,548 | 1,421,633 |
| 7 | 0700 | MAINTENANCE & REPAIRS | | | | | |
| 8 | 0800 | OPERATION OF PLANT | 146,044 | 515,836 | 661,880 | | 661,880 |
| 9 | 0900 | LAUNDRY & LINEN SERVICE | | 49,576 | 49,576 | | 49,576 |
| 10 | 1000 | HOUSEKEEPING | 151,392 | 27,981 | 179,373 | | 179,373 |
| 11 | 1100 | DIETARY | 131,043 | 104,414 | 235,457 | -33,837 | 201,620 |
| 12 | 1200 | CAFETERIA | | | | 33,837 | 33,837 |
| 13 | 1300 | MAINTENANCE OF PERSONNEL | | | | | |
| 14 | 1400 | NURSING ADMINISTRATION | | | | 81,548 | 81,548 |
| 15 | 1500 | CENTRAL SERVICES & SUPPLY | | 248 | 248 | | 248 |
| 16 | 1600 | PHARMACY | 154,430 | 29,505 | 183,935 | | 183,935 |
| 17 | 1700 | MEDICAL RECORDS & LIBRARY | 119,579 | 29,543 | 149,122 | | 149,122 |
| 18 | 1800 | SOCIAL SERVICE | | | | | |
| 20 | 2000 | NONPHYSICIAN ANESTHETISTS | | | | | |
| 21 | 2100 | NURSING SCHOOL | | | | | |
| 22 | 2200 | I&R SERVICES-SALARY & FRINGES APPRVD | | | | | |
| 23 | 2300 | I&R SERVICES-OTHER PRGM COSTS APPRVD | | | | | |
| 24 | 2400 | PARAMED ED PRGM | | | | | |
| | | INPAT ROUTINE SRVC CNTRS | | | | | |
| 25 | 2500 | ADULTS & PEDIATRICS | 1,048,381 | 44,573 | 1,092,954 | | 1,092,954 |
| 26 | 2600 | INTENSIVE CARE UNIT | | | | | |
| 27 | 2700 | CORONARY CARE UNIT | | | | | |
| 28 | 2800 | BURN INTENSIVE CARE UNIT | | | | | |
| 29 | 2900 | SURGICAL INTENSIVE CARE UNIT | | | | | |
| 31 | 3100 | SUBPROVIDER | 633,717 | 443,577 | 1,077,294 | | 1,077,294 |
| 33 | 3300 | NURSERY | | | | | |
| 34 | 3400 | SKILLED NURSING FACILITY | | | | | |
| 35 | 3500 | NURSING FACILITY | | | | | |
| 35.01 | 3510 | ICF/MR | | | | | |
| 36 | 3600 | OTHER LONG TERM CARE | | | | | |
| | | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | 3700 | OPERATING ROOM | 153,392 | 243,932 | 397,324 | | 397,324 |
| 38 | 3800 | RECOVERY ROOM | | | | | |
| 39 | 3900 | DELIVERY ROOM & LABOR ROOM | | | | | |
| 40 | 4000 | ANESTHESIOLOGY | | 286,153 | 286,153 | | 286,153 |
| 41 | 4100 | RADIOLOGY-DIAGNOSTIC | 553,275 | 674,773 | 1,228,048 | | 1,228,048 |
| 42 | 4200 | RADIOLOGY-THERAPEUTIC | | | | | |
| 43 | 4300 | RADIOISOTOPE | | | | | |
| 44 | 4400 | LABORATORY | 429,897 | 465,147 | 895,044 | | 895,044 |
| 45 | 4500 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | |
| 46 | 4600 | WHOLE BLOOD & PACKED RED BLOOD CELLS | | | | | |
| 47 | 4700 | BLOOD STORING, PROCESSING & TRANS. | | | | | |
| 48 | 4800 | INTRAVENOUS THERAPY | | | | | |
| 49 | 4900 | RESPIRATORY THERAPY | 117,261 | 12,904 | 130,165 | | 130,165 |
| 50 | 5000 | PHYSICAL THERAPY | 223,749 | 9,671 | 233,420 | | 233,420 |
| 51 | 5100 | OCCUPATIONAL THERAPY | | | | | |
| 52 | 5200 | SPEECH PATHOLOGY | | | | | |
| 53 | 5300 | ELECTROCARDIOLOGY | | 26,339 | 26,339 | | 26,339 |
| 54 | 5400 | ELECTROENCEPHALOGRAPHY | | | | | |
| 55 | 5500 | MEDICAL SUPPLIES CHARGED TO PATIENTS | | 191,985 | 191,985 | | 191,985 |
| 55.30 | 5530 | IMPL. DEV. CHARGED TO PATIENT | | 76,540 | 76,540 | | 76,540 |
| 56 | 5600 | DRUGS CHARGED TO PATIENTS | | 317,026 | 317,026 | | 317,026 |
| 57 | 5700 | RENAL DIALYSIS | | | | | |
| 58 | 5800 | ASC (NON-DISTINCT PART) | | | | | |
| | | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | 6000 | CLINIC | | | | | |
| 61 | 6100 | EMERGENCY | 1,068,255 | 670,302 | 1,738,557 | -381 | 1,738,176 |
| 62 | 6200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | |
| | | OTHER REIMBURS COST CNTRS | | | | | |
| 64 | 6400 | HOME PROGRAM DIALYSIS | | | | | |
| 65 | 6500 | AMBULANCE SERVICES | | | | | |
| 66 | 6600 | DURABLE MEDICAL EQUIP-RENTED | | | | | |
| 67 | 6700 | DURABLE MEDICAL EQUIP-SOLD | | | | | |
| 69 | 6900 | CORF | | | | | |
| 70 | 7000 | I&R SERVICES-NOT APPRVD PRGM | | | | | |
| 71 | 7100 | HOME HEALTH AGENCY | | | | | |
| | | SPEC PURPOSE COST CENTERS | | | | | |
| 82 | 8200 | LUNG ACQUISITION | | | | | |
| 83 | 8300 | KIDNEY ACQUISITION | | | | | |
| 84 | 8400 | LIVER ACQUISITION | | | | | |
| 86 | 8600 | OTHER ORGAN ACQUISITION | | | | | |
| 88 | 8800 | INTEREST EXPENSE | | | | | |
| 89 | 8900 | UTILIZATION REVIEW-SNF | | | | | |
| 90 | 9000 | OTHER CAPITAL RELATED COSTS | | | | | |
| 92 | 9200 | AMBULATORY SURGICAL CENTER (D.P.) | | | | | |
| 93 | 9300 | HOSPICE | | | | | |
| 95 | | SUBTOTALS | 5,943,780 | 8,537,550 | 14,481,330 | -0- | 14,481,330 |

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
I 15-1325 I FROM 7/ 1/2009 I WORKSHEET A
I I TO 6/30/2010 I

| COST CENTER | COST CENTER DESCRIPTION | SALARIES 1 | OTHER 2 | TOTAL 3 | RECLASS- IFICATIONS 4 | RECLASSIFIED TRIAL BALANCE 5 |
|-------------|--|---------------|------------|------------|-----------------------------|------------------------------------|
| | SPEC PURPOSE COST CENTERS | | | | | |
| | NONREIMBURS COST CENTERS | | | | | |
| 96 | 9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | | | |
| 97 | 9700 RESEARCH | | | | | |
| 98 | 9800 PHYSICIANS' PRIVATE OFFICES | | | | | |
| 99 | 9900 NONPAID WORKERS | | | | | |
| 100 | 7956 MEDICAL OFFICE BUILDING | | | | | |
| 100.05 | 7951 HOSPITAL CLINIC | 46,769 | 11,799 | 58,568 | | 58,568 |
| 100.06 | 7952 COUNTY JAIL | 69,384 | | 69,384 | | 69,384 |
| 100.09 | 7953 PUBLIC RELATIONS | | 8,239 | 8,239 | | 8,239 |
| 100.11 | 7955 DR. SHOEMAKER | | | | | |
| 101 | TOTAL | 6,059,933 | 8,557,588 | 14,617,521 | -0- | 14,617,521 |

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 15-1325
I

I PERIOD:
I FROM 7/ 1/2009
I TO 6/30/2010

I PREPARED 11/29/2010
I WORKSHEET A
I

| COST CENTER | COST CENTER DESCRIPTION | ADJUSTMENTS | NET EXPENSES FOR ALLOC |
|-------------|---|-------------|------------------------|
| | | 6 | 7 |
| | GENERAL SERVICE COST CNTR | | |
| 1 | 0100 OLD CAP REL COSTS-BLDG & FIXT | | |
| 2 | 0200 OLD CAP REL COSTS-MVBLE EQUIP | | |
| 3 | 0300 NEW CAP REL COSTS-BLDG & FIXT | 146,458 | 1,081,271 |
| 4 | 0400 NEW CAP REL COSTS-MVBLE EQUIP | -53,167 | 201,598 |
| 5 | 0500 EMPLOYEE BENEFITS | 23,344 | 1,969,127 |
| 6.02 | 0610 NONPATIENT TELEPHONES | -2,899 | 51,791 |
| 6.03 | 0611 PURCHASING, RECEIVING AND | -552 | 54,555 |
| 6.04 | 0612 CASHIERING/ ACCOUNTS RECEIVABLE | -65,761 | 517,171 |
| 6.05 | 0660 OTHER ADMINISTRATIVE AND GENERAL | 1,002,532 | 2,424,165 |
| 7 | 0700 MAINTENANCE & REPAIRS | | |
| 8 | 0800 OPERATION OF PLANT | -450 | 661,430 |
| 9 | 0900 LAUNDRY & LINEN SERVICE | | 49,576 |
| 10 | 1000 HOUSEKEEPING | -8,044 | 171,329 |
| 11 | 1100 DIETARY | | 201,620 |
| 12 | 1200 CAFETERIA | -29,890 | 3,947 |
| 13 | 1300 MAINTENANCE OF PERSONNEL | | |
| 14 | 1400 NURSING ADMINISTRATION | | 81,548 |
| 15 | 1500 CENTRAL SERVICES & SUPPLY | | 248 |
| 16 | 1600 PHARMACY | | 183,935 |
| 17 | 1700 MEDICAL RECORDS & LIBRARY | -1,417 | 147,705 |
| 18 | 1800 SOCIAL SERVICE | | |
| 20 | 2000 NONPHYSICIAN ANESTHETISTS | | |
| 21 | 2100 NURSING SCHOOL | | |
| 22 | 2200 I&R SERVICES-SALARY & FRINGES APPRVD | | |
| 23 | 2300 I&R SERVICES-OTHER PRGM COSTS APPRVD | | |
| 24 | 2400 PARAMED ED PRGM | | |
| | INPAT ROUTINE SRVC CNTRS | | |
| 25 | 2500 ADULTS & PEDIATRICS | -88 | 1,092,866 |
| 26 | 2600 INTENSIVE CARE UNIT | | |
| 27 | 2700 CORONARY CARE UNIT | | |
| 28 | 2800 BURN INTENSIVE CARE UNIT | | |
| 29 | 2900 SURGICAL INTENSIVE CARE UNIT | | |
| 31 | 3100 SUBPROVIDER | -92,525 | 984,769 |
| 33 | 3300 NURSERY | | |
| 34 | 3400 SKILLED NURSING FACILITY | | |
| 35 | 3500 NURSING FACILITY | | |
| 35.01 | 3510 ICF/MR | | |
| 36 | 3600 OTHER LONG TERM CARE | | |
| | ANCILLARY SRVC COST CNTRS | | |
| 37 | 3700 OPERATING ROOM | -167,506 | 229,818 |
| 38 | 3800 RECOVERY ROOM | | |
| 39 | 3900 DELIVERY ROOM & LABOR ROOM | | |
| 40 | 4000 ANESTHESIOLOGY | -277,261 | 8,892 |
| 41 | 4100 RADIOLOGY-DIAGNOSTIC | -224,674 | 1,003,374 |
| 42 | 4200 RADIOLOGY-THERAPEUTIC | | |
| 43 | 4300 RADIOISOTOPE | | |
| 44 | 4400 LABORATORY | | 895,044 |
| 45 | 4500 PBP CLINICAL LAB SERVICES-PRGM ONLY | | |
| 46 | 4600 WHOLE BLOOD & PACKED RED BLOOD CELLS | | |
| 47 | 4700 BLOOD STORING, PROCESSING & TRANS. | | |
| 48 | 4800 INTRAVENOUS THERAPY | | |
| 49 | 4900 RESPIRATORY THERAPY | -5,260 | 124,905 |
| 50 | 5000 PHYSICAL THERAPY | -45,567 | 187,853 |
| 51 | 5100 OCCUPATIONAL THERAPY | | |
| 52 | 5200 SPEECH PATHOLOGY | | |
| 53 | 5300 ELECTROCARDIOLOGY | -25,783 | 556 |
| 54 | 5400 ELECTROENCEPHALOGRAPHY | | |
| 55 | 5500 MEDICAL SUPPLIES CHARGED TO PATIENTS | | 191,985 |
| 55.30 | 5530 IMPL. DEV. CHARGED TO PATIENT | | 76,540 |
| 56 | 5600 DRUGS CHARGED TO PATIENTS | | 317,026 |
| 57 | 5700 RENAL DIALYSIS | | |
| 58 | 5800 ASC (NON-DISTINCT PART) | | |
| | OUTPAT SERVICE COST CNTRS | | |
| 60 | 6000 CLINIC | | |
| 61 | 6100 EMERGENCY | -542,337 | 1,195,839 |
| 62 | 6200 OBSERVATION BEDS (NON-DISTINCT PART) | | |
| | OTHER REIMBURS COST CNTRS | | |
| 64 | 6400 HOME PROGRAM DIALYSIS | | |
| 65 | 6500 AMBULANCE SERVICES | | |
| 66 | 6600 DURABLE MEDICAL EQUIP-RENTED | | |
| 67 | 6700 DURABLE MEDICAL EQUIP-SOLD | | |
| 69 | 6900 CORF | | |
| 70 | 7000 I&R SERVICES-NOT APPRVD PRGM | | |
| 71 | 7100 HOME HEALTH AGENCY | | |
| | SPEC PURPOSE COST CENTERS | | |
| 82 | 8200 LUNG ACQUISITION | | |
| 83 | 8300 KIDNEY ACQUISITION | | |
| 84 | 8400 LIVER ACQUISITION | | |
| 86 | 8600 OTHER ORGAN ACQUISITION | | |
| 88 | 8800 INTEREST EXPENSE | | -0- |
| 89 | 8900 UTILIZATION REVIEW-SNF | | -0- |
| 90 | 9000 OTHER CAPITAL RELATED COSTS | | -0- |
| 92 | 9200 AMBULATORY SURGICAL CENTER (D.P.) | | |
| 93 | 9300 HOSPICE | | |
| 95 | SUBTOTALS | -370,847 | 14,110,483 |

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
I 15-1325 I FROM 7/ 1/2009 I WORKSHEET A
I I TO 6/30/2010 I

| COST CENTER | COST CENTER DESCRIPTION | ADJUSTMENTS | NET EXPENSES FOR ALLOC |
|-------------|--|-------------|------------------------|
| | SPEC PURPOSE COST CENTERS | 6 | 7 |
| | NONREIMBURS COST CENTERS | | |
| 96 | 9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | |
| 97 | 9700 RESEARCH | | |
| 98 | 9800 PHYSICIANS' PRIVATE OFFICES | | |
| 99 | 9900 NONPAID WORKERS | | |
| 100 | 7956 MEDICAL OFFICE BUILDING | | |
| 100.05 | 7951 HOSPITAL CLINIC | | 58,568 |
| 100.06 | 7952 COUNTY JAIL | | 69,384 |
| 100.09 | 7953 PUBLIC RELATIONS | | 8,239 |
| 100.11 | 7955 DR. SHOEMAKER | | |
| 101 | TOTAL | -370,847 | 14,246,674 |

COST CENTERS USED IN COST REPORT

| LINE NO. | COST CENTER DESCRIPTION | CMS CODE | STANDARD LABEL FOR NON-STANDARD CODES |
|----------|--------------------------------------|----------|---------------------------------------|
| | GENERAL SERVICE COST | | |
| 1 | OLD CAP REL COSTS-BLDG & FIXT | 0100 | |
| 2 | OLD CAP REL COSTS-MVBLE EQUIP | 0200 | |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 0300 | |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 0400 | |
| 5 | EMPLOYEE BENEFITS | 0500 | |
| 6.02 | NONPATIENT TELEPHONES | 0610 | NONPATIENT TELEPHONES |
| 6.03 | PURCHASING, RECEIVING AND | 0611 | NONPATIENT TELEPHONES |
| 6.04 | CASHIERING/ ACCOUNTS RECEIVABLE | 0612 | NONPATIENT TELEPHONES |
| 6.05 | OTHER ADMINISTRATIVE AND GENERAL | 0660 | OTHER ADMINISTRATIVE AND GENERAL |
| 7 | MAINTENANCE & REPAIRS | 0700 | |
| 8 | OPERATION OF PLANT | 0800 | |
| 9 | LAUNDRY & LINEN SERVICE | 0900 | |
| 10 | HOUSEKEEPING | 1000 | |
| 11 | DIETARY | 1100 | |
| 12 | CAFETERIA | 1200 | |
| 13 | MAINTENANCE OF PERSONNEL | 1300 | |
| 14 | NURSING ADMINISTRATION | 1400 | |
| 15 | CENTRAL SERVICES & SUPPLY | 1500 | |
| 16 | PHARMACY | 1600 | |
| 17 | MEDICAL RECORDS & LIBRARY | 1700 | |
| 18 | SOCIAL SERVICE | 1800 | |
| 20 | NONPHYSICIAN ANESTHETISTS | 2000 | |
| 21 | NURSING SCHOOL | 2100 | |
| 22 | I&R SERVICES-SALARY & FRINGES APPRVD | 2200 | |
| 23 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 2300 | |
| 24 | PARAMED ED PRGM | 2400 | |
| | 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 | |
| 35 | NURSING FACILITY | 3500 | |
| 35.01 | ICF/MR | 3510 | |
| 36 | OTHER LONG TERM CARE | 3600 | |
| | ANCILLARY SRVC COST | | |
| 37 | OPERATING ROOM | 3700 | |
| 38 | RECOVERY ROOM | 3800 | |
| 39 | DELIVERY ROOM & LABOR ROOM | 3900 | |
| 40 | ANESTHESIOLOGY | 4000 | |
| 41 | RADIOLOGY-DIAGNOSTIC | 4100 | |
| 42 | RADIOLOGY-THERAPEUTIC | 4200 | |
| 43 | RADIOISOTOPE | 4300 | |
| 44 | LABORATORY | 4400 | |
| 45 | PBP CLINICAL LAB SERVICES-PRGM ONLY | 4500 | |
| 46 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 4600 | |
| 47 | BLOOD STORING, PROCESSING & TRANS. | 4700 | |
| 48 | INTRAVENOUS THERAPY | 4800 | |
| 49 | RESPIRATORY THERAPY | 4900 | |
| 50 | PHYSICAL THERAPY | 5000 | |
| 51 | OCCUPATIONAL THERAPY | 5100 | |
| 52 | SPEECH PATHOLOGY | 5200 | |
| 53 | ELECTROCARDIOLOGY | 5300 | |
| 54 | ELECTROENCEPHALOGRAPHY | 5400 | |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 5500 | |
| 55.30 | IMPL. DEV. CHARGED TO PATIENT | 5530 | IMPL. DEV. CHARGED TO PATIENT |
| 56 | DRUGS CHARGED TO PATIENTS | 5600 | |
| 57 | RENAL DIALYSIS | 5700 | |
| 58 | ASC (NON-DISTINCT PART) | 5800 | |
| | OUTPAT SERVICE COST | | |
| 60 | CLINIC | 6000 | |
| 61 | EMERGENCY | 6100 | |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | 6200 | |
| | OTHER REIMBURS COST | | |
| 64 | HOME PROGRAM DIALYSIS | 6400 | |
| 65 | AMBULANCE SERVICES | 6500 | |
| 66 | DURABLE MEDICAL EQUIP-RENTED | 6600 | |
| 67 | DURABLE MEDICAL EQUIP-SOLD | 6700 | |
| 69 | CORF | 6900 | |
| 70 | I&R SERVICES-NOT APPRVD PRGM | 7000 | |
| 71 | HOME HEALTH AGENCY | 7100 | |
| | SPEC PURPOSE COST CE | | |
| 82 | LUNG ACQUISITION | 8200 | |
| 83 | KIDNEY ACQUISITION | 8300 | |
| 84 | LIVER ACQUISITION | 8400 | |
| 86 | OTHER ORGAN ACQUISITION | 8600 | |
| 88 | INTEREST EXPENSE | 8800 | |
| 89 | UTILIZATION REVIEW-SNF | 8900 | |
| 90 | OTHER CAPITAL RELATED COSTS | 9000 | |
| 92 | AMBULATORY SURGICAL CENTER (D.P.) | 9200 | |
| 93 | HOSPICE | 9300 | |
| 95 | SUBTOTALS | | |
| | NONREIMBURS COST CEN | | |
| 96 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 9600 | OLD CAP REL COSTS-BLDG & FIXT |

| LINE NO. | COST CENTER DESCRIPTION | CMS CODE | STANDARD LABEL FOR NON-STANDARD CODES |
|----------|-----------------------------|----------|---------------------------------------|
| | NONREIMBURS COST CEN | | |
| 97 | RESEARCH | 9700 | |
| 98 | PHYSICIANS' PRIVATE OFFICES | 9800 | |
| 99 | NONPAID WORKERS | 9900 | |
| 100 | MEDICAL OFFICE BUILDING | 7956 | OTHER NONREIMBURSABLE COST CENTERS |
| 100.05 | HOSPITAL CLINIC | 7951 | OTHER NONREIMBURSABLE COST CENTERS |
| 100.06 | COUNTY JAIL | 7952 | OTHER NONREIMBURSABLE COST CENTERS |
| 100.09 | PUBLIC RELATIONS | 7953 | OTHER NONREIMBURSABLE COST CENTERS |
| 100.11 | DR. SHOEMAKER | 7955 | OTHER NONREIMBURSABLE COST CENTERS |
| 101 | TOTAL | | OLD CAP REL COSTS-BLDG & FIXT |

RECLASSIFICATIONS

| EXPLANATION OF RECLASSIFICATION | CODE | | INCREASE | | |
|----------------------------------|------|---------------------------------|----------|---------|--------|
| | (1) | COST CENTER | LINE NO | SALARY | OTHER |
| | 1 | 2 | 3 | 4 | 5 |
| 1 RECLASS NURSING ADMIN SALARIES | A | NURSING ADMINISTRATION | 14 | 81,548 | |
| 2 RECLASS CAFETERIA EXPENSE | B | CAFETERIA | 12 | 18,832 | 15,005 |
| 3 ADMITTING HOURS IN ER | C | CASHIERING/ ACCOUNTS RECEIVABLE | 6.04 | 381 | |
| 36 TOTAL RECLASSIFICATIONS | | | | 100,761 | 15,005 |

(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

| EXPLANATION OF RECLASSIFICATION | DECREASE | | | | A-7 REF 10 |
|----------------------------------|------------------------------|----------------------------------|-----------------|-------------|------------------|
| | CODE (1) COST CENTER 1 | | LINE NO 7 | SALARY 8 | |
| 1 RECLASS NURSING ADMIN SALARIES | A | OTHER ADMINISTRATIVE AND GENERAL | 6.05 | 81,548 | |
| 2 RECLASS CAFETERIA EXPENSE | B | DIETARY | 11 | 18,832 | 15,005 |
| 3 ADMITTING HOURS IN ER | C | EMERGENCY | 61 | 381 | |
| 36 TOTAL RECLASSIFICATIONS | | | | 100,761 | 15,005 |

(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: | PERIOD: | PREPARED |
| 151325 | FROM 7/ 1/2009 | 11/29/2010 |
| | TO 6/30/2010 | WORKSHEET A-6 |
| | | NOT A CMS WORKSHEET |

RECLASS CODE: A
 EXPLANATION : RECLASS NURSING ADMIN SALARIES

| INCREASE | | | DECREASE | | |
|------------------------------------|------------------------|--------|----------|--------------------------------|--------|
| LINE | COST CENTER | AMOUNT | LINE | COST CENTER | AMOUNT |
| 1.00 | NURSING ADMINISTRATION | 81,548 | 14 | OTHER ADMINISTRATIVE AND GENER | 81,548 |
| TOTAL RECLASSIFICATIONS FOR CODE A | | 81,548 | 6.05 | | 81,548 |

RECLASS CODE: B
 EXPLANATION : RECLASS CAFETERIA EXPENSE

| INCREASE | | | DECREASE | | |
|------------------------------------|-------------|--------|----------|-------------|--------|
| LINE | COST CENTER | AMOUNT | LINE | COST CENTER | AMOUNT |
| 1.00 | CAFETERIA | 33,837 | 12 | DIETARY | 33,837 |
| TOTAL RECLASSIFICATIONS FOR CODE B | | 33,837 | 11 | | 33,837 |

RECLASS CODE: C
 EXPLANATION : ADMITTING HOURS IN ER

| INCREASE | | | DECREASE | | |
|------------------------------------|--------------------------------|--------|----------|-------------|--------|
| LINE | COST CENTER | AMOUNT | LINE | COST CENTER | AMOUNT |
| 1.00 | CASHIERING/ ACCOUNTS RECEIVABL | 381 | 6.04 | EMERGENCY | 381 |
| TOTAL RECLASSIFICATIONS FOR CODE C | | 381 | 61 | | 381 |

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

| | DESCRIPTION | BEGINNING BALANCES 1 | PURCHASES 2 | ACQUISITIONS | | TOTAL 4 | DISPOSALS AND RETIREMENTS 5 | ENDING BALANCE 6 | FULLY DEPRECIATED ASSETS 7 |
|---|---------------------|----------------------------|----------------|---------------|--|------------|--------------------------------------|------------------------|-------------------------------------|
| | | | | DONATION 3 | | | | | |
| 1 | LAND | 468,488 | | | | | | 468,488 | |
| 2 | LAND IMPROVEMENTS | | | | | | | | |
| 3 | BUILDINGS & FIXTURE | 10,904,274 | | | | | 13,700 | 10,890,574 | |
| 4 | BUILDING IMPROVEMEN | | | | | | | | |
| 5 | FIXED EQUIPMENT | | | | | | | | |
| 6 | MOVABLE EQUIPMENT | 9,289,214 | | | | | 1,530,247 | 7,758,967 | |
| 7 | SUBTOTAL | 20,661,976 | | | | | 1,543,947 | 19,118,029 | |
| 8 | RECONCILING ITEMS | | | | | | | | |
| 9 | TOTAL | 20,661,976 | | | | | 1,543,947 | 19,118,029 | |

PART III - RECONCILIATION OF CAPITAL COST CENTERS

| * | DESCRIPTION | COMPUTATION OF RATIOS | | | ALLOCATION OF OTHER CAPITAL | | | TOTAL | |
|---|----------------------|-----------------------|-------------------|------------------------|-----------------------------|-----------|-------|-------|-----------------------------|
| | | GROSS ASSETS | CAPITLIZED LEASES | GROSS ASSETS FOR RATIO | RATIO | INSURANCE | TAXES | | OTHER CAPITAL RELATED COSTS |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 1 | OLD CAP REL COSTS-BL | | | | | | | | |
| 2 | OLD CAP REL COSTS-MV | | | | | | | | |
| 3 | NEW CAP REL COSTS-BL | 10,890,574 | | 10,890,574 | .583959 | | | | |
| 4 | NEW CAP REL COSTS-MV | 7,758,967 | | 7,758,967 | .416041 | | | | |
| 5 | TOTAL | 18,649,541 | | 18,649,541 | 1.000000 | | | | |

| * | DESCRIPTION | SUMMARY OF OLD AND NEW CAPITAL | | | | | OTHER CAPITAL RELATED COST | TOTAL (1) |
|---|----------------------|--------------------------------|-------|----------|-----------|-------|----------------------------|-----------|
| | | DEPRECIATION | LEASE | INTEREST | INSURANCE | TAXES | | |
| | | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 1 | OLD CAP REL COSTS-BL | | | | | | | |
| 2 | OLD CAP REL COSTS-MV | | | | | | | |
| 3 | NEW CAP REL COSTS-BL | 1,018,843 | | 62,428 | | | | 1,081,271 |
| 4 | NEW CAP REL COSTS-MV | 254,765 | | -53,167 | | | | 201,598 |
| 5 | TOTAL | 1,273,608 | | 9,261 | | | | 1,282,869 |

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

| * | DESCRIPTION | SUMMARY OF OLD AND NEW CAPITAL | | | | | OTHER CAPITAL RELATED COST | TOTAL (1) |
|---|----------------------|--------------------------------|-------|----------|-----------|-------|----------------------------|-----------|
| | | DEPRECIATION | LEASE | INTEREST | INSURANCE | TAXES | | |
| | | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 1 | OLD CAP REL COSTS-BL | | | | | | | |
| 2 | OLD CAP REL COSTS-MV | | | | | | | |
| 3 | NEW CAP REL COSTS-BL | 934,813 | | | | | | 934,813 |
| 4 | NEW CAP REL COSTS-MV | 254,765 | | | | | | 254,765 |
| 5 | TOTAL | 1,189,578 | | | | | | 1,189,578 |

* 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).

ADJUSTMENTS TO EXPENSES

| DESCRIPTION (1) | (2) BASIS/CODE | AMOUNT | EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED | | WKST. A-7 REF. 5 |
|---|-------------------|------------|--|---------|------------------|
| | | | COST CENTER | LINE NO | |
| | 1 | 2 | 3 | 4 | 5 |
| 1 INVST INCOME-OLD BLDGS AND FIXTURES | | | OLD CAP REL COSTS-BLDG & | 1 | |
| 2 INVESTMENT INCOME-OLD MOVABLE EQUIP | | | OLD CAP REL COSTS-MVBLE E | 2 | |
| 3 INVST INCOME-NEW BLDGS AND FIXTURES | | | NEW CAP REL COSTS-BLDG & | 3 | |
| 4 INVESTMENT INCOME-NEW MOVABLE EQUIP | | | NEW CAP REL COSTS-MVBLE E | 4 | |
| 5 INVESTMENT INCOME-OTHER | B | 47 | NEW CAP REL COSTS-MVBLE E | 4 | 11 |
| 6 TRADE, QUANTITY AND TIME DISCOUNTS | | | | | |
| 7 REFUNDS AND REBATES OF EXPENSES | B | -552 | PURCHASING, RECEIVING AND | 6.03 | |
| 8 RENTAL OF PRVIDER SPACE BY SUPPLIERS | | | | | |
| 9 TELEPHONE SERVICES | | | | | |
| 10 TELEVISION AND RADIO SERVICE | | | | | |
| 11 PARKING LOT | | | | | |
| 12 PROVIDER BASED PHYSICIAN ADJUSTMENT | A-8-2 | -1,327,148 | | | |
| 13 SALE OF SCRAP, WASTE, ETC. | | | | | |
| 14 RELATED ORGANIZATION TRANSACTIONS | A-8-1 | 1,270,236 | | | |
| 15 LAUNDRY AND LINEN SERVICE | | | | | |
| 16 CAFETERIA--EMPLOYEES AND GUESTS | B | -25,235 | 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 | B | -1,269 | MEDICAL RECORDS & LIBRARY | 17 | |
| 21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.) | | | | | |
| 22 VENDING MACHINES | B | -4,655 | CAFETERIA | 12 | |
| 23 INCOME FROM IMPOSITION OF INTEREST | | | | | |
| 24 INTRST EXP ON MEDICARE OVERPAYMENTS | | | | | |
| 25 ADJUSTMENT FOR RESPIRATORY THERAPY | A-8-3/A-8-4 | | RESPIRATORY THERAPY | 49 | |
| 26 ADJUSTMENT FOR PHYSICAL THERAPY | A-8-3/A-8-4 | | PHYSICAL THERAPY | 50 | |
| 27 ADJUSTMENT FOR HHA PHYSICAL THERAPY | A-8-3 | | | | |
| 28 UTILIZATION REVIEW-PHYSIAN COMP | | | UTILIZATION REVIEW-SNF | 89 | |
| 29 DEPRECIATION-OLD BLDGS AND FIXTURES | | | OLD CAP REL COSTS-BLDG & | 1 | |
| 30 DEPRECIATION-OLD MOVABLE EQUIP | | | OLD CAP REL COSTS-MVBLE E | 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 | | | NONPHYSICIAN ANESTHETISTS | 20 | |
| 34 PHYSICIANS' ASSISTANT | | | | | |
| 35 ADJUSTMENT FOR OCCUPATIONAL THERAPY | A-8-4 | | OCCUPATIONAL THERAPY | 51 | |
| 36 ADJUSTMENT FOR SPEECH PATHOLOGY | A-8-4 | | SPEECH PATHOLOGY | 52 | |
| 37 OTHER INCOME - MAINTENANCE | B | -450 | OPERATION OF PLANT | 8 | |
| 38 OTHER INCOME - HOUSEKEEPING | B | -8,044 | HOUSEKEEPING | 10 | |
| 39 OTHER REHAB REVENUE | B | -10,185 | PHYSICAL THERAPY | 50 | |
| 40 EXERCISE REVENUE | B | -35,382 | PHYSICAL THERAPY | 50 | |
| 41 | | | | | |
| 42 NON-ALLOWABLE CED IN PSYC MAN. FEE | A | -7,025 | SUBPROVIDER | 31 | |
| 43 PHYSICIAN BILLING COSTS | A | -65,761 | CASHIERING/ ACCOUNTS RECE | 6.04 | |
| 44 PHYSICIAN BILLING BENEFITS | A | -13,041 | EMPLOYEE BENEFITS | 5 | |
| 45 UNNECESSARY BORROWING | A | -56,641 | NEW CAP REL COSTS-MVBLE E | 4 | 11 |
| 46 CRNA BILLING SALARIES | A | -1,200 | ANESTHESIOLOGY | 40 | |
| 47 CRNA BILLING FEES | A | -61 | ANESTHESIOLOGY | 40 | |
| 48 TELEPHONE SERVICES | A | -1,588 | NONPATIENT TELEPHONES | 6.02 | |
| 49 TELEPHONE OPERATOR SALARY | A | -1,311 | NONPATIENT TELEPHONES | 6.02 | |
| 49.01 TELEPHONE OPERATOR BENEFITS | A | -503 | EMPLOYEE BENEFITS | 5 | |
| 49.02 NON-ALLOWABLE COMMUNITY PROJECTS | A | -9,192 | OTHER ADMINISTRATIVE AND | 6.05 | |
| 49.03 AHA DUES | A | -518 | OTHER ADMINISTRATIVE AND | 6.05 | |
| 49.05 NON-ALLOWABLE ADVERTISING | A | -473 | OTHER ADMINISTRATIVE AND | 6.05 | |
| 49.06 OTHER OPERATING REVENUE | B | -12,518 | OTHER ADMINISTRATIVE AND | 6.05 | |
| 49.07 SMMC RELATED PARTY INTEREST | A | -47,220 | OTHER ADMINISTRATIVE AND | 6.05 | |
| 49.08 LOSS ON SALE OF ASSETS | A | -10,010 | OTHER ADMINISTRATIVE AND | 6.05 | |
| 49.09 PHYSICIAN RECRUITING | A | -1,000 | OTHER ADMINISTRATIVE AND | 6.05 | |
| 49.10 MEDICAL RECORDS | A | -148 | MEDICAL RECORDS & LIBRARY | 17 | |
| 50 TOTAL (SUM OF LINES 1 THRU 49) | | -370,847 | | | |

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

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 5 | OTHER ADMINISTRATIVE AND SMHS HO DIRECT COSTS | 189,240 | | 189,240 | |
| 2 | 3 | NEW CAP REL COSTS-BLDG & SMHS HO POOLED COSTS | 84,030 | | 84,030 | 9 |
| 3 | 6 5 | OTHER ADMINISTRATIVE AND SMHS HO POOLED COSTS | 481,476 | | 481,476 | |
| 4 | 6 5 | OTHER ADMINISTRATIVE AND SMHC HO FUNCTIONAL COSTS | 754,624 | | 754,624 | |
| 4.04 | 6 5 | OTHER ADMINISTRATIVE AND MISSION HEALTH FEE | | 455,947 | -455,947 | |
| 4.05 | 3 | NEW CAP REL COSTS-BLDG & ASCENSION BUILDING AND IN | 62,428 | | 62,428 | 11 |
| 4.06 | 4 | NEW CAP REL COSTS-MVBLE E ASCENSION EQUIPMENT | 3,427 | | 3,427 | 11 |
| 4.07 | 5 | EMPLOYEE BENEFITS ASCENSION BENEFITS | 14,653 | | 14,653 | |
| 4.08 | 6 5 | OTHER ADMINISTRATIVE AND ASCENSION A&G AND INTERES | 114,070 | | 114,070 | |
| 4.09 | 9 | LAUNDRY & LINEN SERVICE LINEN PASS THROUGH | 48,661 | 48,661 | | |
| 4.10 | 16 | PHARMACY PHARMACY PASS THROUGH | 23,429 | 23,429 | | |
| 4.11 | 6 5 | OTHER ADMINISTRATIVE AND OTHER A&G PASS THROUGH | 321,634 | 321,634 | | |
| 4.12 | 41 | RADIOLOGY-DIAGNOSTIC RADIOLOGY PASS THROUGH | 1,299 | 1,299 | | |
| 4.13 | 50 | PHYSICAL THERAPY OT PASS THROUGH | 222 | 222 | | |
| 4.14 | 44 | LABORATORY LAB PASS THROUGH | 4,528 | 4,528 | | |
| 4.15 | 37 | OPERATING ROOM OR PASS THROUGH | 2,421 | 2,421 | | |
| 4.16 | 5 | EMPLOYEE BENEFITS PENSION ADJUSTMENT | 237,865 | 215,630 | 22,235 | |
| 5 | | TOTALS | 2,344,007 | 1,073,771 | 1,270,236 | |

* 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 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 | B | 0.00 | ASCENSION HEALTH | 100.00 | HOME OFFICE |
| 2 | B | 0.00 | ASCENSION HEALTH | 100.00 | DATA PROCESSING |
| 3 | B | 0.00 | MISSION HEALTH (SMHS) | 0.00 | EVANSVILLE HOME OFFICE |
| 4 | | 0.00 | | 0.00 | |
| 5 | | 0.00 | | 0.00 | |

- (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

I PROVIDER NO:
I 15-1325
I

I PERIOD:
I FROM 7/ 1/2009
I TO 6/30/2010

I PREPARED 11/29/2010
I WORKSHEET A-8-2
I 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 31 | PSYCH FEES | 85,500 | 85,500 | | | | | |
| 2 17 | AGGREGATE | 6,500 | | 6,500 | | | | |
| 3 40 | AGGREGATE | 276,000 | 276,000 | | | | | |
| 4 37 | AGGREGATE | 167,506 | 167,506 | | | | | |
| 5 44 | AGGREGATE | 12,000 | | 12,000 | | | | |
| 6 53 | AGGREGATE | 25,783 | 25,783 | | | | | |
| 7 49 | AGGREGATE | 5,260 | 5,260 | | | | | |
| 8 61 | AGGREGATE | 834,365 | 542,337 | 292,028 | | | | |
| 9 41 | AGGREGATE | 224,674 | 224,674 | | | | | |
| 10 25 | AGGREGATE | 88 | 88 | | | | | |
| 11 | | | | | | | | |
| 12 | | | | | | | | |
| 13 | | | | | | | | |
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| 27 | | | | | | | | |
| 28 | | | | | | | | |
| 29 | | | | | | | | |
| 30 | | | | | | | | |
| 101 | TOTAL | 1,637,676 | 1,327,148 | 310,528 | | | | |

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-1325 I FROM 7/ 1/2009 I WORKSHEET A-8-2
 I I TO 6/30/2010 I 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 | 31 | PSYCH FEES | | | | | | 85,500 |
| 2 | 17 | AGGREGATE | | | | | | |
| 3 | 40 | AGGREGATE | | | | | | 276,000 |
| 4 | 37 | AGGREGATE | | | | | | 167,506 |
| 5 | 44 | AGGREGATE | | | | | | |
| 6 | 53 | AGGREGATE | | | | | | 25,783 |
| 7 | 49 | AGGREGATE | | | | | | 5,260 |
| 8 | 61 | AGGREGATE | | | | | | 542,337 |
| 9 | 41 | AGGREGATE | | | | | | 224,674 |
| 10 | 25 | AGGREGATE | | | | | | 88 |
| 11 | | | | | | | | |
| 12 | | | | | | | | |
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| 28 | | | | | | | | |
| 29 | | | | | | | | |
| 30 | | | | | | | | |
| 101 | | TOTAL | | | | | | 1,327,148 |

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-1325 I FROM 7/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 6/30/2010 I

| LINE NO. | COST CENTER DESCRIPTION | STATISTICS CODE | STATISTICS DESCRIPTION | |
|----------|--------------------------------------|-----------------|------------------------|-------------|
| | GENERAL SERVICE COST | | | |
| 1 | OLD CAP REL COSTS-BLDG & FIXT | 1 | SQUARE FEET | NOT ENTERED |
| 2 | OLD CAP REL COSTS-MVBLE EQUIP | 2 | DOLLAR VALUE | NOT ENTERED |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 3 | SQUARE FEET | ENTERED |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 4 | DOLLAR VALUE | ENTERED |
| 5 | EMPLOYEE BENEFITS | 5 | GROSS SALARIES | ENTERED |
| 6.02 | NONPATIENT TELEPHONES | 23 | NONPATIENT PHONES | ENTERED |
| 6.03 | PURCHASING, RECEIVING AND | 24 | COST OF SUPPLIES | ENTERED |
| 6.04 | CASHIERING/ ACCOUNTS RECEIVABLE | 25 | GROSS CHARGES | ENTERED |
| 6.05 | OTHER ADMINISTRATIVE AND GENERAL | # | ACCUM. COST | NOT ENTERED |
| 7 | MAINTENANCE & REPAIRS | 6 | SQUARE FEET | NOT ENTERED |
| 8 | OPERATION OF PLANT | 7 | SQUARE FEET | ENTERED |
| 9 | LAUNDRY & LINEN SERVICE | 8 | POUNDS OF LAUNDRY | ENTERED |
| 10 | HOUSEKEEPING | 9 | HOURS OF SERVICE | ENTERED |
| 11 | DIETARY | 10 | MEALS SERVED | ENTERED |
| 12 | CAFETERIA | 26 | MAN HOURS | ENTERED |
| 13 | MAINTENANCE OF PERSONNEL | 12 | NUMBER HOUSED | NOT ENTERED |
| 14 | NURSING ADMINISTRATION | 13 | DIRECT NRSING HRS | ENTERED |
| 15 | CENTRAL SERVICES & SUPPLY | 14 | COSTED REQUIS. | ENTERED |
| 16 | PHARMACY | 15 | COSTED REQUIS. | ENTERED |
| 17 | MEDICAL RECORDS & LIBRARY | 16 | GROSS CHARGES | ENTERED |
| 18 | SOCIAL SERVICE | 17 | TIME SPENT | NOT ENTERED |
| 20 | NONPHYSICIAN ANESTHETISTS | 18 | ASSIGNED TIME | NOT ENTERED |
| 21 | NURSING SCHOOL | 19 | ASSIGNED TIME | NOT ENTERED |
| 22 | I&R SERVICES-SALARY & FRINGES APPRVD | 20 | ASSIGNED TIME | NOT ENTERED |
| 23 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 21 | ASSIGNED TIME | NOT ENTERED |
| 24 | PARAMED ED PRGM | 22 | ASSIGNED TIME | NOT ENTERED |

COST ALLOCATION - GENERAL SERVICE COSTS

| COST CENTER DESCRIPTION | NET EXPENSES FOR COST ALLOCATION | OLD CAP REL C OSTS-BLDG & | OLD CAP REL C OSTS-MVBLE E | NEW CAP REL C OSTS-BLDG & | NEW CAP REL C OSTS-MVBLE E | EMPLOYEE FITS | BENE | NONPATIENT TELEPHONES |
|----------------------------------|----------------------------------|---------------------------|----------------------------|---------------------------|----------------------------|---------------|------|-----------------------|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6.02 | |
| 001 GENERAL SERVICE COST CNTR | | | | | | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | | | | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | | | | | | |
| 003 NEW CAP REL COSTS-BLDG & | 1,081,271 | | | 1,081,271 | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | 201,598 | | | | 201,598 | | | |
| 005 EMPLOYEE BENEFITS | 1,969,127 | | | 16,329 | 3,067 | 1,988,523 | | |
| 006 02 NONPATIENT TELEPHONES | 51,791 | | | 4,563 | 857 | 9,563 | | 66,774 |
| 006 03 PURCHASING, RECEIVING AND | 54,555 | | | 22,433 | 4,214 | 13,943 | | |
| 006 04 CASHIERING/ ACCOUNTS RECE | 517,171 | | | 29,108 | 5,468 | 102,393 | | 9,539 |
| 006 05 OTHER ADMINISTRATIVE AND | 2,424,165 | | | 71,377 | 13,408 | 172,576 | | 13,246 |
| 007 MAINTENANCE & REPAIRS | | | | | | | | |
| 008 OPERATION OF PLANT | 661,430 | | | 82,630 | 15,522 | 48,135 | | 2,650 |
| 009 LAUNDRY & LINEN SERVICE | 49,576 | | | 3,536 | 664 | | | 530 |
| 010 HOUSEKEEPING | 171,329 | | | 12,617 | 2,370 | 49,897 | | 265 |
| 011 DIETARY | 201,620 | | | 55,854 | 10,492 | 36,984 | | 1,060 |
| 012 CAFETERIA | 3,947 | | | 7,820 | 1,469 | 6,207 | | 265 |
| 013 MAINTENANCE OF PERSONNEL | | | | | | | | |
| 014 NURSING ADMINISTRATION | 81,548 | | | | | 26,877 | | 265 |
| 015 CENTRAL SERVICES & SUPPLY | 248 | | | 15,596 | 2,930 | | | 265 |
| 016 PHARMACY | 183,935 | | | 18,149 | 3,409 | 50,899 | | |
| 017 MEDICAL RECORDS & LIBRARY | 147,705 | | | 31,426 | 5,903 | 39,412 | | 5,035 |
| 018 SOCIAL SERVICE | | | | | | | | |
| 020 NONPHYSICIAN ANESTHETISTS | | | | | | | | |
| 021 NURSING SCHOOL | | | | | | | | |
| 022 I&R SERVICES-SALARY & FRI | | | | | | | | |
| 023 I&R SERVICES-OTHER PRGM C | | | | | | | | |
| 024 PARAMED ED PRGM | | | | | | | | |
| 025 INPAT ROUTINE SRVC CNTRS | 1,092,866 | | | 111,312 | 20,910 | 345,536 | | 4,240 |
| 026 ADULTS & PEDIATRICS | | | | | | | | |
| 027 INTENSIVE CARE UNIT | | | | | | | | |
| 028 CORONARY CARE UNIT | | | | | | | | |
| 029 BURN INTENSIVE CARE UNIT | | | | | | | | |
| 029 SURGICAL INTENSIVE CARE U | | | | | | | | |
| 031 SUBPROVIDER | 984,769 | | | 87,486 | 16,434 | 208,867 | | 2,385 |
| 033 NURSERY | | | | | | | | |
| 034 SKILLED NURSING FACILITY | | | | | | | | |
| 035 NURSING FACILITY | | | | | | | | |
| 035 01 ICF/MR | | | | | | | | |
| 036 OTHER LONG TERM CARE | | | | | | | | |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | | |
| 037 OPERATING ROOM | 229,818 | | | 111,986 | 21,036 | 50,556 | | 2,650 |
| 038 RECOVERY ROOM | | | | | | | | |
| 039 DELIVERY ROOM & LABOR ROO | | | | | | | | |
| 040 ANESTHESIOLOGY | 8,892 | | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | 1,003,374 | | | 85,447 | 16,051 | 182,354 | | 4,240 |
| 042 RADIOLOGY-THERAPEUTIC | | | | | | | | |
| 043 RADIOISOTOPE | | | | | | | | |
| 044 LABORATORY | 895,044 | | | 34,713 | 6,521 | 141,690 | | 4,240 |
| 045 PBP CLINICAL LAB SERVICES | | | | | | | | |
| 046 WHOLE BLOOD & PACKED RED | | | | | | | | |
| 047 BLOOD STORING, PROCESSING | | | | | | | | |
| 048 INTRAVENOUS THERAPY | | | | | | | | |
| 049 RESPIRATORY THERAPY | 124,905 | | | 14,569 | 2,737 | 38,648 | | 1,325 |
| 050 PHYSICAL THERAPY | 187,853 | | | 67,562 | 12,691 | 73,745 | | 2,385 |
| 051 OCCUPATIONAL THERAPY | | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | | |
| 053 ELECTROCARDIOLOGY | 556 | | | 6,206 | 1,166 | | | |
| 054 ELECTROENCEPHALOGRAPHY | | | | | | | | |
| 055 MEDICAL SUPPLIES CHARGED | 191,985 | | | | | | | |
| 055 30 IMPL. DEV. CHARGED TO PAT | 76,540 | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | 317,026 | | | | | | | 1,325 |
| 057 RENAL DIALYSIS | | | | | | | | |
| 058 ASC (NON-DISTINCT PART) | | | | | | | | |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | | |
| 061 CLINIC | | | | | | | | |
| 061 EMERGENCY | 1,195,839 | | | 40,581 | 7,623 | 351,958 | | 2,385 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | | |
| 062 OTHER REIMBURS COST CNTRS | | | | | | | | |
| 064 HOME PROGRAM DIALYSIS | | | | | | | | |
| 065 AMBULANCE SERVICES | | | | | | | | |
| 066 DURABLE MEDICAL EQUIP-REN | | | | | | | | |
| 067 DURABLE MEDICAL EQUIP-SOL | | | | | | | | |
| 069 CORP | | | | | | | | |
| 070 I&R SERVICES-NOT APPRVD P | | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | | |
| 082 LUNG ACQUISITION | | | | | | | | |
| 082 SPEC PURPOSE COST CENTERS | | | | | | | | |
| 083 KIDNEY ACQUISITION | | | | | | | | |
| 084 LIVER ACQUISITION | | | | | | | | |
| 086 OTHER ORGAN ACQUISITION | | | | | | | | |
| 092 AMBULATORY SURGICAL CENTE | | | | | | | | |
| 093 HOSPICE | | | | | | | | |
| 095 SUBTOTALS | 14,110,483 | | | 931,300 | 174,942 | 1,950,240 | | 58,295 |
| 096 NONREIMBURS COST CENTERS | | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | | | 8,069 | | | | 265 |

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-1325 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

| COST CENTER DESCRIPTION | NET EXPENSES | OLD CAP REL C | OLD CAP REL C | NEW CAP REL C | NEW CAP REL C | EMPLOYEE BENE | NONPATIENT TE |
|-------------------------------|---------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| | FOR COST ALLOCATION | OSTS-BLDG & | OSTS-MVBLE E | OSTS-BLDG & | OSTS-MVBLE E | FITS | LEPHONES |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6.02 |
| 097 NONREIMBURS COST CENTERS | | | | | | | |
| 097 RESEARCH | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 099 NONPAID WORKERS | | | | | | | |
| 100 MEDICAL OFFICE BUILDING | | | | | | | |
| 100 05 HOSPITAL CLINIC | 58,568 | | | 89,202 | 16,756 | 15,415 | 8,214 |
| 100 06 COUNTY JAIL | 69,384 | | | | | 22,868 | |
| 100 09 PUBLIC RELATIONS | 8,239 | | | 7,116 | 1,337 | | |
| 100 11 DR. SHOEMAKER | | | | 45,584 | 8,563 | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 14,246,674 | | | 1,081,271 | 201,598 | 1,988,523 | 66,774 |

COST ALLOCATION - GENERAL SERVICE COSTS

| COST CENTER DESCRIPTION | PURCHASING, RECEIVING AND | CASHIERING/ ACCOUNTS RECE | SUBTOTAL | OTHER ADMINIS TRATIVE AND | MAINTENANCE & OPERATION OF REPAIRS PLANT | LAUNDRY & LIN EN SERVICE | |
|----------------------------------|---------------------------|---------------------------|------------|---------------------------|--|--------------------------|--------|
| | 6.03 | 6.04 | 6a.04 | 6.05 | 7 | 8 | 9 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | | | | |
| 006 02 NONPATIENT TELEPHONES | | | | | | | |
| 006 03 PURCHASING, RECEIVING AND | 95,145 | | | | | | |
| 006 04 CASHIERING/ ACCOUNTS RECE | 422 | 664,101 | | | | | |
| 006 05 OTHER ADMINISTRATIVE AND | 3,483 | | 2,698,255 | 2,698,255 | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 008 OPERATION OF PLANT | 21,306 | | 831,673 | 194,318 | | 1,025,991 | |
| 009 LAUNDRY & LINEN SERVICE | 2,499 | | 56,805 | 13,272 | | 4,244 | 74,321 |
| 010 HOUSEKEEPING | 17,673 | | 254,151 | 59,382 | | 15,144 | 5,356 |
| 011 DIETARY | 7,523 | | 313,533 | 73,256 | | 67,038 | |
| 012 CAFETERIA | | | 19,708 | 4,605 | | 9,386 | |
| 013 MAINTENANCE OF PERSONNEL | | | | | | | |
| 014 NURSING ADMINISTRATION | | | 108,690 | 25,395 | | | |
| 015 CENTRAL SERVICES & SUPPLY | 20 | | 19,059 | 4,453 | | 18,718 | |
| 016 PHARMACY | 639 | | 257,031 | 60,055 | | 21,782 | |
| 017 MEDICAL RECORDS & LIBRARY | 80 | | 229,561 | 53,636 | | 37,719 | |
| 018 SOCIAL SERVICE | | | | | | | |
| 020 NONPHYSICIAN ANESTHETISTS | | | | | | | |
| 021 NURSING SCHOOL | | | | | | | |
| 022 I&R SERVICES-SALARY & FRI | | | | | | | |
| 023 I&R SERVICES-OTHER PRGM C | | | | | | | |
| 024 PARAMED ED PRGM | | | | | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | 17,465 | 54,623 | 1,646,952 | 384,805 | | 133,600 | 27,148 |
| 026 INTENSIVE CARE UNIT | | | | | | | |
| 027 CORONARY CARE UNIT | | | | | | | |
| 028 BURN INTENSIVE CARE UNIT | | | | | | | |
| 029 SURGICAL INTENSIVE CARE U | | | | | | | |
| 031 SUBPROVIDER | 5,543 | 92,910 | 1,398,394 | 326,731 | | 105,003 | 13,283 |
| 033 NURSERY | | | | | | | |
| 034 SKILLED NURSING FACILITY | | | | | | | |
| 035 NURSING FACILITY | | | | | | | |
| 035 01 ICF/MR | | | | | | | |
| 036 OTHER LONG TERM CARE | | | | | | | |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | 3,988 | 36,795 | 456,829 | 106,737 | | 134,408 | 6,227 |
| 038 RECOVERY ROOM | | | | | | | |
| 039 DELIVERY ROOM & LABOR ROO | | | | | | | |
| 040 ANESTHESIOLOGY | 89 | 2,610 | 11,591 | 2,708 | | | |
| 041 RADIOLOGY-DIAGNOSTIC | 1,402 | 163,108 | 1,455,976 | 340,184 | | 102,555 | 5,106 |
| 042 RADIOLOGY-THERAPEUTIC | | | | | | | |
| 043 RADIOISOTOPE | | | | | | | |
| 044 LABORATORY | 7,157 | 82,939 | 1,172,304 | 273,905 | | 41,663 | 336 |
| 045 PBP CLINICAL LAB SERVICES | | | | | | | |
| 046 WHOLE BLOOD & PACKED RED | | | | | | | |
| 047 BLOOD STORING, PROCESSING | | | | | | | |
| 048 INTRAVENOUS THERAPY | | | | | | | |
| 049 RESPIRATORY THERAPY | 16 | 13,592 | 195,792 | 45,746 | | 17,486 | |
| 050 PHYSICAL THERAPY | 430 | 26,045 | 370,711 | 86,616 | | 81,090 | 3,421 |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | 445 | 16,273 | 24,646 | 5,758 | | 7,449 | |
| 054 ELECTROENCEPHALOGRAPHY | | | | | | | |
| 055 MEDICAL SUPPLIES CHARGED | | 42,312 | 234,297 | 54,743 | | | |
| 055 30 IMPL. DEV. CHARGED TO PAT | | 3,806 | 80,346 | 18,773 | | | |
| 056 DRUGS CHARGED TO PATIENTS | | 54,923 | 373,274 | 87,214 | | | |
| 057 RENAL DIALYSIS | | | | | | | |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 CLINIC | | | | | | | |
| 061 EMERGENCY | 4,716 | 74,165 | 1,677,267 | 391,891 | | 48,707 | 12,762 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 062 OTHER REIMBURS COST CNTRS | | | | | | | |
| 064 HOME PROGRAM DIALYSIS | | | | | | | |
| 065 AMBULANCE SERVICES | | | | | | | |
| 066 DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 067 DURABLE MEDICAL EQUIP-SOL | | | | | | | |
| 069 CORF | | | | | | | |
| 070 I&R SERVICES-NOT APPRVD P | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | |
| 082 LUNG ACQUISITION | | | | | | | |
| 082 SPEC PURPOSE COST CENTERS | | | | | | | |
| 083 KIDNEY ACQUISITION | | | | | | | |
| 084 LIVER ACQUISITION | | | | | | | |
| 086 OTHER ORGAN ACQUISITION | | | | | | | |
| 092 AMBULATORY SURGICAL CENTE | | | | | | | |
| 093 HOSPICE | | | | | | | |
| 095 SUBTOTALS | 94,896 | 664,101 | 13,886,845 | 2,614,183 | | 845,992 | 73,639 |
| 095 NONREIMBURS COST CENTERS | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | | 8,334 | 1,947 | | 9,685 | |

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-1325 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

| COST CENTER DESCRIPTION | PURCHASING, RECEIVING AND | CASHIERING/ ACCOUNTS RECE | SUBTOTAL | OTHER ADMINISTRATIVE AND | MAINTENANCE & REPAIRS | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE |
|-------------------------------|---------------------------|---------------------------|------------|--------------------------|-----------------------|--------------------|-------------------------|
| | 6.03 | 6.04 | 6a.04 | 6.05 | 7 | 8 | 9 |
| 097 NONREIMBURS COST CENTERS | | | | | | | |
| 097 RESEARCH | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 099 NONPAID WORKERS | | | | | | | |
| 100 MEDICAL OFFICE BUILDING | | | | | | | |
| 100 05 HOSPITAL CLINIC | 249 | | 188,404 | 44,020 | | 107,063 | 682 |
| 100 06 COUNTY JAIL | | | 92,252 | 21,554 | | | |
| 100 09 PUBLIC RELATIONS | | | 16,692 | 3,900 | | 8,540 | |
| 100 11 DR. SHOEMAKER | | | 54,147 | 12,651 | | 54,711 | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 95,145 | 664,101 | 14,246,674 | 2,698,255 | | 1,025,991 | 74,321 |

COST ALLOCATION - GENERAL SERVICE COSTS

| COST CENTER DESCRIPTION | HOUSEKEEPING | DIETARY | CAFETERIA | MAINTENANCE O F PERSONNEL | NURSING ADMIN ISTRATION | CENTRAL SERVI CES & SUPPLY | PHARMACY |
|----------------------------------|--------------|---------|-----------|---------------------------|-------------------------|----------------------------|----------|
| | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | | | | |
| 006 02 NONPATIENT TELEPHONES | | | | | | | |
| 006 03 PURCHASING, RECEIVING AND | | | | | | | |
| 006 04 CASHIERING/ ACCOUNTS RECE | | | | | | | |
| 006 05 OTHER ADMINISTRATIVE AND | | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | | | | | |
| 010 HOUSEKEEPING | 334,033 | | | | | | |
| 011 DIETARY | | 453,827 | | | | | |
| 012 CAFETERIA | 1,355 | | 35,054 | | | | |
| 013 MAINTENANCE OF PERSONNEL | | | | | | | |
| 014 NURSING ADMINISTRATION | | | | | 134,085 | | |
| 015 CENTRAL SERVICES & SUPPLY | | | | | | 42,230 | |
| 016 PHARMACY | 5,642 | | 906 | | | | 345,416 |
| 017 MEDICAL RECORDS & LIBRARY | 10,646 | | 1,776 | | | | |
| 018 SOCIAL SERVICE | | | | | | | |
| 020 NONPHYSICIAN ANESTHETISTS | | | | | | | |
| 021 NURSING SCHOOL | | | | | | | |
| 022 I&R SERVICES-SALARY & FRI | | | | | | | |
| 023 I&R SERVICES-OTHER PRGM C | | | | | | | |
| 024 PARAMED ED PRGM | | | | | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | 101,597 | 292,296 | 10,359 | | 42,908 | | 404 |
| 026 INTENSIVE CARE UNIT | | | | | | | |
| 027 CORONARY CARE UNIT | | | | | | | |
| 028 BURN INTENSIVE CARE UNIT | | | | | | | |
| 029 SURGICAL INTENSIVE CARE U | | | | | | | |
| 031 SUBPROVIDER | 69,380 | 161,531 | 6,463 | | 26,770 | | |
| 033 NURSERY | | | | | | | |
| 034 SKILLED NURSING FACILITY | | | | | | | |
| 035 NURSING FACILITY | | | | | | | |
| 035 01 ICF/MR | | | | | | | |
| 036 OTHER LONG TERM CARE | | | | | | | |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | 2,948 | | 1,599 | | 6,622 | | 1,088 |
| 038 RECOVERY ROOM | | | | | | | |
| 039 DELIVERY ROOM & LABOR ROO | | | | | | | |
| 040 ANESTHESIOLOGY | | | | | | | 2,563 |
| 041 RADIOLOGY-DIAGNOSTIC | 20,450 | | 3,095 | | 12,820 | | 13,003 |
| 042 RADIOLOGY-THERAPEUTIC | | | | | | | |
| 043 RADIOISOTOPE | | | | | | | |
| 044 LABORATORY | 17,920 | | 4,211 | | 17,444 | | 19 |
| 045 PBP CLINICAL LAB SERVICES | | | | | | | |
| 046 WHOLE BLOOD & PACKED RED | | | | | | | |
| 047 BLOOD STORING, PROCESSING | | | | | | | |
| 048 INTRAVENOUS THERAPY | | | | | | | |
| 049 RESPIRATORY THERAPY | 8,483 | | 1,041 | | 4,311 | | 83 |
| 050 PHYSICAL THERAPY | 8,172 | | 1,647 | | 6,820 | | 81 |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | | | | | | | |
| 054 ELECTROENCEPHALOGRAPHY | | | | | | | |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | 42,230 | |
| 055 30 IMPL. DEV. CHARGED TO PAT | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | | | | | | | 327,840 |
| 057 RENAL DIALYSIS | | | | | | | |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 060 CLINIC | | | | | | | |
| 061 EMERGENCY | 42,848 | | 3,957 | | 16,390 | | 333 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 062 OTHER REIMBURS COST CNTRS | | | | | | | |
| 064 HOME PROGRAM DIALYSIS | | | | | | | |
| 065 AMBULANCE SERVICES | | | | | | | |
| 066 DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 067 DURABLE MEDICAL EQUIP-SOL | | | | | | | |
| 069 CORF | | | | | | | |
| 070 I&R SERVICES-NOT APPRVD P | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | |
| 082 LUNG ACQUISITION | | | | | | | |
| 082 SPEC PURPOSE COST CENTERS | | | | | | | |
| 083 KIDNEY ACQUISITION | | | | | | | |
| 084 LIVER ACQUISITION | | | | | | | |
| 086 OTHER ORGAN ACQUISITION | | | | | | | |
| 092 AMBULATORY SURGICAL CENTE | | | | | | | |
| 093 HOSPICE | | | | | | | |
| 095 SUBTOTALS | 289,441 | 453,827 | 35,054 | | 134,085 | 42,230 | 345,414 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | 943 | | | | | | |

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-1325 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

| COST CENTER DESCRIPTION | HOUSEKEEPING 10 | DIETARY 11 | CAFETERIA 12 | MAINTENANCE O F PERSONNEL 13 | NURSING ADMIN ISTRATION 14 | CENTRAL SERVI CES & SUPPLY 15 | PHARMACY 16 |
|-------------------------------|-----------------|------------|--------------|------------------------------|----------------------------|-------------------------------|-------------|
| 097 NONREIMBURS COST CENTERS | | | | | | | |
| 098 RESEARCH | | | | | | | |
| 099 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 100 NONPAID WORKERS | | | | | | | |
| 100 MEDICAL OFFICE BUILDING | | | | | | | |
| 100 05 HOSPITAL CLINIC | 14,960 | | | | | | 2 |
| 100 06 COUNTY JAIL | | | | | | | |
| 100 09 PUBLIC RELATIONS | 2,869 | | | | | | |
| 100 11 DR. SHOEMAKER | 25,820 | | | | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 334,033 | 453,827 | 35,054 | | 134,085 | 42,230 | 345,416 |

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-1325 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

| COST CENTER DESCRIPTION | MEDICAL RECOR DS & LIBRARY | SOCIAL SERVIC E | NONPHYSICIAN ANESTHETISTS | NURSING SCHOO L | I&R SERVICES- SALARY & FRI | I&R SERVICES- OTHER PRGM | PARAMED ED PR GM |
|----------------------------------|----------------------------|-----------------|---------------------------|-----------------|----------------------------|--------------------------|------------------|
| | 17 | 18 | 20 | 21 | 22 | 23 | 24 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 02 NONPATIENT TELEPHONES | | | | | | | |
| 006 03 PURCHASING, RECEIVING AND | | | | | | | |
| 006 04 CASHIERING/ ACCOUNTS RECE | | | | | | | |
| 006 05 OTHER ADMINISTRATIVE AND | | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | | | | | |
| 010 HOUSEKEEPING | | | | | | | |
| 011 DIETARY | | | | | | | |
| 012 CAFETERIA | | | | | | | |
| 013 MAINTENANCE OF PERSONNEL | | | | | | | |
| 014 NURSING ADMINISTRATION | | | | | | | |
| 015 CENTRAL SERVICES & SUPPLY | | | | | | | |
| 016 PHARMACY | | | | | | | |
| 017 MEDICAL RECORDS & LIBRARY | 333,338 | | | | | | |
| 018 SOCIAL SERVICE | | | | | | | |
| 020 NONPHYSICIAN ANESTHETISTS | | | | | | | |
| 021 NURSING SCHOOL | | | | | | | |
| 022 I&R SERVICES-SALARY & FRI | | | | | | | |
| 023 I&R SERVICES-OTHER PRGM C | | | | | | | |
| 024 PARAMED ED PRGM | | | | | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 026 ADULTS & PEDIATRICS | 27,417 | | | | | | |
| 027 INTENSIVE CARE UNIT | | | | | | | |
| 028 CORONARY CARE UNIT | | | | | | | |
| 029 BURN INTENSIVE CARE UNIT | | | | | | | |
| 031 SURGICAL INTENSIVE CARE U | | | | | | | |
| 033 SUBPROVIDER | 46,634 | | | | | | |
| 033 NURSERY | | | | | | | |
| 034 SKILLED NURSING FACILITY | | | | | | | |
| 035 NURSING FACILITY | | | | | | | |
| 035 01 ICF/MR | | | | | | | |
| 036 OTHER LONG TERM CARE | | | | | | | |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 038 OPERATING ROOM | 18,468 | | | | | | |
| 038 RECOVERY ROOM | | | | | | | |
| 039 DELIVERY ROOM & LABOR ROO | | | | | | | |
| 040 ANESTHESIOLOGY | 1,310 | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | 81,876 | | | | | | |
| 042 RADIOLOGY-THERAPEUTIC | | | | | | | |
| 043 RADIOISOTOPE | | | | | | | |
| 044 LABORATORY | 41,629 | | | | | | |
| 045 PBP CLINICAL LAB SERVICES | | | | | | | |
| 046 WHOLE BLOOD & PACKED RED | | | | | | | |
| 047 BLOOD STORING, PROCESSING | | | | | | | |
| 048 INTRAVENOUS THERAPY | | | | | | | |
| 049 RESPIRATORY THERAPY | 6,822 | | | | | | |
| 050 PHYSICAL THERAPY | 13,073 | | | | | | |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | 8,168 | | | | | | |
| 054 ELECTROENCEPHALOGRAPHY | | | | | | | |
| 055 MEDICAL SUPPLIES CHARGED | 21,238 | | | | | | |
| 055 30 IMPL. DEV. CHARGED TO PAT | 1,911 | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | 27,567 | | | | | | |
| 057 RENAL DIALYSIS | | | | | | | |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 CLINIC | | | | | | | |
| 061 EMERGENCY | 37,225 | | | | | | |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 064 OTHER REIMBURS COST CNTRS | | | | | | | |
| 065 HOME PROGRAM DIALYSIS | | | | | | | |
| 066 AMBULANCE SERVICES | | | | | | | |
| 066 DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 067 DURABLE MEDICAL EQUIP-SOL | | | | | | | |
| 069 CORF | | | | | | | |
| 070 I&R SERVICES-NOT APPRVD P | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | |
| 082 LUNG ACQUISITION | | | | | | | |
| 083 SPEC PURPOSE COST CENTERS | | | | | | | |
| 084 KIDNEY ACQUISITION | | | | | | | |
| 084 LIVER ACQUISITION | | | | | | | |
| 086 OTHER ORGAN ACQUISITION | | | | | | | |
| 092 AMBULATORY SURGICAL CENTE | | | | | | | |
| 093 HOSPICE | | | | | | | |
| 095 SUBTOTALS | 333,338 | | | | | | |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| GIFT, FLOWER, COFFEE SHOP | | | | | | | |

| COST CENTER DESCRIPTION | MEDICAL RECOR DS & LIBRARY | SOCIAL SERVIC E | NONPHYSICIAN ANESTHETISTS | NURSING SCHOO L | I&R SERVICES- SALARY & FRI | I&R SERVICES- OTHER PRGM | PARAMED ED PR GM |
|-------------------------------|----------------------------|-----------------|---------------------------|-----------------|----------------------------|--------------------------|------------------|
| | 17 | 18 | 20 | 21 | 22 | 23 | 24 |
| NONREIMBURS COST CENTERS | | | | | | | |
| 097 RESEARCH | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 099 NONPAID WORKERS | | | | | | | |
| 100 MEDICAL OFFICE BUILDING | | | | | | | |
| 100 05 HOSPITAL CLINIC | | | | | | | |
| 100 06 COUNTY JAIL | | | | | | | |
| 100 09 PUBLIC RELATIONS | | | | | | | |
| 100 11 DR. SHOEMAKER | | | | | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 333,338 | | | | | | |

| COST CENTER DESCRIPTION | SUBTOTAL | I&R COST POST STEP-DOWN ADJ | TOTAL |
|----------------------------------|------------|-----------------------------|------------|
| | 25 | 26 | 27 |
| GENERAL SERVICE COST CNTR | | | |
| 001 OLD CAP REL COSTS-BLDG & | | | |
| 002 OLD CAP REL COSTS-MVBLE E | | | |
| 003 NEW CAP REL COSTS-BLDG & | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | |
| 005 EMPLOYEE BENEFITS | | | |
| 006 02 NONPATIENT TELEPHONES | | | |
| 006 03 PURCHASING, RECEIVING AND | | | |
| 006 04 CASHIERING/ ACCOUNTS RECE | | | |
| 006 05 OTHER ADMINISTRATIVE AND | | | |
| 007 MAINTENANCE & REPAIRS | | | |
| 008 OPERATION OF PLANT | | | |
| 009 LAUNDRY & LINEN SERVICE | | | |
| 010 HOUSEKEEPING | | | |
| 011 DIETARY | | | |
| 012 CAFETERIA | | | |
| 013 MAINTENANCE OF PERSONNEL | | | |
| 014 NURSING ADMINISTRATION | | | |
| 015 CENTRAL SERVICES & SUPPLY | | | |
| 016 PHARMACY | | | |
| 017 MEDICAL RECORDS & LIBRARY | | | |
| 018 SOCIAL SERVICE | | | |
| 020 NONPHYSICIAN ANESTHETISTS | | | |
| 021 NURSING SCHOOL | | | |
| 022 I&R SERVICES-SALARY & FRI | | | |
| 023 I&R SERVICES-OTHER PRGM C | | | |
| 024 PARAMED ED PRGM | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | |
| 025 ADULTS & PEDIATRICS | 2,667,486 | | 2,667,486 |
| 026 INTENSIVE CARE UNIT | | | |
| 027 CORONARY CARE UNIT | | | |
| 028 BURN INTENSIVE CARE UNIT | | | |
| 029 SURGICAL INTENSIVE CARE U | | | |
| 031 SUBPROVIDER | 2,154,189 | | 2,154,189 |
| 033 NURSERY | | | |
| 034 SKILLED NURSING FACILITY | | | |
| 035 NURSING FACILITY | | | |
| 035 01 ICF/MR | | | |
| 036 OTHER LONG TERM CARE | | | |
| ANCILLARY SRVC COST CNTRS | | | |
| 037 OPERATING ROOM | 734,926 | | 734,926 |
| 038 RECOVERY ROOM | | | |
| 039 DELIVERY ROOM & LABOR ROO | | | |
| 040 ANESTHESIOLOGY | 18,172 | | 18,172 |
| 041 RADIOLOGY-DIAGNOSTIC | 2,035,065 | | 2,035,065 |
| 042 RADIOLOGY-THERAPEUTIC | | | |
| 043 RADIOISOTOPE | | | |
| 044 LABORATORY | 1,569,431 | | 1,569,431 |
| 045 PBP CLINICAL LAB SERVICES | | | |
| 046 WHOLE BLOOD & PACKED RED | | | |
| 047 BLOOD STORING, PROCESSING | | | |
| 048 INTRAVENOUS THERAPY | | | |
| 049 RESPIRATORY THERAPY | 279,764 | | 279,764 |
| 050 PHYSICAL THERAPY | 571,631 | | 571,631 |
| 051 OCCUPATIONAL THERAPY | | | |
| 052 SPEECH PATHOLOGY | | | |
| 053 ELECTROCARDIOLOGY | 46,021 | | 46,021 |
| 054 ELECTROENCEPHALOGRAPHY | | | |
| 055 MEDICAL SUPPLIES CHARGED | 352,508 | | 352,508 |
| 055 30 IMPL. DEV. CHARGED TO PAT | 101,030 | | 101,030 |
| 056 DRUGS CHARGED TO PATIENTS | 815,895 | | 815,895 |
| 057 RENAL DIALYSIS | | | |
| 058 ASC (NON-DISTINCT PART) | | | |
| OUTPAT SERVICE COST CNTRS | | | |
| 060 CLINIC | | | |
| 061 EMERGENCY | 2,231,380 | | 2,231,380 |
| 062 OBSERVATION BEDS (NON-DIS | | | |
| OTHER REIMBURS COST CNTRS | | | |
| 064 HOME PROGRAM DIALYSIS | | | |
| 065 AMBULANCE SERVICES | | | |
| 066 DURABLE MEDICAL EQUIP-REN | | | |
| 067 DURABLE MEDICAL EQUIP-SOL | | | |
| 069 CORF | | | |
| 070 I&R SERVICES-NOT APPRVD P | | | |
| 071 HOME HEALTH AGENCY | | | |
| 082 LUNG ACQUISITION | | | |
| SPEC PURPOSE COST CENTERS | | | |
| 083 KIDNEY ACQUISITION | | | |
| 084 LIVER ACQUISITION | | | |
| 086 OTHER ORGAN ACQUISITION | | | |
| 092 AMBULATORY SURGICAL CENTE | | | |
| 093 HOSPICE | | | |
| 095 SUBTOTALS | 13,577,498 | | 13,577,498 |
| NONREIMBURS COST CENTERS | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | 20,909 | | 20,909 |

COST ALLOCATION - GENERAL SERVICE COSTS

| COST CENTER DESCRIPTION | SUBTOTAL | I&R COST POST STEP-DOWN ADJ | TOTAL |
|-------------------------------|------------|-----------------------------|------------|
| | 25 | 26 | 27 |
| NONREIMBURS COST CENTERS | | | |
| 097 RESEARCH | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | |
| 099 NONPAID WORKERS | | | |
| 100 MEDICAL OFFICE BUILDING | | | |
| 100 05 HOSPITAL CLINIC | 355,131 | | 355,131 |
| 100 06 COUNTY JAIL | 113,806 | | 113,806 |
| 100 09 PUBLIC RELATIONS | 32,001 | | 32,001 |
| 100 11 DR. SHOEMAKER | 147,329 | | 147,329 |
| 101 CROSS FOOT ADJUSTMENT | | | |
| 102 NEGATIVE COST CENTER | | | |
| 103 TOTAL | 14,246,674 | | 14,246,674 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-1325 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART III

| COST CENTER DESCRIPTION | DIR ASSIGNED NEW CAPITAL REL COSTS | OLD CAP REL C OSTS-BLDG & | OLD CAP REL C OSTS-MVBLE E | NEW CAP REL C OSTS-BLDG & | NEW CAP REL C OSTS-MVBLE E | SUBTOTAL | EMPLOYEE BENE FITS |
|----------------------------------|------------------------------------|---------------------------|----------------------------|---------------------------|----------------------------|-----------|--------------------|
| | 0 | 1 | 2 | 3 | 4 | 4a | 5 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | 16,329 | 3,067 | 19,396 | 19,396 |
| 006 02 NONPATIENT TELEPHONES | | | | 4,563 | 857 | 5,420 | 93 |
| 006 03 PURCHASING, RECEIVING AND | | | | 22,433 | 4,214 | 26,647 | 136 |
| 006 04 CASHIERING/ ACCOUNTS RECE | | | | 29,108 | 5,468 | 34,576 | 999 |
| 006 05 OTHER ADMINISTRATIVE AND | | | | 71,377 | 13,408 | 84,785 | 1,683 |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 008 OPERATION OF PLANT | | | | 82,630 | 15,522 | 98,152 | 470 |
| 009 LAUNDRY & LINEN SERVICE | | | | 3,536 | 664 | 4,200 | |
| 010 HOUSEKEEPING | | | | 12,617 | 2,370 | 14,987 | 487 |
| 011 DIETARY | | | | 55,854 | 10,492 | 66,346 | 361 |
| 012 CAFETERIA | | | | 7,820 | 1,469 | 9,289 | 61 |
| 013 MAINTENANCE OF PERSONNEL | | | | | | | |
| 014 NURSING ADMINISTRATION | | | | | | | 262 |
| 015 CENTRAL SERVICES & SUPPLY | | | | 15,596 | 2,930 | 18,526 | |
| 016 PHARMACY | | | | 18,149 | 3,409 | 21,558 | 496 |
| 017 MEDICAL RECORDS & LIBRARY | | | | 31,426 | 5,903 | 37,329 | 384 |
| 018 SOCIAL SERVICE | | | | | | | |
| 020 NONPHYSICIAN ANESTHETISTS | | | | | | | |
| 021 NURSING SCHOOL | | | | | | | |
| 022 I&R SERVICES-SALARY & FRI | | | | | | | |
| 023 I&R SERVICES-OTHER PRGM C | | | | | | | |
| 024 PARAMED ED PRGM | | | | | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 026 ADULTS & PEDIATRICS | | | | 111,312 | 20,910 | 132,222 | 3,371 |
| 027 INTENSIVE CARE UNIT | | | | | | | |
| 028 CORONARY CARE UNIT | | | | | | | |
| 028 BURN INTENSIVE CARE UNIT | | | | | | | |
| 029 SURGICAL INTENSIVE CARE U | | | | | | | |
| 031 SUBPROVIDER | | | | 87,486 | 16,434 | 103,920 | 2,037 |
| 033 NURSERY | | | | | | | |
| 034 SKILLED NURSING FACILITY | | | | | | | |
| 035 NURSING FACILITY | | | | | | | |
| 035 01 ICF/MR | | | | | | | |
| 036 OTHER LONG TERM CARE | | | | | | | |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 038 OPERATING ROOM | | | | 111,986 | 21,036 | 133,022 | 493 |
| 038 RECOVERY ROOM | | | | | | | |
| 039 DELIVERY ROOM & LABOR ROO | | | | | | | |
| 040 ANESTHESIOLOGY | | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | | | | 85,447 | 16,051 | 101,498 | 1,779 |
| 042 RADIOLOGY-THERAPEUTIC | | | | | | | |
| 043 RADIOISOTOPE | | | | | | | |
| 044 LABORATORY | | | | 34,713 | 6,521 | 41,234 | 1,382 |
| 045 PBP CLINICAL LAB SERVICES | | | | | | | |
| 046 WHOLE BLOOD & PACKED RED | | | | | | | |
| 047 BLOOD STORING, PROCESSING | | | | | | | |
| 048 INTRAVENOUS THERAPY | | | | | | | |
| 049 RESPIRATORY THERAPY | | | | 14,569 | 2,737 | 17,306 | 377 |
| 050 PHYSICAL THERAPY | | | | 67,562 | 12,691 | 80,253 | 719 |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | | | | 6,206 | 1,166 | 7,372 | |
| 054 ELECTROENCEPHALOGRAPHY | | | | | | | |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | | |
| 055 30 IMPL. DEV. CHARGED TO PAT | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | | | | | | | |
| 057 RENAL DIALYSIS | | | | | | | |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 CLINIC | | | | | | | |
| 061 EMERGENCY | | | | 40,581 | 7,623 | 48,204 | 3,433 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 064 OTHER REIMBURS COST CNTRS | | | | | | | |
| 064 HOME PROGRAM DIALYSIS | | | | | | | |
| 065 AMBULANCE SERVICES | | | | | | | |
| 066 DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 067 DURABLE MEDICAL EQUIP-SOL | | | | | | | |
| 069 CORF | | | | | | | |
| 070 I&R SERVICES-NOT APPRVD P | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | |
| 082 LUNG ACQUISITION | | | | | | | |
| 083 SPEC PURPOSE COST CENTERS | | | | | | | |
| 084 KIDNEY ACQUISITION | | | | | | | |
| 086 LIVER ACQUISITION | | | | | | | |
| 086 OTHER ORGAN ACQUISITION | | | | | | | |
| 092 AMBULATORY SURGICAL CENTE | | | | | | | |
| 093 HOSPICE | | | | | | | |
| 095 SUBTOTALS | | | | 931,300 | 174,942 | 1,106,242 | 19,023 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | | | 8,069 | | 8,069 | |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION | DIR ASSIGNED NEW CAPITAL REL COSTS | 0 | 1 | 2 | 3 | 4 | 4a | 5 |
|-------------------------------|------------------------------------|---|---|---|-----------|---------|-----------|--------|
| NONREIMBURS COST CENTERS | | | | | | | | |
| 097 RESEARCH | | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | | | | | |
| 099 NONPAID WORKERS | | | | | | | | |
| 100 MEDICAL OFFICE BUILDING | | | | | | | | |
| 100 05 HOSPITAL CLINIC | | | | | 89,202 | 16,756 | 105,958 | 150 |
| 100 06 COUNTY JAIL | | | | | | | | 223 |
| 100 09 PUBLIC RELATIONS | | | | | 7,116 | 1,337 | 8,453 | |
| 100 11 DR. SHOEMAKER | | | | | 45,584 | 8,563 | 54,147 | |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | | |
| 103 TOTAL | | | | | 1,081,271 | 201,598 | 1,282,869 | 19,396 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION | NONPATIENT TELEPHONES | PURCHASING, RECEIVING AND | CASHIERING/ ACCOUNTS RECE | OTHER ADMINISTRATIVE AND | MAINTENANCE & REPAIRS | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE |
|----------------------------------|-----------------------|---------------------------|---------------------------|--------------------------|-----------------------|--------------------|-------------------------|
| | 6.02 | 6.03 | 6.04 | 6.05 | 7 | 8 | 9 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | | | | |
| 006 02 NONPATIENT TELEPHONES | 5,513 | | | | | | |
| 006 03 PURCHASING, RECEIVING AND | | 26,783 | | | | | |
| 006 04 CASHIERING/ ACCOUNTS RECE | 788 | 119 | 36,482 | | | | |
| 006 05 OTHER ADMINISTRATIVE AND | 1,092 | 980 | | 88,540 | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 008 OPERATION OF PLANT | 219 | 5,995 | | 6,376 | | 111,212 | |
| 009 LAUNDRY & LINEN SERVICE | 44 | 704 | | 436 | | 460 | 5,844 |
| 010 HOUSEKEEPING | 22 | 4,975 | | 1,949 | | 1,642 | 421 |
| 011 DIETARY | 88 | 2,118 | | 2,404 | | 7,267 | |
| 012 CAFETERIA | 22 | | | 151 | | 1,017 | |
| 013 MAINTENANCE OF PERSONNEL | | | | | | | |
| 014 NURSING ADMINISTRATION | 22 | | | 833 | | | |
| 015 CENTRAL SERVICES & SUPPLY | 22 | 6 | | 146 | | 2,029 | |
| 016 PHARMACY | | 180 | | 1,971 | | 2,361 | |
| 017 MEDICAL RECORDS & LIBRARY | 416 | 23 | | 1,760 | | 4,088 | |
| 018 SOCIAL SERVICE | | | | | | | |
| 020 NONPHYSICIAN ANESTHETISTS | | | | | | | |
| 021 NURSING SCHOOL | | | | | | | |
| 022 I&R SERVICES-SALARY & FRI | | | | | | | |
| 023 I&R SERVICES-OTHER PRGM C | | | | | | | |
| 024 PARAMED ED PRGM | | | | | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | 350 | 4,916 | 3,001 | 12,627 | | 14,482 | 2,135 |
| 026 INTENSIVE CARE UNIT | | | | | | | |
| 027 CORONARY CARE UNIT | | | | | | | |
| 028 BURN INTENSIVE CARE UNIT | | | | | | | |
| 029 SURGICAL INTENSIVE CARE U | | | | | | | |
| 031 SUBPROVIDER | 197 | 1,560 | 5,105 | 10,721 | | 11,382 | 1,044 |
| 033 NURSERY | | | | | | | |
| 034 SKILLED NURSING FACILITY | | | | | | | |
| 035 NURSING FACILITY | | | | | | | |
| 035 01 ICF/MR | | | | | | | |
| 036 OTHER LONG TERM CARE | | | | | | | |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | 219 | 1,123 | 2,022 | 3,503 | | 14,569 | 490 |
| 038 RECOVERY ROOM | | | | | | | |
| 039 DELIVERY ROOM & LABOR ROO | | | | | | | |
| 040 ANESTHESIOLOGY | | 25 | 143 | 89 | | | |
| 041 RADIOLOGY-DIAGNOSTIC | 350 | 395 | 8,955 | 11,163 | | 11,116 | 402 |
| 042 RADIOLOGY-THERAPEUTIC | | | | | | | |
| 043 RADIOISOTOPE | | | | | | | |
| 044 LABORATORY | 350 | 2,015 | 4,557 | 8,988 | | 4,516 | 26 |
| 045 PBP CLINICAL LAB SERVICES | | | | | | | |
| 046 WHOLE BLOOD & PACKED RED | | | | | | | |
| 047 BLOOD STORING, PROCESSING | | | | | | | |
| 048 INTRAVENOUS THERAPY | | | | | | | |
| 049 RESPIRATORY THERAPY | 109 | 5 | 747 | 1,501 | | 1,895 | |
| 050 PHYSICAL THERAPY | 197 | 121 | 1,431 | 2,842 | | 8,790 | 269 |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | | 125 | 894 | 189 | | 807 | |
| 054 ELECTROENCEPHALOGRAPHY | | | | | | | |
| 055 MEDICAL SUPPLIES CHARGED | | | 2,325 | 1,796 | | | |
| 055 30 IMPL. DEV. CHARGED TO PAT | | | 209 | 616 | | | |
| 056 DRUGS CHARGED TO PATIENTS | 109 | | 3,018 | 2,862 | | | |
| 057 RENAL DIALYSIS | | | | | | | |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 060 CLINIC | | | | | | | |
| 061 EMERGENCY | 197 | 1,328 | 4,075 | 12,859 | | 5,280 | 1,003 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 062 OTHER REIMBURS COST CNTRS | | | | | | | |
| 064 HOME PROGRAM DIALYSIS | | | | | | | |
| 065 AMBULANCE SERVICES | | | | | | | |
| 066 DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 067 DURABLE MEDICAL EQUIP-SOL | | | | | | | |
| 069 CORF | | | | | | | |
| 070 I&R SERVICES-NOT APPRVD P | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | |
| 082 LUNG ACQUISITION | | | | | | | |
| 082 SPEC PURPOSE COST CENTERS | | | | | | | |
| 083 KIDNEY ACQUISITION | | | | | | | |
| 084 LIVER ACQUISITION | | | | | | | |
| 086 OTHER ORGAN ACQUISITION | | | | | | | |
| 092 AMBULATORY SURGICAL CENTE | | | | | | | |
| 093 HOSPICE | | | | | | | |
| 095 SUBTOTALS | 4,813 | 26,713 | 36,482 | 85,782 | | 91,701 | 5,790 |
| 095 NONREIMBURS COST CENTERS | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | 22 | | | 64 | | 1,050 | |

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-1325 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART III

| COST CENTER DESCRIPTION | NONPATIENT TELEPHONES | TELEPHONES RECEIVING AND | PURCHASING, R CASHIERING/ A OTHER ADMINIS | MAINTENANCE & OPERATION OF | LAUNDRY & LINEN SERVICE |
|-------------------------------|-----------------------|--------------------------|---|----------------------------|-------------------------|
| | 6.02 | 6.03 | 6.04 | 7 | 9 |
| 097 NONREIMBURS COST CENTERS | | | | | |
| 098 RESEARCH | | | | | |
| 099 PHYSICIANS' PRIVATE OFFIC | | | | | |
| 100 NONPAID WORKERS | | | | | |
| 100 MEDICAL OFFICE BUILDING | | | | | |
| 100 05 HOSPITAL CLINIC | 678 | 70 | | 1,444 | 11,605 |
| 100 06 COUNTY JAIL | | | | 707 | |
| 100 09 PUBLIC RELATIONS | | | | 128 | 926 |
| 100 11 DR. SHOEMAKER | | | | 415 | 5,930 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | |
| 102 NEGATIVE COST CENTER | | | | | |
| 103 TOTAL | 5,513 | 26,783 | 36,482 | 88,540 | 111,212 |
| | | | | | 5,844 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION | HOUSEKEEPING 10 | DIETARY 11 | CAFETERIA 12 | MAINTENANCE O F PERSONNEL 13 | NURSING ADMIN ISTRATION 14 | CENTRAL SERVI CES & SUPPLY 15 | PHARMACY 16 |
|----------------------------------|--------------------|---------------|-----------------|------------------------------------|----------------------------------|-------------------------------------|----------------|
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | | | | |
| 006 02 NONPATIENT TELEPHONES | | | | | | | |
| 006 03 PURCHASING, RECEIVING AND | | | | | | | |
| 006 04 CASHIERING/ ACCOUNTS RECE | | | | | | | |
| 006 05 OTHER ADMINISTRATIVE AND | | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | | | | | |
| 010 HOUSEKEEPING | 24,483 | | | | | | |
| 011 DIETARY | | 78,584 | | | | | |
| 012 CAFETERIA | 99 | | 10,639 | | | | |
| 013 MAINTENANCE OF PERSONNEL | | | | | | | |
| 014 NURSING ADMINISTRATION | | | | | 1,117 | | |
| 015 CENTRAL SERVICES & SUPPLY | | | | | | 20,729 | |
| 016 PHARMACY | 414 | | 275 | | | | 27,255 |
| 017 MEDICAL RECORDS & LIBRARY | 780 | | 539 | | | | |
| 018 SOCIAL SERVICE | | | | | | | |
| 020 NONPHYSICIAN ANESTHETISTS | | | | | | | |
| 021 NURSING SCHOOL | | | | | | | |
| 022 I&R SERVICES-SALARY & FRI | | | | | | | |
| 023 I&R SERVICES-OTHER PRGM C | | | | | | | |
| 024 PARAMED ED PRGM | | | | | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 026 ADULTS & PEDIATRICS | 7,446 | 50,614 | 3,144 | | 357 | | 32 |
| 027 INTENSIVE CARE UNIT | | | | | | | |
| 028 CORONARY CARE UNIT | | | | | | | |
| 028 BURN INTENSIVE CARE UNIT | | | | | | | |
| 029 SURGICAL INTENSIVE CARE U | | | | | | | |
| 031 SUBPROVIDER | 5,085 | 27,970 | 1,962 | | 223 | | |
| 033 NURSERY | | | | | | | |
| 034 SKILLED NURSING FACILITY | | | | | | | |
| 035 NURSING FACILITY | | | | | | | |
| 035 01 ICF/MR | | | | | | | |
| 036 OTHER LONG TERM CARE | | | | | | | |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 038 OPERATING ROOM | 216 | | 485 | | 55 | | 86 |
| 038 RECOVERY ROOM | | | | | | | |
| 039 DELIVERY ROOM & LABOR ROO | | | | | | | |
| 040 ANESTHESIOLOGY | | | | | | | 202 |
| 041 RADIOLOGY-DIAGNOSTIC | 1,499 | | 939 | | 107 | | 1,026 |
| 042 RADIOLOGY-THERAPEUTIC | | | | | | | |
| 043 RADIOISOTOPE | | | | | | | |
| 044 LABORATORY | 1,313 | | 1,278 | | 145 | | 1 |
| 045 PBP CLINICAL LAB SERVICES | | | | | | | |
| 046 WHOLE BLOOD & PACKED RED | | | | | | | |
| 047 BLOOD STORING, PROCESSING | | | | | | | |
| 048 INTRAVENOUS THERAPY | | | | | | | |
| 049 RESPIRATORY THERAPY | 622 | | 316 | | 36 | | 7 |
| 050 PHYSICAL THERAPY | 599 | | 500 | | 57 | | 6 |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | | | | | | | |
| 054 ELECTROENCEPHALOGRAPHY | | | | | | | |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | 20,729 | |
| 055 30 IMPL. DEV. CHARGED TO PAT | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | | | | | | | 25,869 |
| 057 RENAL DIALYSIS | | | | | | | |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 CLINIC | | | | | | | |
| 061 EMERGENCY | 3,141 | | 1,201 | | 137 | | 26 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 062 OTHER REIMBURS COST CNTRS | | | | | | | |
| 064 HOME PROGRAM DIALYSIS | | | | | | | |
| 065 AMBULANCE SERVICES | | | | | | | |
| 066 DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 067 DURABLE MEDICAL EQUIP-SOL | | | | | | | |
| 069 CORF | | | | | | | |
| 070 I&R SERVICES-NOT APPRVD P | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | |
| 082 LUNG ACQUISITION | | | | | | | |
| 082 SPEC PURPOSE COST CENTERS | | | | | | | |
| 083 KIDNEY ACQUISITION | | | | | | | |
| 084 LIVER ACQUISITION | | | | | | | |
| 086 OTHER ORGAN ACQUISITION | | | | | | | |
| 092 AMBULATORY SURGICAL CENTE | | | | | | | |
| 093 HOSPICE | | | | | | | |
| 095 SUBTOTALS | 21,214 | 78,584 | 10,639 | | 1,117 | 20,729 | 27,255 |
| 095 NONREIMBURS COST CENTERS | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | 69 | | | | | | |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION | HOUSEKEEPING | DIETARY | CAFETERIA | MAINTENANCE PERSONNEL | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY | SERVICES | PHARMACY |
|--------------------------------|--------------|---------|-----------|-----------------------|------------------------|---------------------------|----------|----------|
| | 10 | 11 | 12 | 13 | 14 | 15 | 16 | |
| NONREIMBURS COST CENTERS | | | | | | | | |
| 097 RESEARCH | | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFICE | | | | | | | | |
| 099 NONPAID WORKERS | | | | | | | | |
| 100 MEDICAL OFFICE BUILDING | | | | | | | | |
| 100 05 HOSPITAL CLINIC | 1,097 | | | | | | | |
| 100 06 COUNTY JAIL | | | | | | | | |
| 100 09 PUBLIC RELATIONS | | 210 | | | | | | |
| 100 11 DR. SHOEMAKER | | 1,893 | | | | | | |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | | |
| 103 TOTAL | 24,483 | 78,584 | 10,639 | | 1,117 | 20,729 | | 27,255 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION | MEDICAL RECOR DS & LIBRARY | SOCIAL SERVIC E | NONPHYSICIAN ANESTHETISTS | NURSING SCHOO L | I&R SERVICES- SALARY & FRI | I&R SERVICES- OTHER PRGM | PARAMED ED PR GM |
|----------------------------------|----------------------------|-----------------|---------------------------|-----------------|----------------------------|--------------------------|------------------|
| | 17 | 18 | 20 | 21 | 22 | 23 | 24 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | | | | |
| 006 02 NONPATIENT TELEPHONES | | | | | | | |
| 006 03 PURCHASING, RECEIVING AND | | | | | | | |
| 006 04 CASHIERING/ ACCOUNTS RECE | | | | | | | |
| 006 05 OTHER ADMINISTRATIVE AND | | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | | | | | |
| 010 HOUSEKEEPING | | | | | | | |
| 011 DIETARY | | | | | | | |
| 012 CAFETERIA | | | | | | | |
| 013 MAINTENANCE OF PERSONNEL | | | | | | | |
| 014 NURSING ADMINISTRATION | | | | | | | |
| 015 CENTRAL SERVICES & SUPPLY | | | | | | | |
| 016 PHARMACY | | | | | | | |
| 017 MEDICAL RECORDS & LIBRARY | 45,319 | | | | | | |
| 018 SOCIAL SERVICE | | | | | | | |
| 020 NONPHYSICIAN ANESTHETISTS | | | | | | | |
| 021 NURSING SCHOOL | | | | | | | |
| 022 I&R SERVICES-SALARY & FRI | | | | | | | |
| 023 I&R SERVICES-OTHER PRGM C | | | | | | | |
| 024 PARAMED ED PRGM | | | | | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 026 ADULTS & PEDIATRICS | 3,728 | | | | | | |
| 027 INTENSIVE CARE UNIT | | | | | | | |
| 027 CORONARY CARE UNIT | | | | | | | |
| 028 BURN INTENSIVE CARE UNIT | | | | | | | |
| 029 SURGICAL INTENSIVE CARE U | | | | | | | |
| 031 SUBPROVIDER | 6,342 | | | | | | |
| 033 NURSERY | | | | | | | |
| 034 SKILLED NURSING FACILITY | | | | | | | |
| 035 NURSING FACILITY | | | | | | | |
| 035 01 ICF/MR | | | | | | | |
| 036 OTHER LONG TERM CARE | | | | | | | |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | 2,511 | | | | | | |
| 038 RECOVERY ROOM | | | | | | | |
| 039 DELIVERY ROOM & LABOR ROO | | | | | | | |
| 040 ANESTHESIOLOGY | 178 | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | 11,123 | | | | | | |
| 042 RADIOLOGY-THERAPEUTIC | | | | | | | |
| 043 RADIOISOTOPE | | | | | | | |
| 044 LABORATORY | 5,661 | | | | | | |
| 045 PBP CLINICAL LAB SERVICES | | | | | | | |
| 046 WHOLE BLOOD & PACKED RED | | | | | | | |
| 047 BLOOD STORING, PROCESSING | | | | | | | |
| 048 INTRAVENOUS THERAPY | | | | | | | |
| 049 RESPIRATORY THERAPY | 928 | | | | | | |
| 050 PHYSICAL THERAPY | 1,778 | | | | | | |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | 1,111 | | | | | | |
| 054 ELECTROENCEPHALOGRAPHY | | | | | | | |
| 055 MEDICAL SUPPLIES CHARGED | 2,888 | | | | | | |
| 055 30 IMPL. DEV. CHARGED TO PAT | 260 | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | 3,749 | | | | | | |
| 057 RENAL DIALYSIS | | | | | | | |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 060 CLINIC | | | | | | | |
| 061 EMERGENCY | 5,062 | | | | | | |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 064 OTHER REIMBURS COST CNTRS | | | | | | | |
| 064 HOME PROGRAM DIALYSIS | | | | | | | |
| 065 AMBULANCE SERVICES | | | | | | | |
| 066 DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 067 DURABLE MEDICAL EQUIP-SOL | | | | | | | |
| 069 CORF | | | | | | | |
| 070 I&R SERVICES-NOT APPRVD P | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | |
| 082 LUNG ACQUISITION | | | | | | | |
| 083 SPEC PURPOSE COST CENTERS | | | | | | | |
| 083 KIDNEY ACQUISITION | | | | | | | |
| 084 LIVER ACQUISITION | | | | | | | |
| 086 OTHER ORGAN ACQUISITION | | | | | | | |
| 092 AMBULATORY SURGICAL CENTE | | | | | | | |
| 093 HOSPICE | | | | | | | |
| 095 SUBTOTALS | 45,319 | | | | | | |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | | | | | | |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| | SUBTOTAL | POST STEPDOWN ADJUSTMENT | TOTAL |
|----------------------------------|-----------|--------------------------------|-----------|
| | 25 | 26 | 27 |
| 001 GENERAL SERVICE COST CNTR | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | |
| 006 EMPLOYEE BENEFITS | | | |
| 006 02 NONPATIENT TELEPHONES | | | |
| 006 03 PURCHASING, RECEIVING AND | | | |
| 006 04 CASHIERING/ ACCOUNTS RECE | | | |
| 006 05 OTHER ADMINISTRATIVE AND | | | |
| 007 MAINTENANCE & REPAIRS | | | |
| 008 OPERATION OF PLANT | | | |
| 009 LAUNDRY & LINEN SERVICE | | | |
| 010 HOUSEKEEPING | | | |
| 011 DIETARY | | | |
| 012 CAFETERIA | | | |
| 013 MAINTENANCE OF PERSONNEL | | | |
| 014 NURSING ADMINISTRATION | | | |
| 015 CENTRAL SERVICES & SUPPLY | | | |
| 016 PHARMACY | | | |
| 017 MEDICAL RECORDS & LIBRARY | | | |
| 018 SOCIAL SERVICE | | | |
| 020 NONPHYSICIAN ANESTHETISTS | | | |
| 021 NURSING SCHOOL | | | |
| 022 I&R SERVICES-SALARY & FRI | | | |
| 023 I&R SERVICES-OTHER PRGM C | | | |
| 024 PARAMED ED PRGM | | | |
| 025 INPAT ROUTINE SRVC CNTRS | 238,425 | | 238,425 |
| 026 ADULTS & PEDIATRICS | | | |
| 027 INTENSIVE CARE UNIT | | | |
| 028 CORONARY CARE UNIT | | | |
| 029 BURN INTENSIVE CARE UNIT | | | |
| 031 SURGICAL INTENSIVE CARE U | 177,548 | | 177,548 |
| 033 SUBPROVIDER | | | |
| 034 NURSERY | | | |
| 035 SKILLED NURSING FACILITY | | | |
| 035 01 ICF/MR | | | |
| 036 OTHER LONG TERM CARE | | | |
| 037 ANCILLARY SRVC COST CNTRS | 158,794 | | 158,794 |
| 038 OPERATING ROOM | | | |
| 039 RECOVERY ROOM | | | |
| 040 DELIVERY ROOM & LABOR ROO | | | |
| 041 ANESTHESIOLOGY | 637 | | 637 |
| 042 RADIOLOGY-DIAGNOSTIC | 150,352 | | 150,352 |
| 043 RADIOLOGY-THERAPEUTIC | | | |
| 044 RADIOISOTOPE | | | |
| 045 LABORATORY | 71,466 | | 71,466 |
| 046 PBP CLINICAL LAB SERVICES | | | |
| 047 WHOLE BLOOD & PACKED RED | | | |
| 048 BLOOD STORING, PROCESSING | | | |
| 049 INTRAVENOUS THERAPY | 23,849 | | 23,849 |
| 050 RESPIRATORY THERAPY | 97,562 | | 97,562 |
| 051 PHYSICAL THERAPY | | | |
| 052 OCCUPATIONAL THERAPY | | | |
| 053 SPEECH PATHOLOGY | | | |
| 054 ELECTROCARDIOLOGY | 10,498 | | 10,498 |
| 055 ELECTROENCEPHALOGRAPHY | | | |
| 055 30 MEDICAL SUPPLIES CHARGED | 27,738 | | 27,738 |
| 056 IMPL. DEV. CHARGED TO PAT | 1,085 | | 1,085 |
| 057 DRUGS CHARGED TO PATIENTS | 35,607 | | 35,607 |
| 058 RENAL DIALYSIS | | | |
| 060 ASC (NON-DISTINCT PART) | | | |
| 061 OUTPAT SERVICE COST CNTRS | | | |
| 062 CLINIC | | | |
| 061 EMERGENCY | 85,946 | | 85,946 |
| 062 OBSERVATION BEDS (NON-DIS | | | |
| 064 OTHER REIMBURS COST CNTRS | | | |
| 065 HOME PROGRAM DIALYSIS | | | |
| 066 AMBULANCE SERVICES | | | |
| 067 DURABLE MEDICAL EQUIP-REN | | | |
| 069 DURABLE MEDICAL EQUIP-SOL | | | |
| 070 CORF | | | |
| 071 I&R SERVICES-NOT APPRVD P | | | |
| 072 HOME HEALTH AGENCY | | | |
| 082 LUNG ACQUISITION | | | |
| 083 SPEC PURPOSE COST CENTERS | | | |
| 084 KIDNEY ACQUISITION | | | |
| 086 LIVER ACQUISITION | | | |
| 092 OTHER ORGAN ACQUISITION | | | |
| 093 AMBULATORY SURGICAL CENTE | | | |
| 095 HOSPICE | | | |
| 095 SUBTOTALS | 1,079,507 | | 1,079,507 |
| 096 NONREIMBURS COST CENTERS | | | |
| GIFT, FLOWER, COFFEE SHOP | 9,274 | | 9,274 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| | | | | | |
|---|--------------|---|----------------|---|---------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 11/29/2010 |
| I | 15-1325 | I | FROM 7/ 1/2009 | I | WORKSHEET B |
| I | | I | TO 6/30/2010 | I | PART III |

| | SUBTOTAL | POST STEPDOWN ADJUSTMENT | TOTAL |
|-------------------------------|-----------|--------------------------------|-----------|
| | 25 | 26 | 27 |
| 097 NONREIMBURS COST CENTERS | | | |
| 097 RESEARCH | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | |
| 099 NONPAID WORKERS | | | |
| 100 MEDICAL OFFICE BUILDING | | | |
| 100 05 HOSPITAL CLINIC | 121,056 | | 121,056 |
| 100 06 COUNTY JAIL | 930 | | 930 |
| 100 09 PUBLIC RELATIONS | 9,717 | | 9,717 |
| 100 11 DR. SHOEMAKER | 62,385 | | 62,385 |
| 101 CROSS FOOT ADJUSTMENTS | | | |
| 102 NEGATIVE COST CENTER | | | |
| 103 TOTAL | 1,282,869 | | 1,282,869 |

COST ALLOCATION - STATISTICAL BASIS

| COST CENTER DESCRIPTION | OLD CAP REL C | OLD CAP REL C | NEW CAP REL C | NEW CAP REL C | EMPLOYEE BENE | NONPATIENT TE |
|------------------------------|---------------|----------------|----------------|----------------|-----------------|-----------------------|
| | OSTS-BLDG & | OSTS-MVBLE E | OSTS-BLDG & | OSTS-MVBLE E | FITS | LEPHONES |
| | (SQUARE FEET | (DOLLAR)VALUE | (SQUARE) FEET | (DOLLAR)VALUE | (GROSS)ALARIES | S(NONPATIENT PH)ONES |
| | 1 | 2 | 3 | 4 | 5 | 6.02 |
| GENERAL SERVICE COST | | | | | | |
| 001 OLD CAP REL COSTS-BLD | | | | | | |
| 002 OLD CAP REL COSTS-MVB | | | | | | |
| 003 NEW CAP REL COSTS-BLD | | | 73,699 | | | |
| 004 NEW CAP REL COSTS-MVB | | | | 73,149 | | |
| 005 EMPLOYEE BENEFITS | | | 1,113 | 1,113 | 6,033,331 | |
| 006 02 NONPATIENT TELEPHONES | | | 311 | 311 | 29,015 | 252 |
| 006 03 PURCHASING, RECEIVING | | | 1,529 | 1,529 | 42,304 | |
| 006 04 CASHIERING/ ACCOUNTS | | | 1,984 | 1,984 | 310,668 | 36 |
| 006 05 OTHER ADMINISTRATIVE | | | 4,865 | 4,865 | 523,609 | 50 |
| 007 MAINTENANCE & REPAIRS | | | | | | |
| 008 OPERATION OF PLANT | | | 5,632 | 5,632 | 146,044 | 10 |
| 009 LAUNDRY & LINEN SERVI | | | 241 | 241 | | 2 |
| 010 HOUSEKEEPING | | | 860 | 860 | 151,392 | 1 |
| 011 DIETARY | | | 3,807 | 3,807 | 112,211 | 4 |
| 012 CAFETERIA | | | 533 | 533 | 18,832 | 1 |
| 013 MAINTENANCE OF PERSON | | | | | | |
| 014 NURSING ADMINISTRATIO | | | | | 81,548 | 1 |
| 015 CENTRAL SERVICES & SU | | | 1,063 | 1,063 | | 1 |
| 016 PHARMACY | | | 1,237 | 1,237 | 154,430 | |
| 017 MEDICAL RECORDS & LIB | | | 2,142 | 2,142 | 119,579 | 19 |
| 018 SOCIAL SERVICE | | | | | | |
| 020 NONPHYSICIAN ANESTHET | | | | | | |
| 021 NURSING SCHOOL | | | | | | |
| 022 I&R SERVICES-SALARY & | | | | | | |
| 023 I&R SERVICES-OTHER PR | | | | | | |
| 024 PARAMED ED PRGM | | | | | | |
| 025 INPAT ROUTINE SRVC CN | | | 7,587 | 7,587 | 1,048,381 | 16 |
| 026 ADULTS & PEDIATRICS | | | | | | |
| 027 INTENSIVE CARE UNIT | | | | | | |
| 028 CORONARY CARE UNIT | | | | | | |
| 028 BURN INTENSIVE CARE U | | | | | | |
| 029 SURGICAL INTENSIVE CA | | | | | | |
| 031 SUBPROVIDER | | | 5,963 | 5,963 | 633,717 | 9 |
| 033 NURSERY | | | | | | |
| 034 SKILLED NURSING FACIL | | | | | | |
| 035 NURSING FACILITY | | | | | | |
| 035 01 ICF/MR | | | | | | |
| 036 OTHER LONG TERM CARE | | | | | | |
| 037 ANCILLARY SRVC COST C | | | | | | |
| 037 OPERATING ROOM | | | 7,633 | 7,633 | 153,392 | 10 |
| 038 RECOVERY ROOM | | | | | | |
| 039 DELIVERY ROOM & LABOR | | | | | | |
| 040 ANESTHESIOLOGY | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | | | 5,824 | 5,824 | 553,275 | 16 |
| 042 RADIOLOGY-THERAPEUTIC | | | | | | |
| 043 RADIOISOTOPE | | | | | | |
| 044 LABORATORY | | | 2,366 | 2,366 | 429,897 | 16 |
| 045 PBP CLINICAL LAB SERV | | | | | | |
| 046 WHOLE BLOOD & PACKED | | | | | | |
| 047 BLOOD STORING, PROCES | | | | | | |
| 048 INTRAVENOUS THERAPY | | | | | | |
| 049 RESPIRATORY THERAPY | | | 993 | 993 | 117,261 | 5 |
| 050 PHYSICAL THERAPY | | | 4,605 | 4,605 | 223,749 | 9 |
| 051 OCCUPATIONAL THERAPY | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | |
| 053 ELECTROCARDIOLOGY | | | 423 | 423 | | |
| 054 ELECTROENCEPHALOGRAPH | | | | | | |
| 055 MEDICAL SUPPLIES CHAR | | | | | | |
| 055 30 IMPL. DEV. CHARGED TO | | | | | | |
| 056 DRUGS CHARGED TO PATI | | | | | | 5 |
| 057 RENAL DIALYSIS | | | | | | |
| 058 ASC (NON-DISTINCT PAR | | | | | | |
| 060 OUTPAT SERVICE COST C | | | | | | |
| 061 CLINIC | | | | | | |
| 061 EMERGENCY | | | 2,766 | 2,766 | 1,067,874 | 9 |
| 062 OBSERVATION BEDS (NON | | | | | | |
| 064 OTHER REIMBURS COST C | | | | | | |
| 064 HOME PROGRAM DIALYSIS | | | | | | |
| 065 AMBULANCE SERVICES | | | | | | |
| 066 DURABLE MEDICAL EQUIP | | | | | | |
| 067 DURABLE MEDICAL EQUIP | | | | | | |
| 069 CORF | | | | | | |
| 070 I&R SERVICES-NOT APPR | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | |
| 082 LUNG ACQUISITION | | | | | | |
| 083 SPEC PURPOSE COST CEN | | | | | | |
| 083 KIDNEY ACQUISITION | | | | | | |
| 084 LIVER ACQUISITION | | | | | | |
| 086 OTHER ORGAN ACQUISITI | | | | | | |
| 092 AMBULATORY SURGICAL C | | | | | | |

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-1325 I FROM 7/ 1/2009 I WORKSHEET B-1
 I I TO 6/30/2010 I

| COST CENTER DESCRIPTION | OLD CAP REL C | OLD CAP REL C | NEW CAP REL C | NEW CAP REL C | EMPLOYEE BENE | NONPATIENT TE |
|----------------------------|---------------|----------------|----------------|----------------|-----------------|-----------------------|
| | OSTS-BLDG & | OSTS-MVBLE E | OSTS-BLDG & | OSTS-MVBLE E | FITS | LEPHONES |
| | (SQUARE FEET) | (DOLLAR)VALUE | (SQUARE) FEET | (DOLLAR)VALUE | (GROSS)ALARIES | S(NONPATIENT PH)ONES |
| | 1 | 2 | 3 | 4 | 5 | 6.02 |
| 093 SPEC PURPOSE COST CEN. | | | | | | |
| 093 HOSPICE | | | | | | |
| 095 SUBTOTALS | | | 63,477 | 63,477 | 5,917,178 | 220 |
| NONREIMBURS COST CENT | | | | | | |
| 096 GIFT, FLOWER, COFFEE | | | 550 | | | 1 |
| 097 RESEARCH | | | | | | |
| 098 PHYSICIANS' PRIVATE O | | | | | | |
| 099 NONPAID WORKERS | | | | | | |
| 100 MEDICAL OFFICE BUILDI | | | | | | |
| 100 05 HOSPITAL CLINIC | | | 6,080 | 6,080 | 46,769 | 31 |
| 100 06 COUNTY JAIL | | | | | 69,384 | |
| 100 09 PUBLIC RELATIONS | | | 485 | 485 | | |
| 100 11 DR. SHOEMAKER | | | 3,107 | 3,107 | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | |
| 103 COST TO BE ALLOCATED | | | 1,081,271 | 201,598 | 1,988,523 | 66,774 |
| (WRKSHT B, PART I) | | | | | | |
| 104 UNIT COST MULTIPLIER | | | 14.671447 | | .329590 | 264.976190 |
| (WRKSHT B, PT I) | | | | 2.755991 | | |
| 105 COST TO BE ALLOCATED | | | | | | |
| (WRKSHT B, PART II) | | | | | | |
| 106 UNIT COST MULTIPLIER | | | | | | |
| (WRKSHT B, PT II) | | | | | | |
| 107 COST TO BE ALLOCATED | | | | | 19,396 | 5,513 |
| (WRKSHT B, PART III) | | | | | | |
| 108 UNIT COST MULTIPLIER | | | | | .003215 | 21.876984 |
| (WRKSHT B, PT III) | | | | | | |

COST ALLOCATION - STATISTICAL BASIS

| COST CENTER DESCRIPTION | PURCHASING; RECEIVING AND ACCOUNTS RECE | | RECONCILIATION | OTHER ADMINIS | MAINTENANCE & OPERATION OF | LAUNDRY & LINEN SERVICE | |
|------------------------------|---|-----------------|----------------|---------------|----------------------------|-------------------------|---------------------|
| | (COST OF SUPPLIES) | (GROSS CHARGES) | | TRATIVE AND | REPAIRS | PLANT | (POUNDS OF LAUNDRY) |
| | 6.03 | 6.04 | 6a.05 | (ACCUM. COST) | (SQUARE FEET) | (SQUARE FEET) | 9 |
| GENERAL SERVICE COST | | | | 6.05 | 7 | 8 | |
| 001 OLD CAP REL COSTS-BLD | | | | | | | |
| 002 OLD CAP REL COSTS-MVB | | | | | | | |
| 003 NEW CAP REL COSTS-BLD | | | | | | | |
| 004 NEW CAP REL COSTS-MVB | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 02 NONPATIENT TELEPHONES | | | | | | | |
| 006 03 PURCHASING, RECEIVING | 53,485 | | | | | | |
| 006 04 CASHIERING/ ACCOUNTS | | 29,472,160 | | | | | |
| 006 05 OTHER ADMINISTRATIVE | 1,958 | | -2,698,255 | 11,548,419 | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 008 OPERATION OF PLANT | 11,977 | | | 831,673 | | 58,265 | |
| 009 LAUNDRY & LINEN SERVI | 1,405 | | | 56,805 | | 241 | 20,814 |
| 010 HOUSEKEEPING | 9,935 | | | 254,151 | | 860 | 1,500 |
| 011 DIETARY | 4,229 | | | 313,533 | | 3,807 | |
| 012 CAFETERIA | | | | 19,708 | | 533 | |
| 013 MAINTENANCE OF PERSON | | | | | | | |
| 014 NURSING ADMINISTRATIO | | | | 108,690 | | | |
| 015 CENTRAL SERVICES & SU | 11 | | | 19,059 | | 1,063 | |
| 016 PHARMACY | 359 | | | 257,031 | | 1,237 | |
| 017 MEDICAL RECORDS & LIB | 45 | | | 229,561 | | 2,142 | |
| 018 SOCIAL SERVICE | | | | | | | |
| 020 NONPHYSICIAN ANESTHET | | | | | | | |
| 021 NURSING SCHOOL | | | | | | | |
| 022 I&R SERVICES-SALARY & | | | | | | | |
| 023 I&R SERVICES-OTHER PR | | | | | | | |
| 024 PARAMED ED PRGM | | | | | | | |
| 025 INPAT ROUTINE SRVC CN | 9,818 | 2,424,150 | | 1,646,952 | | 7,587 | 7,603 |
| 026 ADULTS & PEDIATRICS | | | | | | | |
| 027 INTENSIVE CARE UNIT | | | | | | | |
| 028 CORONARY CARE UNIT | | | | | | | |
| 028 BURN INTENSIVE CARE U | | | | | | | |
| 029 SURGICAL INTENSIVE CA | | | | | | | |
| 031 SUBPROVIDER | 3,116 | 4,123,285 | | 1,398,394 | | 5,963 | 3,720 |
| 033 NURSERY | | | | | | | |
| 034 SKILLED NURSING FACIL | | | | | | | |
| 035 NURSING FACILITY | | | | | | | |
| 035 01 ICF/MR | | | | | | | |
| 036 OTHER LONG TERM CARE | | | | | | | |
| 037 ANCILLARY SRVC COST C | | | | | | | |
| 037 OPERATING ROOM | 2,242 | 1,632,927 | | 456,829 | | 7,633 | 1,744 |
| 038 RECOVERY ROOM | | | | | | | |
| 039 DELIVERY ROOM & LABOR | | | | | | | |
| 040 ANESTHESIOLOGY | 50 | 115,830 | | 11,591 | | | |
| 041 RADIOLOGY-DIAGNOSTIC | 788 | 7,238,476 | | 1,455,976 | | 5,824 | 1,430 |
| 042 RADIOLOGY-THERAPEUTIC | | | | | | | |
| 043 RADIOISOTOPE | | | | | | | |
| 044 LABORATORY | 4,023 | 3,680,758 | | 1,172,304 | | 2,366 | 94 |
| 045 PBP CLINICAL LAB SERV | | | | | | | |
| 046 WHOLE BLOOD & PACKED | | | | | | | |
| 047 BLOOD STORING, PROCES | | | | | | | |
| 048 INTRAVENOUS THERAPY | | | | | | | |
| 049 RESPIRATORY THERAPY | 9 | 603,207 | | 195,792 | | 993 | |
| 050 PHYSICAL THERAPY | 242 | 1,155,848 | | 370,711 | | 4,605 | 958 |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | 250 | 722,188 | | 24,646 | | 423 | |
| 054 ELECTROENCEPHALOGRAPH | | | | | | | |
| 055 MEDICAL SUPPLIES CHAR | | 1,877,765 | | 234,297 | | | |
| 055 30 IMPL. DEV. CHARGED TO | | 168,924 | | 80,346 | | | |
| 056 DRUGS CHARGED TO PATI | | 2,437,429 | | 373,274 | | | |
| 057 RENAL DIALYSIS | | | | | | | |
| 058 ASC (NON-DISTINCT PAR | | | | | | | |
| 060 OUTPAT SERVICE COST C | | | | | | | |
| 061 CLINIC | | | | | | | |
| 061 EMERGENCY | 2,651 | 3,291,373 | | 1,677,267 | | 2,766 | 3,574 |
| 062 OBSERVATION BEDS (NON | | | | | | | |
| 062 OTHER REIMBURS COST C | | | | | | | |
| 064 HOME PROGRAM DIALYSIS | | | | | | | |
| 065 AMBULANCE SERVICES | | | | | | | |
| 066 DURABLE MEDICAL EQUIP | | | | | | | |
| 067 DURABLE MEDICAL EQUIP | | | | | | | |
| 069 CORF | | | | | | | |
| 070 I&R SERVICES-NOT APPR | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | |
| 082 LUNG ACQUISITION | | | | | | | |
| 082 SPEC PURPOSE COST CEN | | | | | | | |
| 083 KIDNEY ACQUISITION | | | | | | | |
| 084 LIVER ACQUISITION | | | | | | | |
| 086 OTHER ORGAN ACQUISITI | | | | | | | |
| 092 AMBULATORY SURGICAL C | | | | | | | |

| COST CENTER DESCRIPTION | PURCHASING/ RECEIVING AND | CASHIERING/ ACCOUNTS RECE | OTHER ADMINIS TRATIVE AND | MAINTENANCE & REPAIRS | OPERATION OF PLANT | LAUNDRY & LIN EN SERVICE | |
|---------------------------|---------------------------|---------------------------|---------------------------|-----------------------|--------------------|--------------------------|---------------------|
| | (COST OF SUPPLIES) | (GROSS CHARGES) | RECONCILIATION | (ACCUM. COST) | (SQUARE FEET) | (SQUARE FEET) | (POUNDS OF LAUNDRY) |
| | 6.03 | 6.04 | 6a.05 | 6.05 | 7 | 8 | 9 |
| 093 SPEC PURPOSE COST CEN | | | | | | | |
| 093 HOSPICE | | | | | | | |
| 095 SUBTOTALS | 53,345 | 29,472,160 | -2,698,255 | 11,188,590 | | 48,043 | 20,623 |
| 096 NONREIMBURS COST CENT | | | | | | | |
| 096 GIFT, FLOWER, COFFEE | | | | 8,334 | | 550 | |
| 097 RESEARCH | | | | | | | |
| 098 PHYSICIANS' PRIVATE O | | | | | | | |
| 099 NONPAID WORKERS | | | | | | | |
| 100 MEDICAL OFFICE BUILDI | | | | | | | |
| 100 05 HOSPITAL CLINIC | 140 | | | 188,404 | | 6,080 | 191 |
| 100 06 COUNTY JAIL | | | | 92,252 | | | |
| 100 09 PUBLIC RELATIONS | | | | 16,692 | | 485 | |
| 100 11 DR. SHOEMAKER | | | | 54,147 | | 3,107 | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 COST TO BE ALLOCATED | 95,145 | 664,101 | | 2,698,255 | | 1,025,991 | 74,321 |
| (WRKSHT B, PART I) | | | | | | | |
| 104 UNIT COST MULTIPLIER | | .022533 | | .233647 | | 17.609045 | 3.570722 |
| (WRKSHT B, PT I) | 1.778910 | | | | | | |
| 105 COST TO BE ALLOCATED | | | | | | | |
| (WRKSHT B, PART II) | | | | | | | |
| 106 UNIT COST MULTIPLIER | | | | | | | |
| (WRKSHT B, PT II) | | | | | | | |
| 107 COST TO BE ALLOCATED | 26,783 | 36,482 | | 88,540 | | 111,212 | 5,844 |
| (WRKSHT B, PART III) | | | | | | | |
| 108 UNIT COST MULTIPLIER | | .001238 | | .007667 | | 1.908727 | .280773 |
| (WRKSHT B, PT III) | .500757 | | | | | | |

| COST CENTER DESCRIPTION | HOUSEKEEPING (HOURS OF SERVICE) | DIETARY (MEALS SERVED) | CAFETERIA (MAN HRS) | MAINTENANCE (NUMBER) PERSONNEL HOUSED | NURSING ADMINISTRATION (DIRECT) HRS | CENTRAL SERVICES & SUPPLY (COSTED) EQUIS. | PHARMACY (COSTED) EQUIS. | |
|------------------------------|---------------------------------|------------------------|---------------------|---------------------------------------|-------------------------------------|---|--------------------------|--|
| | 10 | 11 | 12 | 13 | 14 | 15 | 16 | |
| GENERAL SERVICE COST | | | | | | | | |
| 001 OLD CAP REL COSTS-BLD | | | | | | | | |
| 002 OLD CAP REL COSTS-MVB | | | | | | | | |
| 003 NEW CAP REL COSTS-BLD | | | | | | | | |
| 004 NEW CAP REL COSTS-MVB | | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | | |
| 006 02 NONPATIENT TELEPHONES | | | | | | | | |
| 006 03 PURCHASING, RECEIVING | | | | | | | | |
| 006 04 CASHIERING/ ACCOUNTS | | | | | | | | |
| 006 05 OTHER ADMINISTRATIVE | | | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | | |
| 009 LAUNDRY & LINEN SERVI | | | | | | | | |
| 010 HOUSEKEEPING | 59,147 | | | | | | | |
| 011 DIETARY | | 28,750 | | | | | | |
| 012 CAFETERIA | 240 | | 185,130 | | | | | |
| 013 MAINTENANCE OF PERSON | | | | | | | | |
| 014 NURSING ADMINISTRATION | | | | | 170,962 | | | |
| 015 CENTRAL SERVICES & SU | | | | | | 100 | | |
| 016 PHARMACY | 999 | | 4,787 | | | | 334,016 | |
| 017 MEDICAL RECORDS & LIB | 1,885 | | 9,381 | | | | | |
| 018 SOCIAL SERVICE | | | | | | | | |
| 020 NONPHYSICIAN ANESTHET | | | | | | | | |
| 021 NURSING SCHOOL | | | | | | | | |
| 022 I&R SERVICES-SALARY & | | | | | | | | |
| 023 I&R SERVICES-OTHER PR | | | | | | | | |
| 024 PARAMED ED PRGM | | | | | | | | |
| 025 INPAT ROUTINE SRVC CN | | | | | | | | |
| 026 ADULTS & PEDIATRICS | 17,990 | 18,517 | 54,708 | | 54,708 | | 391 | |
| 027 INTENSIVE CARE UNIT | | | | | | | | |
| 028 CORONARY CARE UNIT | | | | | | | | |
| 028 BURN INTENSIVE CARE U | | | | | | | | |
| 029 SURGICAL INTENSIVE CA | | | | | | | | |
| 031 SUBPROVIDER | 12,285 | 10,233 | 34,133 | | 34,133 | | | |
| 033 NURSERY | | | | | | | | |
| 034 SKILLED NURSING FACIL | | | | | | | | |
| 035 NURSING FACILITY | | | | | | | | |
| 035 01 ICF/MR | | | | | | | | |
| 036 OTHER LONG TERM CARE | | | | | | | | |
| 037 ANCILLARY SRVC COST C | | | | | | | | |
| 037 OPERATING ROOM | 522 | | 8,443 | | 8,443 | | 1,052 | |
| 038 RECOVERY ROOM | | | | | | | | |
| 039 DELIVERY ROOM & LABOR | | | | | | | | |
| 040 ANESTHESIOLOGY | | | | | | | 2,478 | |
| 041 RADIOLOGY-DIAGNOSTIC | 3,621 | | 16,346 | | 16,346 | | 12,574 | |
| 042 RADIOLOGY-THERAPEUTIC | | | | | | | | |
| 043 RADIOISOTOPE | | | | | | | | |
| 044 LABORATORY | 3,173 | | 22,241 | | 22,241 | | 18 | |
| 045 PBP CLINICAL LAB SERV | | | | | | | | |
| 046 WHOLE BLOOD & PACKED | | | | | | | | |
| 047 BLOOD STORING, PROCES | | | | | | | | |
| 048 INTRAVENOUS THERAPY | | | | | | | | |
| 049 RESPIRATORY THERAPY | 1,502 | | 5,497 | | 5,497 | | 80 | |
| 050 PHYSICAL THERAPY | 1,447 | | 8,696 | | 8,696 | | 78 | |
| 051 OCCUPATIONAL THERAPY | | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | | |
| 053 ELECTROCARDIOLOGY | | | | | | | | |
| 054 ELECTROENCEPHALOGRAPH | | | | | | | | |
| 055 MEDICAL SUPPLIES CHAR | | | | | | 100 | | |
| 055 30 IMPL. DEV. CHARGED TO | | | | | | | | |
| 056 DRUGS CHARGED TO PATI | | | | | | | 317,021 | |
| 057 RENAL DIALYSIS | | | | | | | | |
| 058 ASC (NON-DISTINCT PAR | | | | | | | | |
| 060 OUTPAT SERVICE COST C | | | | | | | | |
| 061 CLINIC | | | | | | | | |
| 061 EMERGENCY | 7,587 | | 20,898 | | 20,898 | | 322 | |
| 062 OBSERVATION BEDS (NON | | | | | | | | |
| 062 OTHER REIMBURS COST C | | | | | | | | |
| 064 HOME PROGRAM DIALYSIS | | | | | | | | |
| 065 AMBULANCE SERVICES | | | | | | | | |
| 066 DURABLE MEDICAL EQUIP | | | | | | | | |
| 067 DURABLE MEDICAL EQUIP | | | | | | | | |
| 069 CORF | | | | | | | | |
| 070 I&R SERVICES-NOT APPR | | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | | |
| 082 LUNG ACQUISITION | | | | | | | | |
| 082 SPEC PURPOSE COST CEN | | | | | | | | |
| 083 KIDNEY ACQUISITION | | | | | | | | |
| 084 LIVER ACQUISITION | | | | | | | | |
| 086 OTHER ORGAN ACQUISITI | | | | | | | | |
| 092 AMBULATORY SURGICAL C | | | | | | | | |

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-1325 I FROM 7/ 1/2009 I WORKSHEET B-1
 I I TO 6/30/2010 I

| COST CENTER DESCRIPTION | HOUSEKEEPING (HOURS OF SERVICE) | DIETARY (MEALS SERVED) | CAFETERIA (MAN)RS | MAINTENANCE (NUMBER)HOUSED | NURSING ADMIN (DIRECT)SING HRS | CENTRAL (COSTED)EQUIS. | SERVI (COSTED)EQUIS. | PHARMACY (COSTED)EQUIS. | R) |
|--|---------------------------------|------------------------|-------------------|----------------------------|--------------------------------|------------------------|----------------------|-------------------------|-----|
| | 10 | 11 | 12 | 13 | 14 | 15 | 16 | | |
| 093 SPEC PURPOSE COST CEN HOSPICE | | | | | | | | | |
| 095 SUBTOTALS | 51,251 | 28,750 | 185,130 | | 170,962 | 100 | 334,014 | | |
| 096 NONREIMBURS COST CENT GIFT, FLOWER, COFFEE | 167 | | | | | | | | |
| 097 RESEARCH | | | | | | | | | |
| 098 PHYSICIANS' PRIVATE O | | | | | | | | | |
| 099 NONPAID WORKERS | | | | | | | | | |
| 100 MEDICAL OFFICE BUILDI | | | | | | | | | |
| 100 05 HOSPITAL CLINIC | 2,649 | | | | | | | | 2 |
| 100 06 COUNTY JAIL | | | | | | | | | |
| 100 09 PUBLIC RELATIONS | 508 | | | | | | | | |
| 100 11 DR. SHOEMAKER | 4,572 | | | | | | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | | | |
| 103 COST TO BE ALLOCATED (WRKSHT B, PART I) | 334,033 | 453,827 | 35,054 | | 134,085 | 42,230 | 345,416 | | |
| 104 UNIT COST MULTIPLIER (WRKSHT B, PT I) | 5.647505 | 15.785287 | .189348 | | .784297 | 422.300000 | 1.034130 | | |
| 105 COST TO BE ALLOCATED (WRKSHT B, PART II) | | | | | | | | | |
| 106 UNIT COST MULTIPLIER (WRKSHT B, PT II) | | | | | | | | | |
| 107 COST TO BE ALLOCATED (WRKSHT B, PART III) | 24,483 | 78,584 | 10,639 | | 1,117 | 20,729 | 27,255 | | |
| 108 UNIT COST MULTIPLIER (WRKSHT B, PT III) | .413935 | 2.733357 | .057468 | | .006534 | 207.290000 | .081598 | | |

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:
I 15-1325
I

I PERIOD:
I FROM 7/ 1/2009
I TO 6/30/2010

I PREPARED 11/29/2010
I WORKSHEET B-1
I

| COST CENTER DESCRIPTION | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | NONPHYSICIAN ANESTHETISTS | NURSING SCHOOL | I&R SERVICES- SALARY & FRI | I&R SERVICES- OTHER PRGM | PARAMED ED PRGM |
|------------------------------|---------------------------|----------------|---------------------------|----------------|----------------------------|--------------------------|-----------------|
| | (GROSS CHARGES | (TIME SPENT | (ASSIGNED TIME | (ASSIGNED TIME | (ASSIGNED TIME | (ASSIGNED TIME | (ASSIGNED TIME |
| | 17 | 18 | 20 | 21 | 22 | 23 | 24 |
| GENERAL SERVICE COST | | | | | | | |
| 001 OLD CAP REL COSTS-BLD | | | | | | | |
| 002 OLD CAP REL COSTS-MVB | | | | | | | |
| 003 NEW CAP REL COSTS-BLD | | | | | | | |
| 004 NEW CAP REL COSTS-MVB | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 02 NONPATIENT TELEPHONES | | | | | | | |
| 006 03 PURCHASING, RECEIVING | | | | | | | |
| 006 04 CASHIERING/ ACCOUNTS | | | | | | | |
| 006 05 OTHER ADMINISTRATIVE | | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 009 LAUNDRY & LINEN SERVI | | | | | | | |
| 010 HOUSEKEEPING | | | | | | | |
| 011 DIETARY | | | | | | | |
| 012 CAFETERIA | | | | | | | |
| 013 MAINTENANCE OF PERSON | | | | | | | |
| 014 NURSING ADMINISTRATIO | | | | | | | |
| 015 CENTRAL SERVICES & SU | | | | | | | |
| 016 PHARMACY | | | | | | | |
| 017 MEDICAL RECORDS & LIB | 29,472,160 | | | | | | |
| 018 SOCIAL SERVICE | | | | | | | |
| 020 NONPHYSICIAN ANESTHET | | | | | | | |
| 021 NURSING SCHOOL | | | | | | | |
| 022 I&R SERVICES-SALARY & | | | | | | | |
| 023 I&R SERVICES-OTHER PR | | | | | | | |
| 024 PARAMED ED PRGM | | | | | | | |
| 025 INPAT ROUTINE SRVC CN | | | | | | | |
| 026 ADULTS & PEDIATRICS | 2,424,150 | | | | | | |
| 027 INTENSIVE CARE UNIT | | | | | | | |
| 027 CORONARY CARE UNIT | | | | | | | |
| 028 BURN INTENSIVE CARE U | | | | | | | |
| 029 SURGICAL INTENSIVE CA | | | | | | | |
| 031 SUBPROVIDER | 4,123,285 | | | | | | |
| 033 NURSERY | | | | | | | |
| 034 SKILLED NURSING FACIL | | | | | | | |
| 035 NURSING FACILITY | | | | | | | |
| 035 01 ICF/MR | | | | | | | |
| 036 OTHER LONG TERM CARE | | | | | | | |
| 037 ANCILLARY SRVC COST C | | | | | | | |
| 037 OPERATING ROOM | 1,632,927 | | | | | | |
| 038 RECOVERY ROOM | | | | | | | |
| 039 DELIVERY ROOM & LABOR | | | | | | | |
| 040 ANESTHESIOLOGY | 115,830 | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | 7,238,476 | | | | | | |
| 042 RADIOLOGY-THERAPEUTIC | | | | | | | |
| 043 RADIOISOTOPE | | | | | | | |
| 044 LABORATORY | 3,680,758 | | | | | | |
| 045 PBP CLINICAL LAB SERV | | | | | | | |
| 046 WHOLE BLOOD & PACKED | | | | | | | |
| 047 BLOOD STORING, PROCES | | | | | | | |
| 048 INTRAVENOUS THERAPY | | | | | | | |
| 049 RESPIRATORY THERAPY | 603,207 | | | | | | |
| 050 PHYSICAL THERAPY | 1,155,848 | | | | | | |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | 722,188 | | | | | | |
| 054 ELECTROENCEPHALOGRAPH | | | | | | | |
| 055 MEDICAL SUPPLIES CHAR | 1,877,765 | | | | | | |
| 055 30 IMPL. DEV. CHARGED TO | 168,924 | | | | | | |
| 056 DRUGS CHARGED TO PATI | 2,437,429 | | | | | | |
| 057 RENAL DIALYSIS | | | | | | | |
| 058 ASC (NON-DISTINCT PAR | | | | | | | |
| 060 OUTPAT SERVICE COST C | | | | | | | |
| 061 CLINIC | | | | | | | |
| 061 EMERGENCY | 3,291,373 | | | | | | |
| 062 OBSERVATION BEDS (NON | | | | | | | |
| 062 OTHER REIMBURS COST C | | | | | | | |
| 064 HOME PROGRAM DIALYSIS | | | | | | | |
| 065 AMBULANCE SERVICES | | | | | | | |
| 066 DURABLE MEDICAL EQUIP | | | | | | | |
| 067 DURABLE MEDICAL EQUIP | | | | | | | |
| 069 CORF | | | | | | | |
| 070 I&R SERVICES-NOT APPR | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | |
| 082 LUNG ACQUISITION | | | | | | | |
| 082 SPEC PURPOSE COST CEN | | | | | | | |
| 083 KIDNEY ACQUISITION | | | | | | | |
| 084 LIVER ACQUISITION | | | | | | | |
| 086 OTHER ORGAN ACQUISITI | | | | | | | |
| 092 AMBULATORY SURGICAL C | | | | | | | |

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:
I 15-1325
I

I PERIOD:
I FROM 7/ 1/2009
I TO 6/30/2010 I

I PREPARED 11/29/2010
I WORKSHEET B-1
I

| COST CENTER DESCRIPTION | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | NONPHYSICIAN ANESTHETISTS | NURSING SCHOOL | I&R SERVICES- SALARY & FRI | I&R SERVICES- OTHER PRGM | PARAMEDICAL PRGM |
|---------------------------|---------------------------|----------------|---------------------------|----------------|----------------------------|--------------------------|------------------|
| | (GROSS CHARGES | (TIME SPENT | (ASSIGNED TIME | (ASSIGNED TIME | (ASSIGNED TIME | (ASSIGNED TIME | (ASSIGNED TIME |
| | 17 | 18 | 20 | 21 | 22 | 23 | 24 |
| 093 SPEC PURPOSE COST CEN | | | | | | | |
| 093 HOSPICE | | | | | | | |
| 095 SUBTOTALS | 29,472,160 | | | | | | |
| 096 NONREIMBURS COST CENT | | | | | | | |
| 096 GIFT, FLOWER, COFFEE | | | | | | | |
| 097 RESEARCH | | | | | | | |
| 098 PHYSICIANS' PRIVATE O | | | | | | | |
| 099 NONPAID WORKERS | | | | | | | |
| 100 MEDICAL OFFICE BUILDI | | | | | | | |
| 100 05 HOSPITAL CLINIC | | | | | | | |
| 100 06 COUNTY JAIL | | | | | | | |
| 100 09 PUBLIC RELATIONS | | | | | | | |
| 100 11 DR. SHOEMAKER | | | | | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 COST TO BE ALLOCATED | 333,338 | | | | | | |
| (WRKSHT B, PART I) | | | | | | | |
| 104 UNIT COST MULTIPLIER | | | | | | | |
| (WRKSHT B, PT I) | .011310 | | | | | | |
| 105 COST TO BE ALLOCATED | | | | | | | |
| (WRKSHT B, PART II) | | | | | | | |
| 106 UNIT COST MULTIPLIER | | | | | | | |
| (WRKSHT B, PT II) | | | | | | | |
| 107 COST TO BE ALLOCATED | 45,319 | | | | | | |
| (WRKSHT B, PART III) | | | | | | | |
| 108 UNIT COST MULTIPLIER | | | | | | | |
| (WRKSHT B, PT III) | .001538 | | | | | | |

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 |
|--------------------|--|------------------------------|----------------------------|---------------------|--------------------------|---------------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | 2,667,486 | | 2,667,486 | | 2,667,486 |
| 26 | INTENSIVE CARE UNIT | | | | | |
| 27 | CORONARY CARE UNIT | | | | | |
| 28 | BURN INTENSIVE CARE UNIT | | | | | |
| 29 | SURGICAL INTENSIVE CARE U | | | | | |
| 31 | SUBPROVIDER | 2,154,189 | | 2,154,189 | | 2,154,189 |
| 33 | NURSERY | | | | | |
| 34 | SKILLED NURSING FACILITY | | | | | |
| 35 | NURSING FACILITY | | | | | |
| 35 | 01 ICF/MR | | | | | |
| 36 | OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | OPERATING ROOM | 734,926 | | 734,926 | | 734,926 |
| 38 | RECOVERY ROOM | | | | | |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | |
| 40 | ANESTHESIOLOGY | 18,172 | | 18,172 | | 18,172 |
| 41 | RADIOLOGY-DIAGNOSTIC | 2,035,065 | | 2,035,065 | | 2,035,065 |
| 42 | RADIOLOGY-THERAPEUTIC | | | | | |
| 43 | RADIOISOTOPE | | | | | |
| 44 | LABORATORY | 1,569,431 | | 1,569,431 | | 1,569,431 |
| 45 | PBP CLINICAL LAB SERVICES | | | | | |
| 46 | WHOLE BLOOD & PACKED RED | | | | | |
| 47 | BLOOD STORING, PROCESSING | | | | | |
| 48 | INTRAVENOUS THERAPY | | | | | |
| 49 | RESPIRATORY THERAPY | 279,764 | | 279,764 | | 279,764 |
| 50 | PHYSICAL THERAPY | 571,631 | | 571,631 | | 571,631 |
| 51 | OCCUPATIONAL THERAPY | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | |
| 53 | ELECTROCARDIOLOGY | 46,021 | | 46,021 | | 46,021 |
| 54 | ELECTROENCEPHALOGRAPHY | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 352,508 | | 352,508 | | 352,508 |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | 101,030 | | 101,030 | | 101,030 |
| 56 | DRUGS CHARGED TO PATIENTS | 815,895 | | 815,895 | | 815,895 |
| 57 | RENAL DIALYSIS | | | | | |
| 58 | ASC (NON-DISTINCT PART) | | | | | |
| 60 | OUTPAT SERVICE COST CNTRS CLINIC | | | | | |
| 61 | EMERGENCY | 2,231,380 | | 2,231,380 | | 2,231,380 |
| 62 | OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS | 523,131 | | 523,131 | | 523,131 |
| 64 | HOME PROGRAM DIALYSIS | | | | | |
| 65 | AMBULANCE SERVICES | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | | | | |
| 101 | SUBTOTAL | 14,100,629 | | 14,100,629 | | 14,100,629 |
| 102 | LESS OBSERVATION BEDS | 523,131 | | 523,131 | | 523,131 |
| 103 | TOTAL | 13,577,498 | | 13,577,498 | | 13,577,498 |

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-1325 I FROM 7/ 1/2009 I WORKSHEET C
 I I TO 6/30/2010 I PART I

| 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 | 2,424,150 | | 2,424,150 | | | |
| 26 | INTENSIVE CARE UNIT | | | | | | |
| 27 | CORONARY CARE UNIT | | | | | | |
| 28 | BURN INTENSIVE CARE UNIT | | | | | | |
| 29 | SURGICAL INTENSIVE CARE U | | | | | | |
| 31 | SUBPROVIDER | 4,123,285 | | 4,123,285 | | | |
| 33 | NURSERY | | | | | | |
| 34 | SKILLED NURSING FACILITY | | | | | | |
| 35 | NURSING FACILITY | | | | | | |
| 35 | 01 ICF/MR | | | | | | |
| 36 | OTHER LONG TERM CARE | | | | | | |
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | 417,850 | 1,215,077 | 1,632,927 | .450067 | .450067 | .450067 |
| 38 | RECOVERY ROOM | | | | | | |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 40 | ANESTHESIOLOGY | 32,760 | 83,070 | 115,830 | .156885 | .156885 | .156885 |
| 41 | RADIOLOGY-DIAGNOSTIC | 1,778,729 | 5,459,747 | 7,238,476 | .281146 | .281146 | .281146 |
| 42 | RADIOLOGY-THERAPEUTIC | | | | | | |
| 43 | RADIOISOTOPE | | | | | | |
| 44 | LABORATORY | 995,248 | 2,685,511 | 3,680,759 | .426388 | .426388 | .426388 |
| 45 | PBP CLINICAL LAB SERVICES | | | | | | |
| 46 | WHOLE BLOOD & PACKED RED | | | | | | |
| 47 | BLOOD STORING, PROCESSING | | | | | | |
| 48 | INTRAVENOUS THERAPY | | | | | | |
| 49 | RESPIRATORY THERAPY | 373,343 | 229,865 | 603,208 | .463794 | .463794 | .463794 |
| 50 | PHYSICAL THERAPY | 492,509 | 663,338 | 1,155,847 | .494556 | .494556 | .494556 |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | 146,468 | 575,720 | 722,188 | .063724 | .063724 | .063724 |
| 54 | ELECTROENCEPHALOGRAPHY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 847,410 | 1,030,355 | 1,877,765 | .187727 | .187727 | .187727 |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | | 168,924 | 168,924 | .598080 | .598080 | .598080 |
| 56 | DRUGS CHARGED TO PATIENTS | 1,547,902 | 889,527 | 2,437,429 | .334736 | .334736 | .334736 |
| 57 | RENAL DIALYSIS | | | | | | |
| 58 | ASC (NON-DISTINCT PART) | | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | | | | | |
| 61 | EMERGENCY | 1,501,727 | 1,789,646 | 3,291,373 | .677948 | .677948 | .677948 |
| 62 | OBSERVATION BEDS (NON-DIS | | 402,185 | 402,185 | 1.300722 | 1.300722 | 1.300722 |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 64 | HOME PROGRAM DIALYSIS | | | | | | |
| 65 | AMBULANCE SERVICES | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | | | | | |
| 101 | SUBTOTAL | 14,681,381 | 15,192,965 | 29,874,346 | | | |
| 102 | LESS OBSERVATION BEDS | | | | | | |
| 103 | TOTAL | 14,681,381 | 15,192,965 | 29,874,346 | | | |

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
I 15-1325 I FROM 7/ 1/2009 I WORKSHEET C
I I TO 6/30/2010 I PART I

| WKST A LINE NO. | COST CENTER DESCRIPTION | WKST B, PT I COL: 27 1 | THERAPY ADJUSTMENT 2 | TOTAL COSTS 3 | RCE DISALLOWANCE 4 | TOTAL COSTS 5 |
|--------------------|--|------------------------------|----------------------------|---------------------|--------------------------|---------------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | 2,667,486 | | 2,667,486 | | 2,667,486 |
| 26 | INTENSIVE CARE UNIT | | | | | |
| 27 | CORONARY CARE UNIT | | | | | |
| 28 | BURN INTENSIVE CARE UNIT | | | | | |
| 29 | SURGICAL INTENSIVE CARE U | | | | | |
| 31 | SUBPROVIDER | 2,154,189 | | 2,154,189 | | 2,154,189 |
| 33 | NURSERY | | | | | |
| 34 | SKILLED NURSING FACILITY | | | | | |
| 35 | NURSING FACILITY | | | | | |
| 35 | 01 ICF/MR | | | | | |
| 36 | OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | OPERATING ROOM | 734,926 | | 734,926 | | 734,926 |
| 38 | RECOVERY ROOM | | | | | |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | |
| 40 | ANESTHESIOLOGY | 18,172 | | 18,172 | | 18,172 |
| 41 | RADIOLOGY-DIAGNOSTIC | 2,035,065 | | 2,035,065 | | 2,035,065 |
| 42 | RADIOLOGY-THERAPEUTIC | | | | | |
| 43 | RADIOISOTOPE | | | | | |
| 44 | LABORATORY | 1,569,431 | | 1,569,431 | | 1,569,431 |
| 45 | PBP CLINICAL LAB SERVICES | | | | | |
| 46 | WHOLE BLOOD & PACKED RED | | | | | |
| 47 | BLOOD STORING, PROCESSING | | | | | |
| 48 | INTRAVENOUS THERAPY | | | | | |
| 49 | RESPIRATORY THERAPY | 279,764 | | 279,764 | | 279,764 |
| 50 | PHYSICAL THERAPY | 571,631 | | 571,631 | | 571,631 |
| 51 | OCCUPATIONAL THERAPY | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | |
| 53 | ELECTROCARDIOLOGY | 46,021 | | 46,021 | | 46,021 |
| 54 | ELECTROENCEPHALOGRAPHY | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 352,508 | | 352,508 | | 352,508 |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | 101,030 | | 101,030 | | 101,030 |
| 56 | DRUGS CHARGED TO PATIENTS | 815,895 | | 815,895 | | 815,895 |
| 57 | RENAL DIALYSIS | | | | | |
| 58 | ASC (NON-DISTINCT PART) | | | | | |
| 60 | OUTPAT SERVICE COST CNTRS CLINIC | | | | | |
| 61 | EMERGENCY | 2,231,380 | | 2,231,380 | | 2,231,380 |
| 62 | OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS | 523,131 | | 523,131 | | 523,131 |
| 64 | HOME PROGRAM DIALYSIS | | | | | |
| 65 | AMBULANCE SERVICES | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | | | | |
| 101 | SUBTOTAL | 14,100,629 | | 14,100,629 | | 14,100,629 |
| 102 | LESS OBSERVATION BEDS | 523,131 | | 523,131 | | 523,131 |
| 103 | TOTAL | 13,577,498 | | 13,577,498 | | 13,577,498 |

| 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 |
|--------------------|--|---------------------------|----------------------------|-----------------------|-----------------------------|----------------------------------|--------------------------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | 2,424,150 | | 2,424,150 | | | |
| 26 | INTENSIVE CARE UNIT | | | | | | |
| 27 | CORONARY CARE UNIT | | | | | | |
| 28 | BURN INTENSIVE CARE UNIT | | | | | | |
| 29 | SURGICAL INTENSIVE CARE U | | | | | | |
| 31 | SUBPROVIDER | 4,123,285 | | 4,123,285 | | | |
| 33 | NURSERY | | | | | | |
| 34 | SKILLED NURSING FACILITY | | | | | | |
| 35 | NURSING FACILITY | | | | | | |
| 35 | 01 ICF/MR | | | | | | |
| 36 | OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | 417,850 | 1,215,077 | 1,632,927 | .450067 | .450067 | .450067 |
| 38 | RECOVERY ROOM | | | | | | |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 40 | ANESTHESIOLOGY | 32,760 | 83,070 | 115,830 | .156885 | .156885 | .156885 |
| 41 | RADIOLOGY-DIAGNOSTIC | 1,778,729 | 5,459,747 | 7,238,476 | .281146 | .281146 | .281146 |
| 42 | RADIOLOGY-THERAPEUTIC | | | | | | |
| 43 | RADIOISOTOPE | | | | | | |
| 44 | LABORATORY | 995,248 | 2,685,511 | 3,680,759 | .426388 | .426388 | .426388 |
| 45 | PBP CLINICAL LAB SERVICES | | | | | | |
| 46 | WHOLE BLOOD & PACKED RED | | | | | | |
| 47 | BLOOD STORING, PROCESSING | | | | | | |
| 48 | INTRAVENOUS THERAPY | | | | | | |
| 49 | RESPIRATORY THERAPY | 373,343 | 229,865 | 603,208 | .463794 | .463794 | .463794 |
| 50 | PHYSICAL THERAPY | 492,509 | 663,338 | 1,155,847 | .494556 | .494556 | .494556 |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | 146,468 | 575,720 | 722,188 | .063724 | .063724 | .063724 |
| 54 | ELECTROENCEPHALOGRAPHY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 847,410 | 1,030,355 | 1,877,765 | .187727 | .187727 | .187727 |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | | 168,924 | 168,924 | .598080 | .598080 | .598080 |
| 56 | DRUGS CHARGED TO PATIENTS | 1,547,902 | 889,527 | 2,437,429 | .334736 | .334736 | .334736 |
| 57 | RENAL DIALYSIS | | | | | | |
| 58 | ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | | | | | |
| 61 | EMERGENCY | 1,501,727 | 1,789,646 | 3,291,373 | .677948 | .677948 | .677948 |
| 62 | OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS | | 402,185 | 402,185 | 1.300722 | 1.300722 | 1.300722 |
| 64 | HOME PROGRAM DIALYSIS | | | | | | |
| 65 | AMBULANCE SERVICES | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | | | | | |
| 101 | SUBTOTAL | 14,681,381 | 15,192,965 | 29,874,346 | | | |
| 102 | LESS OBSERVATION BEDS | | | | | | |
| 103 | TOTAL | 14,681,381 | 15,192,965 | 29,874,346 | | | |

| 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 | | | | | | |
| 38 | OPERATING ROOM | 734,926 | 158,794 | 576,132 | | | 734,926 |
| 39 | RECOVERY ROOM | | | | | | |
| 40 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 41 | ANESTHESIOLOGY | 18,172 | 637 | 17,535 | | | 18,172 |
| 42 | RADIOLOGY-DIAGNOSTIC | 2,035,065 | 150,352 | 1,884,713 | | | 2,035,065 |
| 43 | RADIOLOGY-THERAPEUTIC | | | | | | |
| 44 | RADIOISOTOPE | | | | | | |
| 45 | LABORATORY | 1,569,431 | 71,466 | 1,497,965 | | | 1,569,431 |
| 46 | PBP CLINICAL LAB SERVICES | | | | | | |
| 47 | WHOLE BLOOD & PACKED RED | | | | | | |
| 48 | BLOOD STORING, PROCESSING | | | | | | |
| 49 | INTRAVENOUS THERAPY | | | | | | |
| 50 | RESPIRATORY THERAPY | 279,764 | 23,849 | 255,915 | | | 279,764 |
| 51 | PHYSICAL THERAPY | 571,631 | 97,562 | 474,069 | | | 571,631 |
| 52 | OCCUPATIONAL THERAPY | | | | | | |
| 53 | SPEECH PATHOLOGY | | | | | | |
| 54 | ELECTROCARDIOLOGY | 46,021 | 10,498 | 35,523 | | | 46,021 |
| 55 | ELECTROENCEPHALOGRAPHY | | | | | | |
| 56 | MEDICAL SUPPLIES CHARGED | 352,508 | 27,738 | 324,770 | | | 352,508 |
| 57 | 30 IMPL. DEV. CHARGED TO PAT | 101,030 | 1,085 | 99,945 | | | 101,030 |
| 58 | DRUGS CHARGED TO PATIENTS | 815,895 | 35,607 | 780,288 | | | 815,895 |
| 59 | RENAL DIALYSIS | | | | | | |
| 60 | ASC (NON-DISTINCT PART) | | | | | | |
| 61 | OUTPAT SERVICE COST CNTRS | | | | | | |
| 62 | CLINIC | | | | | | |
| 63 | EMERGENCY | 2,231,380 | 85,946 | 2,145,434 | | | 2,231,380 |
| 64 | OBSERVATION BEDS (NON-DIS | 523,131 | | 523,131 | | | 523,131 |
| 65 | OTHER REIMBURS COST CNTRS | | | | | | |
| 66 | HOME PROGRAM DIALYSIS | | | | | | |
| 67 | AMBULANCE SERVICES | | | | | | |
| 101 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 102 | DURABLE MEDICAL EQUIP-SOL | | | | | | |
| 103 | SUBTOTAL | 9,278,954 | 663,534 | 8,615,420 | | | 9,278,954 |
| | LESS OBSERVATION BEDS | 523,131 | | 523,131 | | | 523,131 |
| | TOTAL | 8,755,823 | 663,534 | 8,092,289 | | | 8,755,823 |

| 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 |
| 37 | ANCILLARY SRVC COST CNTRS | | | |
| 38 | OPERATING ROOM | 1,632,927 | .450067 | .450067 |
| 39 | RECOVERY ROOM | | | |
| 40 | DELIVERY ROOM & LABOR ROO | | | |
| 41 | ANESTHESIOLOGY | 115,830 | .156885 | .156885 |
| 42 | RADIOLOGY-DIAGNOSTIC | 7,238,476 | .281146 | .281146 |
| 43 | RADIOLOGY-THERAPEUTIC | | | |
| 44 | RADIOISOTOPE | | | |
| 45 | LABORATORY | 3,680,759 | .426388 | .426388 |
| 46 | PBP CLINICAL LAB SERVICES | | | |
| 47 | WHOLE BLOOD & PACKED RED | | | |
| 48 | BLOOD STORING, PROCESSING | | | |
| 49 | INTRAVENOUS THERAPY | | | |
| 50 | RESPIRATORY THERAPY | 603,208 | .463794 | .463794 |
| 51 | PHYSICAL THERAPY | 1,155,847 | .494556 | .494556 |
| 52 | OCCUPATIONAL THERAPY | | | |
| 53 | SPEECH PATHOLOGY | | | |
| 54 | ELECTROCARDIOLOGY | 722,188 | .063724 | .063724 |
| 55 | ELECTROENCEPHALOGRAPHY | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 1,877,765 | .187727 | .187727 |
| 56 | 30 IMPL. DEV. CHARGED TO PAT | 168,924 | .598080 | .598080 |
| 57 | DRUGS CHARGED TO PATIENTS | 2,437,429 | .334736 | .334736 |
| 58 | RENAL DIALYSIS | | | |
| 60 | ASC (NON-DISTINCT PART) | | | |
| 61 | OUTPAT SERVICE COST CNTRS | | | |
| 61 | CLINIC | | | |
| 62 | EMERGENCY | 3,291,373 | .677948 | .677948 |
| 62 | OBSERVATION BEDS (NON-DIS | 402,185 | 1.300722 | 1.300722 |
| 64 | OTHER REIMBURS COST CNTRS | | | |
| 65 | HOME PROGRAM DIALYSIS | | | |
| 66 | AMBULANCE SERVICES | | | |
| 67 | DURABLE MEDICAL EQUIP-REN | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | | |
| 101 | SUBTOTAL | 23,326,911 | | |
| 102 | LESS OBSERVATION BEDS | 402,185 | | |
| 103 | TOTAL | 22,924,726 | | |

| 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 | | | | | | |
| 38 | OPERATING ROOM | 734,926 | 158,794 | 576,132 | | | 734,926 |
| 39 | RECOVERY ROOM | | | | | | |
| 40 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 41 | ANESTHESIOLOGY | 18,172 | 637 | 17,535 | | | 18,172 |
| 42 | RADIOLOGY-DIAGNOSTIC | 2,035,065 | 150,352 | 1,884,713 | | | 2,035,065 |
| 43 | RADIOLOGY-THERAPEUTIC | | | | | | |
| 44 | RADIOISOTOPE | | | | | | |
| 45 | LABORATORY | 1,569,431 | 71,466 | 1,497,965 | | | 1,569,431 |
| 46 | PBP CLINICAL LAB SERVICES | | | | | | |
| 47 | WHOLE BLOOD & PACKED RED | | | | | | |
| 48 | BLOOD STORING, PROCESSING | | | | | | |
| 49 | INTRAVENOUS THERAPY | | | | | | |
| 50 | RESPIRATORY THERAPY | 279,764 | 23,849 | 255,915 | | | 279,764 |
| 51 | PHYSICAL THERAPY | 571,631 | 97,562 | 474,069 | | | 571,631 |
| 52 | OCCUPATIONAL THERAPY | | | | | | |
| 53 | SPEECH PATHOLOGY | | | | | | |
| 54 | ELECTROCARDIOLOGY | 46,021 | 10,498 | 35,523 | | | 46,021 |
| 55 | ELECTROENCEPHALOGRAPHY | | | | | | |
| 56 | MEDICAL SUPPLIES CHARGED | 352,508 | 27,738 | 324,770 | | | 352,508 |
| 57 | 30 IMPL. DEV. CHARGED TO PAT | 101,030 | 1,085 | 99,945 | | | 101,030 |
| 58 | DRUGS CHARGED TO PATIENTS | 815,895 | 35,607 | 780,288 | | | 815,895 |
| 59 | RENAL DIALYSIS | | | | | | |
| 60 | ASC (NON-DISTINCT PART) | | | | | | |
| 61 | OUTPAT SERVICE COST CNTRS | | | | | | |
| 62 | CLINIC | | | | | | |
| 63 | EMERGENCY | 2,231,380 | 85,946 | 2,145,434 | | | 2,231,380 |
| 64 | OBSERVATION BEDS (NON-DIS | 523,131 | | 523,131 | | | 523,131 |
| 65 | OTHER REIMBURS COST CNTRS | | | | | | |
| 66 | HOME PROGRAM DIALYSIS | | | | | | |
| 67 | AMBULANCE SERVICES | | | | | | |
| 101 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 102 | DURABLE MEDICAL EQUIP-SOL | | | | | | |
| 103 | SUBTOTAL | 9,278,954 | 663,534 | 8,615,420 | | | 9,278,954 |
| | LESS OBSERVATION BEDS | 523,131 | | 523,131 | | | 523,131 |
| | TOTAL | 8,755,823 | 663,534 | 8,092,289 | | | 8,755,823 |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL CHARGES | OUTPAT COST TO CHRG | I/P PT B COST RATIO TO CHRG |
|--------------------|------------------------------|------------------|------------------------|--------------------------------|
| | | 7 | 8 | 9 |
| 37 | ANCILLARY SRVC COST CNTRS | | | |
| | OPERATING ROOM | 1,632,927 | .450067 | .450067 |
| 38 | RECOVERY ROOM | | | |
| 39 | DELIVERY ROOM & LABOR ROO | | | |
| 40 | ANESTHESIOLOGY | 115,830 | .156885 | .156885 |
| 41 | RADIOLOGY-DIAGNOSTIC | 7,238,476 | .281146 | .281146 |
| 42 | RADIOLOGY-THERAPEUTIC | | | |
| 43 | RADIOISOTOPE | | | |
| 44 | LABORATORY | 3,680,759 | .426388 | .426388 |
| 45 | PBP CLINICAL LAB SERVICES | | | |
| 46 | WHOLE BLOOD & PACKED RED | | | |
| 47 | BLOOD STORING, PROCESSING | | | |
| 48 | INTRAVENOUS THERAPY | | | |
| 49 | RESPIRATORY THERAPY | 603,208 | .463794 | .463794 |
| 50 | PHYSICAL THERAPY | 1,155,847 | .494556 | .494556 |
| 51 | OCCUPATIONAL THERAPY | | | |
| 52 | SPEECH PATHOLOGY | | | |
| 53 | ELECTROCARDIOLOGY | 722,188 | .063724 | .063724 |
| 54 | ELECTROENCEPHALOGRAPHY | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 1,877,765 | .187727 | .187727 |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | 168,924 | .598080 | .598080 |
| 56 | DRUGS CHARGED TO PATIENTS | 2,437,429 | .334736 | .334736 |
| 57 | RENAL DIALYSIS | | | |
| 58 | ASC (NON-DISTINCT PART) | | | |
| | OUTPAT SERVICE COST CNTRS | | | |
| 60 | CLINIC | | | |
| 61 | EMERGENCY | 3,291,373 | .677948 | .677948 |
| 62 | OBSERVATION BEDS (NON-DIS | 402,185 | 1.300722 | 1.300722 |
| | OTHER REIMBURS COST CNTRS | | | |
| 64 | HOME PROGRAM DIALYSIS | | | |
| 65 | AMBULANCE SERVICES | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | | |
| 101 | SUBTOTAL | 23,326,911 | | |
| 102 | LESS OBSERVATION BEDS | 402,185 | | |
| 103 | TOTAL | 22,924,726 | | |

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COST WKST B, PT I COL. 27 1 | TOTAL ANCILLARY CHARGES 2 | TOTAL INP ANCILLARY CHARGES 3 | CHARGE TO CHARGE RATIO 4 | TOTAL INPATIENT COST 5 |
|--------------------|------------------------------|--|------------------------------------|--|-----------------------------------|---------------------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | |
| | OPERATING ROOM | 734,926 | 1,632,927 | | | |
| 38 | RECOVERY ROOM | | | | | |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | |
| 40 | ANESTHESIOLOGY | 18,172 | 115,830 | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 2,035,065 | 7,238,476 | | | |
| 42 | RADIOLOGY-THERAPEUTIC | | | | | |
| 43 | RADIOISOTOPE | | | | | |
| 44 | LABORATORY | 1,569,431 | 3,680,759 | | | |
| 45 | PBP CLINICAL LAB SERVICES | | | | | |
| 46 | WHOLE BLOOD & PACKED RED | | | | | |
| 47 | BLOOD STORING, PROCESSING | | | | | |
| 48 | INTRAVENOUS THERAPY | | | | | |
| 49 | RESPIRATORY THERAPY | 279,764 | 603,208 | | | |
| 50 | PHYSICAL THERAPY | 571,631 | 1,155,847 | | | |
| 51 | OCCUPATIONAL THERAPY | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | |
| 53 | ELECTROCARDIOLOGY | 46,021 | 722,188 | | | |
| 54 | ELECTROENCEPHALOGRAPHY | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 352,508 | 1,877,765 | | | |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | 101,030 | 168,924 | | | |
| 56 | DRUGS CHARGED TO PATIENTS | 815,895 | 2,437,429 | | | |
| 57 | RENAL DIALYSIS | | | | | |
| 58 | ASC (NON-DISTINCT PART) | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | CLINIC | | | | | |
| 61 | EMERGENCY | 2,231,380 | 3,291,373 | | | |
| 62 | OBSERVATION BEDS (NON-DIS | 523,131 | 402,185 | | | |
| | OTHER REIMBURS COST CNTRS | | | | | |
| 64 | HOME PROGRAM DIALYSIS | | | | | |
| 65 | AMBULANCE SERVICES | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | | | | |
| 101 | TOTAL | 9,278,954 | 23,326,911 | | | |

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
I 15-1325 I FROM 7/ 1/2009 I WORKSHEET C
I I TO 6/30/2010 I PART V

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COST WKST B, PT I COL. 27 1 | PROVIDER-BASED PHYSICIAN ADJUSTMENT 2 | TOTAL COSTS 3 | TOTAL ANCILLARY CHARGES 4 | TOTAL OUTPATIENT CHARGES 5 | RATIO OF OUT- PATIENT CHRGs TO TTL CHARGES 6 | TOTAL OUT- PATIENT COSTS 7 |
|--------------------|------------------------------|--|--|---------------------|------------------------------------|-------------------------------------|---|-------------------------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | | |
| | OPERATING ROOM | 734,926 | 167,506 | 902,432 | 1,632,927 | | | |
| 38 | RECOVERY ROOM | | | | | | | |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | | | |
| 40 | ANESTHESIOLOGY | 18,172 | 276,000 | 294,172 | 115,830 | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 2,035,065 | 224,674 | 2,259,739 | 7,238,476 | | | |
| 42 | RADIOLOGY-THERAPEUTIC | | | | | | | |
| 43 | RADIOISOTOPE | | | | | | | |
| 44 | LABORATORY | 1,569,431 | | 1,569,431 | 3,680,759 | | | |
| 45 | PBP CLINICAL LAB SERVICES | | | | | | | |
| 46 | WHOLE BLOOD & PACKED RED | | | | | | | |
| 47 | BLOOD STORING, PROCESSING | | | | | | | |
| 48 | INTRAVENOUS THERAPY | | | | | | | |
| 49 | RESPIRATORY THERAPY | 279,764 | 5,260 | 285,024 | 603,208 | | | |
| 50 | PHYSICAL THERAPY | 571,631 | | 571,631 | 1,155,847 | | | |
| 51 | OCCUPATIONAL THERAPY | | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | | |
| 53 | ELECTROCARDIOLOGY | 46,021 | 25,783 | 71,804 | 722,188 | | | |
| 54 | ELECTROENCEPHALOGRAPHY | | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 352,508 | | 352,508 | 1,877,765 | | | |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | 101,030 | | 101,030 | 168,924 | | | |
| 56 | DRUGS CHARGED TO PATIENTS | 815,895 | | 815,895 | 2,437,429 | | | |
| 57 | RENAL DIALYSIS | | | | | | | |
| 58 | ASC (NON-DISTINCT PART) | | | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 60 | CLINIC | | | | | | | |
| 61 | EMERGENCY | 2,231,380 | 542,337 | 2,773,717 | 3,291,373 | | | |
| 62 | OBSERVATION BEDS (NON-DIS | 523,131 | | 523,131 | 402,185 | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | | |
| 64 | HOME PROGRAM DIALYSIS | | | | | | | |
| 65 | AMBULANCE SERVICES | | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | | | | | | |
| 101 | TOTAL | 9,278,954 | 1,241,560 | 10,520,514 | 23,326,911 | | | |
| 102 | TOTAL OUTPATIENT VISITS | | | | | | | |
| 103 | AGGREGATE COST PER VISIT | | | | | | | |
| 104 | TITLE V OUTPATIENT VISITS | | | | | | | |
| 105 | TITLE XVIII OUTPAT VISITS | | | | | | | |
| 106 | TITLE XIX OUTPAT VISITS | | | | | | | |
| 107 | TITLE V OUTPAT COSTS | | | | | | | |
| 108 | TITLE XVIII OUTPAT COSTS | | | | | | | |
| 109 | TITLE XIX OUTPAT COSTS | | | | | | | |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-1325 I FROM 7/ 1/2009 I WORKSHEET D
 I I TO 6/30/2010 I PART I

TITLE XVIII, PART A

| WKST A LINE NO. | COST CENTER DESCRIPTION | OLD CAPITAL | | | NEW CAPITAL | | |
|--------------------|---|----------------------------------|------------------------------|----------------------------------|-----------------------------------|------------------------------|----------------------------------|
| | | CAPITAL REL COST (B, II) 1 | SWING BED ADJUSTMENT 2 | REDUCED CAP RELATED COST 3 | CAPITAL REL COST (B, III) 4 | SWING BED ADJUSTMENT 5 | REDUCED CAP RELATED COST 6 |
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | | | | 238,425 | 72,950 | 165,475 |
| 26 | INTENSIVE CARE UNIT | | | | | | |
| 27 | CORONARY CARE UNIT | | | | | | |
| 28 | BURN INTENSIVE CARE UNIT | | | | | | |
| 29 | SURGICAL INTENSIVE CARE U | | | | | | |
| 31 | SUBPROVIDER | | | | 177,548 | | 177,548 |
| 33 | NURSERY | | | | | | |
| 101 | TOTAL | | | | 415,973 | | 343,023 |

TITLE XVIII, PART A

| 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 | 2,817 | 1,271 | | | 58.74 | 74,659 |
| 26 | INTENSIVE CARE UNIT | | | | | | |
| 27 | CORONARY CARE UNIT | | | | | | |
| 28 | BURN INTENSIVE CARE UNIT | | | | | | |
| 29 | SURGICAL INTENSIVE CARE U | | | | | | |
| 31 | SUBPROVIDER | 3,461 | 2,818 | | | 51.30 | 144,563 |
| 33 | NURSERY | | | | | | |
| 101 | TOTAL | 6,278 | 4,089 | | | | 219,222 |

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

| WKST A LINE NO. | COST CENTER DESCRIPTION | NONPHYSICIAN ANESTHETIST 1 | MED EDUCATN COST 2 | SWING BED ADJ AMOUNT 3 | TOTAL COSTS 4 | TOTAL PATIENT DAYS 5 | PER DIEM 6 |
|--------------------|---|----------------------------------|--------------------------|------------------------------|---------------------|----------------------------|---------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | | | | | 2,817 | |
| 26 | INTENSIVE CARE UNIT | | | | | | |
| 27 | CORONARY CARE UNIT | | | | | | |
| 28 | BURN INTENSIVE CARE UNIT | | | | | | |
| 29 | SURGICAL INTENSIVE CARE U | | | | | | |
| 31 | SUBPROVIDER | | | | | 3,461 | |
| 33 | NURSERY | | | | | | |
| 34 | SKILLED NURSING FACILITY | | | | | | |
| 35 | NURSING FACILITY | | | | | | |
| 35 | 01 ICF/MR | | | | | | |
| 101 | TOTAL | | | | | 6,278 | |

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

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-1325 I FROM 7/ 1/2009 I WORKSHEET D
 I I TO 6/30/2010 I PART III

| WKST A LINE NO. | COST CENTER DESCRIPTION | INPATIENT PROG DAYS | INPAT PROGRAM PASS THRU COST |
|--------------------|---------------------------|------------------------|---------------------------------|
| | | 7 | 8 |
| 25 | ADULTS & PEDIATRICS | 1,271 | |
| 26 | INTENSIVE CARE UNIT | | |
| 27 | CORONARY CARE UNIT | | |
| 28 | BURN INTENSIVE CARE UNIT | | |
| 29 | SURGICAL INTENSIVE CARE U | | |
| 31 | SUBPROVIDER | 2,818 | |
| 33 | NURSERY | | |
| 34 | SKILLED NURSING FACILITY | | |
| 35 | NURSING FACILITY | | |
| 35 01 | ICF/MR | | |
| 101 | TOTAL | 4,089 | |

TITLE XVIII, PART B HOSPITAL

| Cost Center Description | Cost/Charge Ratio (C, Pt I, col. 9) | Cost/Charge Ratio (C, Pt I, col. 9) | Cost/Charge Ratio (C, Pt II, col. 9) | Outpatient Ambulatory Surgical Ctr | Outpatient Radiology |
|---|-------------------------------------|-------------------------------------|--------------------------------------|------------------------------------|----------------------|
| | 1 | 1.01 | 1.02 | 2 | 3 |
| (A) ANCILLARY SRVC COST CNTRS | | | | | |
| 37 OPERATING ROOM | .450067 | | .450067 | | |
| 38 RECOVERY ROOM | | | | | |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | |
| 40 ANESTHESIOLOGY | .156885 | | .156885 | | |
| 41 RADIOLOGY-DIAGNOSTIC | .281146 | | .281146 | | |
| 42 RADIOLOGY-THERAPEUTIC | | | | | |
| 43 RADIOISOTOPE | | | | | |
| 44 LABORATORY | .426388 | | .426388 | | |
| 45 PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | |
| 46 WHOLE BLOOD & PACKED RED BLOOD CELLS | | | | | |
| 47 BLOOD STORING, PROCESSING & TRANS. | | | | | |
| 48 INTRAVENOUS THERAPY | | | | | |
| 49 RESPIRATORY THERAPY | .463794 | | .463794 | | |
| 50 PHYSICAL THERAPY | .494556 | | .494556 | | |
| 51 OCCUPATIONAL THERAPY | | | | | |
| 52 SPEECH PATHOLOGY | | | | | |
| 53 ELECTROCARDIOLOGY | .063724 | | .063724 | | |
| 54 ELECTROENCEPHALOGRAPHY | | | | | |
| 55 MEDICAL SUPPLIES CHARGED TO PATIENTS | .187727 | | .187727 | | |
| 55 30 IMPL. DEV. CHARGED TO PATIENT | .598080 | | .598080 | | |
| 56 DRUGS CHARGED TO PATIENTS | .334736 | | .334736 | | |
| 57 RENAL DIALYSIS | | | | | |
| 58 ASC (NON-DISTINCT PART) | | | | | |
| 60 OUTPAT SERVICE COST CNTRS | | | | | |
| 61 CLINIC | | | | | |
| 61 EMERGENCY | .677948 | | .677948 | | |
| 62 OBSERVATION BEDS (NON-DISTINCT PART) | 1.300722 | | 1.300722 | | |
| 64 OTHER REIMBURS COST CNTRS | | | | | |
| 65 HOME PROGRAM DIALYSIS | | | | | |
| 66 AMBULANCE SERVICES | | | | | |
| 67 DURABLE MEDICAL EQUIP-RENTED | | | | | |
| 101 DURABLE MEDICAL EQUIP-SOLD | | | | | |
| 102 SUBTOTAL | | | | | |
| 103 CRNA CHARGES | | | | | |
| 104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES | | | | | |
| NET CHARGES | | | | | |

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

TITLE XVIII, PART B HOSPITAL

| Cost Center Description | Other Outpatient Diagnostic | All Other (1) | Outpatient Ambulatory Surgical Ctr | Outpatient Radiology | Other Outpatient Diagnostic |
|---|-----------------------------------|---------------|--|-------------------------|-----------------------------------|
| | 4 | 5 | 6 | 7 | 8 |
| (A) ANCILLARY SRVC COST CNTRS | | | | | |
| 37 OPERATING ROOM | | 336,428 | | | |
| 38 RECOVERY ROOM | | | | | |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | |
| 40 ANESTHESIOLOGY | | 19,890 | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | 1,571,481 | | | |
| 42 RADIOLOGY-THERAPEUTIC | | | | | |
| 43 RADIOISOTOPE | | | | | |
| 44 LABORATORY | | 883,349 | | | |
| 45 PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | |
| 46 WHOLE BLOOD & PACKED RED BLOOD CELLS | | | | | |
| 47 BLOOD STORING, PROCESSING & TRANS. | | | | | |
| 48 INTRAVENOUS THERAPY | | | | | |
| 49 RESPIRATORY THERAPY | | 229,865 | | | |
| 50 PHYSICAL THERAPY | | 165,436 | | | |
| 51 OCCUPATIONAL THERAPY | | | | | |
| 52 SPEECH PATHOLOGY | | | | | |
| 53 ELECTROCARDIOLOGY | | 241,943 | | | |
| 54 ELECTROENCEPHALOGRAPHY | | | | | |
| 55 MEDICAL SUPPLIES CHARGED TO PATIENTS | | 218,067 | | | |
| 55 30 IMPL. DEV. CHARGED TO PATIENT | | 55,871 | | | |
| 56 DRUGS CHARGED TO PATIENTS | | 339,190 | | | |
| 57 RENAL DIALYSIS | | | | | |
| 58 ASC (NON-DISTINCT PART) | | | | | |
| 60 OUTPAT SERVICE COST CNTRS | | | | | |
| 61 CLINIC | | | | | |
| 61 EMERGENCY | | 651,842 | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT PART) | | 124,095 | | | |
| 64 OTHER REIMBURS COST CNTRS | | | | | |
| 65 HOME PROGRAM DIALYSIS | | | | | |
| 66 AMBULANCE SERVICES | | | | | |
| 67 DURABLE MEDICAL EQUIP-RENTED | | | | | |
| 101 SUBTOTAL | | 4,837,457 | | | |
| 102 CRNA CHARGES | | | | | |
| 103 LESS PBP CLINIC LAB SVCS- | | | | | |
| PROGRAM ONLY CHARGES | | | | | |
| 104 NET CHARGES | | 4,837,457 | | | |

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B HOSPITAL

| | All Other | Hospital I/P Part B Charges | Hospital I/P Part B Costs |
|---|-----------|--------------------------------|------------------------------|
| Cost Center Description | 9 | 10 | 11 |
| (A) ANCILLARY SRVC COST CNTRS | | | |
| 37 OPERATING ROOM | 151,415 | | |
| 38 RECOVERY ROOM | | | |
| 39 DELIVERY ROOM & LABOR ROOM | | | |
| 40 ANESTHESIOLOGY | 3,120 | | |
| 41 RADIOLOGY-DIAGNOSTIC | 441,816 | | |
| 42 RADIOLOGY-THERAPEUTIC | | | |
| 43 RADIOISOTOPE | | | |
| 44 LABORATORY | 376,649 | | |
| 45 PBP CLINICAL LAB SERVICES-PRGM ONLY | | | |
| 46 WHOLE BLOOD & PACKED RED BLOOD CELLS | | | |
| 47 BLOOD STORING, PROCESSING & TRANS. | | | |
| 48 INTRAVENOUS THERAPY | | | |
| 49 RESPIRATORY THERAPY | 106,610 | | |
| 50 PHYSICAL THERAPY | 81,817 | | |
| 51 OCCUPATIONAL THERAPY | | | |
| 52 SPEECH PATHOLOGY | | | |
| 53 ELECTROCARDIOLOGY | 15,418 | | |
| 54 ELECTROENCEPHALOGRAPHY | | | |
| 55 MEDICAL SUPPLIES CHARGED TO PATIENTS | 40,937 | | |
| 55 30 IMPL. DEV. CHARGED TO PATIENT | 33,415 | | |
| 56 DRUGS CHARGED TO PATIENTS | 113,539 | | |
| 57 RENAL DIALYSIS | | | |
| 58 ASC (NON-DISTINCT PART) | | | |
| 60 OUTPAT SERVICE COST CNTRS | | | |
| 61 CLINIC | | | |
| 61 EMERGENCY | 441,915 | | |
| 62 OBSERVATION BEDS (NON-DISTINCT PART) | 161,413 | | |
| 64 OTHER REIMBURS COST CNTRS | | | |
| 65 HOME PROGRAM DIALYSIS | | | |
| 66 AMBULANCE SERVICES | | | |
| 67 DURABLE MEDICAL EQUIP-RENTED | | | |
| 67 DURABLE MEDICAL EQUIP-SOLD | | | |
| 101 SUBTOTAL | 1,968,064 | | |
| 102 CRNA CHARGES | | | |
| 103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES | | | |
| 104 NET CHARGES | 1,968,064 | | |

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

TITLE XVIII, PART A SUBPROVIDER 1 PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OLD CAPITAL RELATED COST 1 | NEW CAPITAL RELATED COST 2 | TOTAL CHARGES 3 | INPAT PROGRAM CHARGES 4 | OLD CAPITAL CST/CHRG RATIO 5 | COSTS 6 |
|--------------------|------------------------------|----------------------------------|----------------------------------|-----------------------|-------------------------------|------------------------------------|------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| 38 | OPERATING ROOM | | 158,794 | 1,632,927 | | | |
| 39 | RECOVERY ROOM | | | | | | |
| 40 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 41 | ANESTHESIOLOGY | | 637 | 115,830 | | | |
| 42 | RADIOLOGY-DIAGNOSTIC | | 150,352 | 7,238,476 | 31,574 | | |
| 43 | RADIOLOGY-THERAPEUTIC | | | | | | |
| 44 | RADIOISOTOPE | | | | | | |
| 45 | LABORATORY | | 71,466 | 3,680,759 | 151,877 | | |
| 46 | PBP CLINICAL LAB SERVICES | | | | | | |
| 47 | WHOLE BLOOD & PACKED RED | | | | | | |
| 48 | BLOOD STORING, PROCESSING | | | | | | |
| 49 | INTRAVENOUS THERAPY | | | | | | |
| 50 | RESPIRATORY THERAPY | | 23,849 | 603,208 | 16,509 | | |
| 51 | PHYSICAL THERAPY | | 97,562 | 1,155,847 | 30,935 | | |
| 52 | OCCUPATIONAL THERAPY | | | | | | |
| 53 | SPEECH PATHOLOGY | | | | | | |
| 54 | ELECTROCARDIOLOGY | | 10,498 | 722,188 | 33,026 | | |
| 55 | ELECTROENCEPHALOGRAPHY | | | | | | |
| 56 | MEDICAL SUPPLIES CHARGED | | 27,738 | 1,877,765 | 42,182 | | |
| 57 | 30 IMPL. DEV. CHARGED TO PAT | | 1,085 | 168,924 | | | |
| 58 | DRUGS CHARGED TO PATIENTS | | 35,607 | 2,437,429 | 360,605 | | |
| 59 | RENAL DIALYSIS | | | | | | |
| 60 | ASC (NON-DISTINCT PART) | | | | | | |
| 61 | OUTPAT SERVICE COST CNTRS | | | | | | |
| 62 | CLINIC | | | | | | |
| 63 | EMERGENCY | | 85,946 | 3,291,373 | | | |
| 64 | OBSERVATION BEDS (NON-DIS | | | 402,185 | | | |
| 65 | OTHER REIMBURS COST CNTRS | | | | | | |
| 66 | HOME PROGRAM DIALYSIS | | | | | | |
| 67 | AMBULANCE SERVICES | | | | | | |
| 68 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 69 | DURABLE MEDICAL EQUIP-SOL | | | | | | |
| 101 | TOTAL | | 663,534 | 23,326,911 | 666,708 | | |

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

| WKST A | COST CENTER DESCRIPTION | NEW CAPITAL | |
|----------|------------------------------|----------------|--------|
| LINE NO. | | CST/CHRG RATIO | COSTS |
| | | 7 | 8 |
| 37 | ANCILLARY SRVC COST CNTRS | | |
| 38 | OPERATING ROOM | .097245 | |
| 39 | RECOVERY ROOM | | |
| 40 | DELIVERY ROOM & LABOR ROO | | |
| 41 | ANESTHESIOLOGY | .005499 | |
| 42 | RADIOLOGY-DIAGNOSTIC | .020771 | 656 |
| 43 | RADIOLOGY-THERAPEUTIC | | |
| 44 | RADIOISOTOPE | | |
| 45 | LABORATORY | .019416 | 2,949 |
| 46 | PBP CLINICAL LAB SERVICES | | |
| 47 | WHOLE BLOOD & PACKED RED | | |
| 48 | BLOOD STORING, PROCESSING | | |
| 49 | INTRAVENOUS THERAPY | | |
| 50 | RESPIRATORY THERAPY | .039537 | 653 |
| 51 | PHYSICAL THERAPY | .084407 | 2,611 |
| 52 | OCCUPATIONAL THERAPY | | |
| 53 | SPEECH PATHOLOGY | | |
| 54 | ELECTROCARDIOLOGY | .014536 | 480 |
| 55 | ELECTROENCEPHALOGRAPHY | | |
| 56 | MEDICAL SUPPLIES CHARGED | .014772 | 623 |
| 57 | 30 IMPL. DEV. CHARGED TO PAT | .006423 | |
| 58 | DRUGS CHARGED TO PATIENTS | .014608 | 5,268 |
| 59 | RENAL DIALYSIS | | |
| 60 | ASC (NON-DISTINCT PART) | | |
| 61 | OUTPAT SERVICE COST CNTRS | | |
| 62 | CLINIC | | |
| 63 | EMERGENCY | .026113 | |
| 64 | OBSERVATION BEDS (NON-DIS | | |
| 65 | OTHER REIMBURS COST CNTRS | | |
| 66 | HOME PROGRAM DIALYSIS | | |
| 67 | AMBULANCE SERVICES | | |
| 68 | DURABLE MEDICAL EQUIP-REN | | |
| 69 | DURABLE MEDICAL EQUIP-SOL | | |
| 101 | TOTAL | | 13,240 |

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A
 LINE NO.

COST CENTER DESCRIPTION

NONPHYSICIAN
 ANESTHETIST

1.01

MED ED NRS
 SCHOOL COST

MED ED ALLIED
 HEALTH COST

MED ED ALL
 OTHER COSTS

BLOOD
 HEMOPHILIACS

CLOT FOR
 2.03

| | | | | | | |
|-----|------------------------------|--|--|--|--|--|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | |
| 38 | OPERATING ROOM | | | | | |
| 39 | RECOVERY ROOM | | | | | |
| 40 | DELIVERY ROOM & LABOR ROO | | | | | |
| 41 | ANESTHESIOLOGY | | | | | |
| 42 | RADIOLOGY-DIAGNOSTIC | | | | | |
| 43 | RADIOLOGY-THERAPEUTIC | | | | | |
| 44 | RADIOISOTOPE | | | | | |
| 45 | LABORATORY | | | | | |
| 46 | PBP CLINICAL LAB SERVICES | | | | | |
| 47 | WHOLE BLOOD & PACKED RED | | | | | |
| 48 | BLOOD STORING, PROCESSING | | | | | |
| 49 | INTRAVENOUS THERAPY | | | | | |
| 50 | RESPIRATORY THERAPY | | | | | |
| 51 | PHYSICAL THERAPY | | | | | |
| 52 | OCCUPATIONAL THERAPY | | | | | |
| 53 | SPEECH PATHOLOGY | | | | | |
| 54 | ELECTROCARDIOLOGY | | | | | |
| 55 | ELECTROENCEPHALOGRAPHY | | | | | |
| 56 | MEDICAL SUPPLIES CHARGED | | | | | |
| 57 | 30 IMPL. DEV. CHARGED TO PAT | | | | | |
| 58 | DRUGS CHARGED TO PATIENTS | | | | | |
| 60 | RENAL DIALYSIS | | | | | |
| 61 | ASC (NON-DISTINCT PART) | | | | | |
| 62 | OUTPAT SERVICE COST CNTRS | | | | | |
| 64 | CLINIC | | | | | |
| 65 | EMERGENCY | | | | | |
| 66 | OBSERVATION BEDS (NON-DIS | | | | | |
| 67 | OTHER REIMBURS COST CNTRS | | | | | |
| 101 | HOME PROGRAM DIALYSIS | | | | | |
| | AMBULANCE SERVICES | | | | | |
| | DURABLE MEDICAL EQUIP-REN | | | | | |
| | DURABLE MEDICAL EQUIP-SOL | | | | | |
| | TOTAL | | | | | |

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 | | | 1,632,927 | | | | |
| 38 | OPERATING ROOM | | | | | | | |
| 39 | RECOVERY ROOM | | | | | | | |
| 40 | DELIVERY ROOM & LABOR ROO | | | | | | | |
| 41 | ANESTHESIOLOGY | | | 115,830 | | | | |
| 42 | RADIOLOGY-DIAGNOSTIC | | | 7,238,476 | | | 31,574 | |
| 43 | RADIOLOGY-THERAPEUTIC | | | | | | | |
| 44 | RADIOISOTOPE | | | | | | | |
| 45 | LABORATORY | | | 3,680,759 | | | 151,877 | |
| 46 | PBP CLINICAL LAB SERVICES | | | | | | | |
| 47 | WHOLE BLOOD & PACKED RED | | | | | | | |
| 48 | BLOOD STORING, PROCESSING | | | | | | | |
| 49 | INTRAVENOUS THERAPY | | | 603,208 | | | 16,509 | |
| 50 | RESPIRATORY THERAPY | | | 1,155,847 | | | 30,935 | |
| 51 | PHYSICAL THERAPY | | | | | | | |
| 52 | OCCUPATIONAL THERAPY | | | | | | | |
| 53 | SPEECH PATHOLOGY | | | 722,188 | | | 33,026 | |
| 54 | ELECTROCARDIOLOGY | | | | | | | |
| 55 | ELECTROENCEPHALOGRAPHY | | | 1,877,765 | | | 42,182 | |
| 55 | 30 MEDICAL SUPPLIES CHARGED | | | 168,924 | | | | |
| 56 | IMPL. DEV. CHARGED TO PAT | | | 2,437,429 | | | 360,605 | |
| 57 | DRUGS CHARGED TO PATIENTS | | | | | | | |
| 58 | RENAL DIALYSIS | | | | | | | |
| 60 | ASC (NON-DISTINCT PART) | | | | | | | |
| 61 | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 62 | CLINIC | | | 3,291,373 | | | | |
| 64 | EMERGENCY | | | 402,185 | | | | |
| 65 | OBSERVATION BEDS (NON-DIS | | | | | | | |
| 66 | OTHER REIMBURS COST CNTRS | | | | | | | |
| 67 | HOME PROGRAM DIALYSIS | | | | | | | |
| 101 | AMBULANCE SERVICES | | | | | | | |
| | DURABLE MEDICAL EQUIP-REN | | | | | | | |
| | DURABLE MEDICAL EQUIP-SOL | | | | | | | |
| | TOTAL | | | 23,326,911 | | | 666,708 | |

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

| WKST A | COST CENTER DESCRIPTION | OUTPAT PROG | OUTPAT PROG | OUTPAT PROG | OUTPAT PROG | COL 8.01 | COL 8.02 |
|----------|------------------------------|-------------|--------------|--------------|----------------|----------|----------|
| LINE NO. | | CHARGES | D,V COL 5.03 | D,V COL 5.04 | PASS THRU COST | * COL 5 | * COL 5 |
| | | 8 | 8.01 | 8.02 | 9 | 9.01 | 9.02 |
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| 38 | OPERATING ROOM | | | | | | |
| 39 | RECOVERY ROOM | | | | | | |
| 40 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 41 | ANESTHESIOLOGY | | | | | | |
| 42 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 43 | RADIOLOGY-THERAPEUTIC | | | | | | |
| 44 | RADIOISOTOPE | | | | | | |
| 45 | LABORATORY | | | | | | |
| 46 | PBP CLINICAL LAB SERVICES | | | | | | |
| 47 | WHOLE BLOOD & PACKED RED | | | | | | |
| 48 | BLOOD STORING, PROCESSING | | | | | | |
| 49 | INTRAVENOUS THERAPY | | | | | | |
| 50 | RESPIRATORY THERAPY | | | | | | |
| 51 | PHYSICAL THERAPY | | | | | | |
| 52 | OCCUPATIONAL THERAPY | | | | | | |
| 53 | SPEECH PATHOLOGY | | | | | | |
| 54 | ELECTROCARDIOLOGY | | | | | | |
| 55 | ELECTROENCEPHALOGRAPHY | | | | | | |
| 56 | MEDICAL SUPPLIES CHARGED | | | | | | |
| 57 | 30 IMPL. DEV. CHARGED TO PAT | | | | | | |
| 58 | DRUGS CHARGED TO PATIENTS | | | | | | |
| 59 | RENAL DIALYSIS | | | | | | |
| 60 | ASC (NON-DISTINCT PART) | | | | | | |
| 61 | OUTPAT SERVICE COST CNTRS | | | | | | |
| 62 | CLINIC | | | | | | |
| 63 | EMERGENCY | | | | | | |
| 64 | OBSERVATION BEDS (NON-DIS | | | | | | |
| 65 | OTHER REIMBURS COST CNTRS | | | | | | |
| 66 | HOME PROGRAM DIALYSIS | | | | | | |
| 67 | AMBULANCE SERVICES | | | | | | |
| 101 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| | DURABLE MEDICAL EQUIP-SOL | | | | | | |
| | TOTAL | | | | | | |

TITLE XVIII PART A HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

| | | |
|----|---|-------|
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN) | 4,549 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS) | 2,817 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 2,817 |
| 5 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | 550 |
| 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) | 551 |
| 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) | 631 |
| 9 | TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 1,271 |
| 10 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | 550 |
| 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) | 551 |
| 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 | 146.75 |
| 20 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | 146.75 |
| 21 | TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | 2,667,486 |
| 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 | 92,599 |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | 816,165 |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 1,851,321 |

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

| | | |
|----|---|-----------|
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 2,424,150 |
| 29 | PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | |
| 30 | SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 2,424,150 |
| 31 | GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | .763699 |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE | |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 860.54 |
| 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 | 1,851,321 |

TITLE XVIII PART A HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 657.19
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 835,288
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 835,288

| | TOTAL I/P COST | TOTAL I/P DAYS | AVERAGE PER DIEM | PROGRAM DAYS | PROGRAM COST |
|---|-------------------|-------------------|---------------------|-----------------|-----------------|
| | 1 | 2 | 3 | 4 | 5 |
| 42 NURSERY (TITLE V & XIX ONLY) | | | | | |
| INTENSIVE CARE TYPE INPATIENT | | | | | |
| HOSPITAL UNITS | | | | | |
| 43 INTENSIVE CARE UNIT | | | | | |
| 44 CORONARY CARE UNIT | | | | | |
| 45 BURN INTENSIVE CARE UNIT | | | | | |
| 46 SURGICAL INTENSIVE CARE UNIT | | | | | |
| 47 OTHER SPECIAL CARE | | | | | 1 |
| 48 PROGRAM INPATIENT ANCILLARY SERVICE COST | | | | | 560,519 |
| 49 TOTAL PROGRAM INPATIENT COSTS | | | | | 1,395,807 |

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST 361,455
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST 362,112
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS 723,567
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A HOSPITAL OTHER

PART III - SKILLED NURSING FACILITY, 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 | 796 |
| 84 | ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 657.20 |
| 85 | OBSERVATION BED COST | 523,131 |

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE 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) | 3,461 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS) | 3,461 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 3,461 |
| 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) | 2,818 |
| 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 | 146.75 |
| 20 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | 146.75 |
| 21 | TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | 2,154,189 |
| 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 | 2,154,189 |

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

| | | |
|----|---|-----------|
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 4,123,285 |
| 29 | PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | |
| 30 | SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 4,123,285 |
| 31 | GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | .522445 |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE | |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 1,191.36 |
| 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 | 2,154,189 |

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 622.42
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,753,980
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,753,980

| | TOTAL I/P COST 1 | TOTAL I/P DAYS 2 | AVERAGE PER DIEM 3 | PROGRAM DAYS 4 | PROGRAM COST 5 |
|---|------------------------|------------------------|--------------------------|----------------------|----------------------|
| 42 NURSERY (TITLE V & XIX ONLY) | | | | | |
| 43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS | | | | | |
| 44 INTENSIVE CARE UNIT | | | | | |
| 45 CORONARY CARE UNIT | | | | | |
| 46 BURN INTENSIVE CARE UNIT | | | | | |
| 47 SURGICAL INTENSIVE CARE UNIT | | | | | |
| 47 OTHER SPECIAL CARE | | | | | 1 |
| 48 PROGRAM INPATIENT ANCILLARY SERVICE COST | | | | | 227,323 |
| 49 TOTAL PROGRAM INPATIENT COSTS | | | | | 1,981,303 |

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 144,563
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 13,240
 52 TOTAL PROGRAM EXCLUDABLE COST 157,803
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS 1,823,500

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A 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 | 622.42 |
| 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 | 2,154,189 | | | |
| 87 | NEW CAPITAL-RELATED COST | 177,548 | .082420 | | |
| 88 | NON PHYSICIAN ANESTHETIST | 2,154,189 | | | |
| 89 | MEDICAL EDUCATION | 2,154,189 | | | |
| 89.01 | MEDICAL EDUCATION - ALLIED HEA | | | | |
| 89.02 | MEDICAL EDUCATION - ALL OTHER | | | | |

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) | 4,549 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS) | 2,817 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 2,817 |
| 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) | 1,101 |
| 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) | 631 |
| 9 | TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 257 |
| 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) | 2,424,150 |
| 29 | PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | |
| 30 | SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 2,424,150 |
| 31 | GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE | |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 860.54 |
| 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 | |

TITLE XIX - I/P HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

- 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
- 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST
- 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
- 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST

| | TOTAL I/P COST 1 | TOTAL I/P DAYS 2 | AVERAGE PER DIEM 3 | PROGRAM DAYS 4 | PROGRAM COST 5 |
|---|------------------------|------------------------|--------------------------|----------------------|----------------------|
| 42 NURSERY (TITLE V & XIX ONLY) | | | | | |
| INTENSIVE CARE TYPE INPATIENT | | | | | |
| HOSPITAL UNITS | | | | | |
| 43 INTENSIVE CARE UNIT | | | | | |
| 44 CORONARY CARE UNIT | | | | | |
| 45 BURN INTENSIVE CARE UNIT | | | | | |
| 46 SURGICAL INTENSIVE CARE UNIT | | | | | |
| 47 OTHER SPECIAL CARE | | | | | 1 |
| 48 PROGRAM INPATIENT ANCILLARY SERVICE COST | | | | | 2,009,976 |
| 49 TOTAL PROGRAM INPATIENT COSTS | | | | | 2,009,976 |

PASS THROUGH COST ADJUSTMENTS

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

2,009,976

TARGET AMOUNT AND LIMIT COMPUTATION

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

67

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL 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 | 796 |
| 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 | | | | |

| WKST A LINE NO. | COST CENTER DESCRIPTION | HOSPITAL | | |
|--------------------|---|-------------------------------|---------------------------|------------------------|
| | | RATIO COST TO CHARGES 1 | INPATIENT CHARGES 2 | INPATIENT COST 3 |
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | | 844,669 | |
| 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 | .450067 | 107,130 | 48,216 |
| 38 | RECOVERY ROOM | | | |
| 39 | DELIVERY ROOM & LABOR ROOM | | | |
| 40 | ANESTHESIOLOGY | .156885 | 10,260 | 1,610 |
| 41 | RADIOLOGY-DIAGNOSTIC | .281146 | 219,471 | 61,703 |
| 42 | RADIOLOGY-THERAPEUTIC | | | |
| 43 | RADIOISOTOPE | | | |
| 44 | LABORATORY | .426388 | 237,280 | 101,173 |
| 45 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | |
| 46 | WHOLE BLOOD & PACKED RED BLOOD CELLS | | | |
| 47 | BLOOD STORING, PROCESSING & TRANS. | | | |
| 48 | INTRAVENOUS THERAPY | | | |
| 49 | RESPIRATORY THERAPY | .463794 | 169,714 | 78,712 |
| 50 | PHYSICAL THERAPY | .494556 | 54,340 | 26,874 |
| 51 | OCCUPATIONAL THERAPY | | | |
| 52 | SPEECH PATHOLOGY | | | |
| 53 | ELECTROCARDIOLOGY | .063724 | 77,849 | 4,961 |
| 54 | ELECTROENCEPHALOGRAPHY | | | |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | .187727 | 357,212 | 67,058 |
| 55 | 30 IMPL. DEV. CHARGED TO PATIENT | .598080 | | |
| 56 | DRUGS CHARGED TO PATIENTS | .334736 | 501,676 | 167,929 |
| 57 | RENAL DIALYSIS | | | |
| 58 | ASC (NON-DISTINCT PART) | | | |
| 60 | OUTPAT SERVICE COST CNTRS CLINIC | | | |
| 61 | EMERGENCY | .677948 | 3,368 | 2,283 |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | 1.300722 | | |
| 64 | OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS | | | |
| 65 | AMBULANCE SERVICES | | | |
| 66 | DURABLE MEDICAL EQUIP-RENTED | | | |
| 67 | DURABLE MEDICAL EQUIP-SOLD | | | |
| 101 | TOTAL | | 1,738,300 | 560,519 |
| 102 | LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES | | | |
| 103 | NET CHARGES | | 1,738,300 | |

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 | | 3,367,369 | |
| 37 | ANCILLARY SRVC COST CNTRS OPERATING ROOM | .450067 | | |
| 38 | RECOVERY ROOM | | | |
| 39 | DELIVERY ROOM & LABOR ROOM | | | |
| 40 | ANESTHESIOLOGY | .156885 | | |
| 41 | RADIOLOGY-DIAGNOSTIC | .281146 | 31,574 | 8,877 |
| 42 | RADIOLOGY-THERAPEUTIC | | | |
| 43 | RADIOISOTOPE | | | |
| 44 | LABORATORY | .426388 | 151,877 | 64,759 |
| 45 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | |
| 46 | WHOLE BLOOD & PACKED RED BLOOD CELLS | | | |
| 47 | BLOOD STORING, PROCESSING & TRANS. | | | |
| 48 | INTRAVENOUS THERAPY | | | |
| 49 | RESPIRATORY THERAPY | .463794 | 16,509 | 7,657 |
| 50 | PHYSICAL THERAPY | .494556 | 30,935 | 15,299 |
| 51 | OCCUPATIONAL THERAPY | | | |
| 52 | SPEECH PATHOLOGY | | | |
| 53 | ELECTROCARDIOLOGY | .063724 | 33,026 | 2,105 |
| 54 | ELECTROENCEPHALOGRAPHY | | | |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | .187727 | 42,182 | 7,919 |
| 55 | 30 IMPL. DEV. CHARGED TO PATIENT | .598080 | | |
| 56 | DRUGS CHARGED TO PATIENTS | .334736 | 360,605 | 120,707 |
| 57 | RENAL DIALYSIS | | | |
| 58 | ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS | | | |
| 60 | CLINIC | | | |
| 61 | EMERGENCY | .677948 | | |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS | 1.300722 | | |
| 64 | HOME PROGRAM DIALYSIS | | | |
| 65 | AMBULANCE SERVICES | | | |
| 66 | DURABLE MEDICAL EQUIP-RENTED | | | |
| 67 | DURABLE MEDICAL EQUIP-SOLD | | | |
| 101 | TOTAL | | 666,708 | 227,323 |
| 102 | LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES | | | |
| 103 | NET CHARGES | | 666,708 | |

TITLE XVIII, PART A SWING BED SNF OTHER

| WKST A LINE NO. | COST CENTER DESCRIPTION | RATIO COST TO CHARGES 1 | INPATIENT CHARGES 2 | INPATIENT COST 3 |
|--------------------|---|-------------------------------|---------------------------|------------------------|
| 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 | | | |
| | ANCILLARY SRVC COST CNTRS | | | |
| 37 | OPERATING ROOM | .450067 | 1,150 | 518 |
| 38 | RECOVERY ROOM | | | |
| 39 | DELIVERY ROOM & LABOR ROOM | | | |
| 40 | ANESTHESIOLOGY | .156885 | | |
| 41 | RADIOLOGY-DIAGNOSTIC | .281146 | 26,365 | 7,412 |
| 42 | RADIOLOGY-THERAPEUTIC | | | |
| 43 | RADIOISOTOPE | | | |
| 44 | LABORATORY | .426388 | 84,059 | 35,842 |
| 45 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | |
| 46 | WHOLE BLOOD & PACKED RED BLOOD CELLS | | | |
| 47 | BLOOD STORING, PROCESSING & TRANS. | | | |
| 48 | INTRAVENOUS THERAPY | | | |
| 49 | RESPIRATORY THERAPY | .463794 | 65,347 | 30,308 |
| 50 | PHYSICAL THERAPY | .494556 | 270,089 | 133,574 |
| 51 | OCCUPATIONAL THERAPY | | | |
| 52 | SPEECH PATHOLOGY | | | |
| 53 | ELECTROCARDIOLOGY | .063724 | 1,820 | 116 |
| 54 | ELECTROENCEPHALOGRAPHY | | | |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | .187727 | 88,625 | 16,637 |
| 55 | 30 IMPL. DEV. CHARGED TO PATIENT | .598080 | | |
| 56 | DRUGS CHARGED TO PATIENTS | .334736 | 215,573 | 72,160 |
| 57 | RENAL DIALYSIS | | | |
| 58 | ASC (NON-DISTINCT PART) | | | |
| | OUTPAT SERVICE COST CNTRS | | | |
| 60 | CLINIC | | | |
| 61 | EMERGENCY | .677948 | | |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | 1.300722 | | |
| | OTHER REIMBURS COST CNTRS | | | |
| 64 | HOME PROGRAM DIALYSIS | | | |
| 65 | AMBULANCE SERVICES | | | |
| 66 | DURABLE MEDICAL EQUIP-RENTED | | | |
| 67 | DURABLE MEDICAL EQUIP-SOLD | | | |
| 101 | TOTAL | | 753,028 | 296,567 |
| 102 | LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES | | | |
| 103 | NET CHARGES | | 753,028 | |

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XIX

HOSPITAL

OTHER

| 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 | | 72,301 | |
| 26 | INTENSIVE CARE UNIT | | | |
| 27 | CORONARY CARE UNIT | | | |
| 28 | BURN INTENSIVE CARE UNIT | | | |
| 29 | SURGICAL INTENSIVE CARE UNIT | | | |
| 31 | SUBPROVIDER | | | |
| | ANCILLARY SRVC COST CNTRS | | | |
| 37 | OPERATING ROOM | .450067 | 309,570 | 139,327 |
| 38 | RECOVERY ROOM | | | |
| 39 | DELIVERY ROOM & LABOR ROOM | | | |
| 40 | ANESTHESIOLOGY | .156885 | 22,500 | 3,530 |
| 41 | RADIOLOGY-DIAGNOSTIC | .281146 | 1,501,319 | 422,090 |
| 42 | RADIOLOGY-THERAPEUTIC | | | |
| 43 | RADIOISOTOPE | | | |
| 44 | LABORATORY | .426388 | 522,032 | 222,588 |
| 45 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | |
| 46 | WHOLE BLOOD & PACKED RED BLOOD CELLS | | | |
| 47 | BLOOD STORING, PROCESSING & TRANS. | | | |
| 48 | INTRAVENOUS THERAPY | | | |
| 49 | RESPIRATORY THERAPY | .463794 | 121,773 | 56,478 |
| 50 | PHYSICAL THERAPY | .494556 | 36,468 | 18,035 |
| 51 | OCCUPATIONAL THERAPY | | | |
| 52 | SPEECH PATHOLOGY | | | |
| 53 | ELECTROCARDIOLOGY | .063724 | 32,082 | 2,044 |
| 54 | ELECTROENCEPHALOGRAPHY | | | |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | .187727 | 221,661 | 41,612 |
| 55 | 30 IMPL. DEV. CHARGED TO PATIENT | .598080 | | |
| 56 | DRUGS CHARGED TO PATIENTS | .334736 | 264,276 | 88,463 |
| 57 | RENAL DIALYSIS | | | |
| 58 | ASC (NON-DISTINCT PART) | | | |
| | OUTPAT SERVICE COST CNTRS | | | |
| 60 | CLINIC | | | |
| 61 | EMERGENCY | .677948 | 1,498,359 | 1,015,809 |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | 1.300722 | | |
| | OTHER REIMBURS COST CNTRS | | | |
| 64 | HOME PROGRAM DIALYSIS | | | |
| 65 | AMBULANCE SERVICES | | | |
| 66 | DURABLE MEDICAL EQUIP-RENTED | | | |
| 67 | DURABLE MEDICAL EQUIP-SOLD | | | |
| 101 | TOTAL | | 4,530,040 | 2,009,976 |
| 102 | LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES | | | |
| 103 | NET CHARGES | | 4,530,040 | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-1325 I FROM 7/ 1/2009 I WORKSHEET E
 I COMPONENT NO: I TO 6/30/2010 I PART B
 I 15-1325 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) 1,968,064
 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
 1.04 LINE 1.01 TIMES LINE 1.03.
 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.
 2 INTERNS AND RESIDENTS
 3 ORGAN ACQUISITIONS
 4 COST OF TEACHING PHYSICIANS
 5 TOTAL COST (SEE INSTRUCTIONS) 1,968,064

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES
 6 ANCILLARY SERVICE CHARGES
 7 INTERNS AND RESIDENTS SERVICE CHARGES
 8 ORGAN ACQUISITION CHARGES
 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
 10 TOTAL REASONABLE CHARGES
 CUSTOMARY CHARGES
 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).
 13 RATIO OF LINE 11 TO LINE 12
 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC) 1,987,745
 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18 CAH DEDUCTIBLES 22,915
 18.01 CAH ACTUAL BILLED COINSURANCE 793,210
 LINE 17.01 (SEE INSTRUCTIONS)
 19 SUBTOTAL (SEE INSTRUCTIONS) 1,171,620
 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 1,171,620
 24 PRIMARY PAYER PAYMENTS 1,193
 25 SUBTOTAL 1,170,427

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26 COMPOSITE RATE ESRD
 27 BAD DEBTS (SEE INSTRUCTIONS) 224,133
 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 224,133
 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES 220,780
 28 SUBTOTAL 1,394,560
 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 1,394,560
 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
 34 INTERIM PAYMENTS 1,069,052
 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
 35 BALANCE DUE PROVIDER/PROGRAM 325,508
 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) 50,200
 IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2

TO BE COMPLETED BY CONTRACTOR

50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
 51 OUTLIER RECONCILIATION 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

| | | | | | |
|---|---------------|---|----------------|---|---------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 11/29/2010 |
| I | 15-1325 | I | FROM 7/ 1/2009 | I | WORKSHEET E |
| I | COMPONENT NO: | I | TO 6/30/2010 | I | PART B |
| I | 15-M325 | I | | I | |

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

- 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
- 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
- 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
- 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
- 1.04 LINE 1.01 TIMES LINE 1.03.
- 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
- 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
- 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.
- 2 INTERNS AND RESIDENTS
- 3 ORGAN ACQUISITIONS
- 4 COST OF TEACHING PHYSICIANS
- 5 TOTAL COST (SEE INSTRUCTIONS)

- COMPUTATION OF LESSER OF COST OR CHARGES
- REASONABLE CHARGES
- 6 ANCILLARY SERVICE CHARGES
- 7 INTERNS AND RESIDENTS SERVICE CHARGES
- 8 ORGAN ACQUISITION CHARGES
- 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
- 10 TOTAL REASONABLE CHARGES

- CUSTOMARY CHARGES
- 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
- 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).
- 13 RATIO OF LINE 11 TO LINE 12
- 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
- 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)
- 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)
- 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
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL

- 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
- 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
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2

- TO BE COMPLETED BY CONTRACTOR
- 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
- 51 OUTLIER RECONCILIATION 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

TITLE XVIII HOSPITAL

| DESCRIPTION | INPATIENT-PART A | | P A R T B | |
|--|------------------|-----------|------------|-----------|
| | MM/DD/YYYY | AMOUNT | MM/DD/YYYY | AMOUNT |
| | 1 | 2 | 3 | 4 |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 1,113,188 | | 1,069,052 |
| 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 | 1/11/2010 | 31,746 | | |
| ADJUSTMENTS TO PROGRAM | | .51 | | |
| ADJUSTMENTS TO PROGRAM | | .52 | | |
| ADJUSTMENTS TO PROGRAM | | .53 | | |
| ADJUSTMENTS TO PROGRAM | | .54 | | |
| SUBTOTAL | | .99 | | |
| 4 TOTAL INTERIM PAYMENTS | | -31,746 | | NONE |
| | | 1,081,442 | | 1,069,052 |
| 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 | | 325,508 |
| SETTLEMENT TO PROGRAM | | .02 | | |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | 126,495 | | |
| | | 1,207,937 | | 1,394,560 |

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

| | | | | | |
|---|---------------|---|----------------|---|---------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 11/29/2010 |
| I | 15-1325 | I | FROM 7/ 1/2009 | I | WORKSHEET E-1 |
| I | COMPONENT NO: | I | TO 6/30/2010 | I | |
| I | 15-M325 | I | | I | |

TITLE XVIII

SUBPROVIDER 1

| DESCRIPTION | INPATIENT-PART A | | P A R T B | |
|--|------------------|----------------------------|------------|--------|
| | MM/DD/YYYY | AMOUNT | MM/DD/YYYY | AMOUNT |
| | 1 | 2 | 3 | 4 |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 1,969,077 | | |
| 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 |
| | | 1,969,077 | | |
| 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) | | SETTLEMENT TO PROVIDER .01 | NONE | NONE |
| | | SETTLEMENT TO PROGRAM .02 | 29,093 | |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | | 1,998,170 | |

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

TITLE XVIII

SWING BED SNF

| DESCRIPTION | INPATIENT-PART A | | P A R T B | |
|--|------------------|-----------|------------|--------|
| | MM/DD/YYYY | AMOUNT | MM/DD/YYYY | AMOUNT |
| | 1 | 2 | 3 | 4 |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 989,080 | | |
| 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 | 1/11/2010 | 16,520 | | |
| 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 | | 16,520 | | NONE |
| 4 TOTAL INTERIM PAYMENTS | | 1,005,600 | | |
| 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) | | 22,943 | | |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | 1,028,543 | | |

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

| | | | | | |
|---|---------------|---|----------------|---|---------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 11/29/2010 |
| I | 15-1325 | I | FROM 7/ 1/2009 | I | |
| I | COMPONENT NO: | I | TO 6/30/2010 | I | WORKSHEET E-2 |
| I | 15-Z325 | I | | I | |

TITLE XVIII

SWING BED SNF

| COMPUTATION OF NET COST OF COVERED SERVICES | | PART A | PART B |
|---|--|-----------|--------|
| | | 1 | 2 |
| 1 | INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR) | 730,803 | |
| 2 | INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR) | | |
| 3 | ANCILLARY SERVICES (SEE INSTRUCTIONS) | 299,533 | |
| 4 | PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS) | | |
| 5 | PROGRAM DAYS | 1,101 | |
| 6 | INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS) | | |
| 7 | UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY | | |
| 8 | SUBTOTAL | 1,030,336 | |
| 9 | PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS) | | |
| 10 | SUBTOTAL | 1,030,336 | |
| 11 | DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES) | | |
| 12 | SUBTOTAL | 1,030,336 | |
| 13 | COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES) | 9,288 | |
| 14 | 80% OF PART B COSTS | | |
| 15 | SUBTOTAL | 1,021,048 | |
| 16 | OTHER ADJUSTMENTS (SPECIFY) | | |
| 17 | REIMBURSABLE BAD DEBTS | 7,495 | |
| 17.01 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | | |
| 18 | TOTAL | 1,028,543 | |
| 19 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | | |
| 20 | INTERIM PAYMENTS | 1,005,600 | |
| 20.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | | |
| 21 | BALANCE DUE PROVIDER/PROGRAM | 22,943 | |
| 22 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2. | -4,691 | |

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) | 2,088,136 |
| 1.09 | NET IPF PPS OUTLIER PAYMENTS | 4,122 |
| 1.10 | NET IPF PPS ECT PAYMENTS | |
| 1.11 | UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS) | |
| 1.12 | NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS) | |
| 1.13 | CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) | |
| 1.14 | CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) | |
| 1.15 | INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 1.16 | AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) | 9.482192 |
| 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) | 2,092,258 |
| 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) | 2,092,258 |
| | | |
| INPATIENT REHABILITATION FACILITY (IRF) | | |
| 1.35 | UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.) | |
| 1.36 | NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS) | |
| 1.37 | CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) | |
| 1.38 | CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) | |
| 1.39 | INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 1.40 | AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) | |
| 1.41 | MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1\}$. | |
| 1.42 | MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41). | |
| | | |
| 2 | ORGAN ACQUISITION | |
| 3 | COST OF TEACHING PHYSICIANS | |
| 4 | SUBTOTAL (SEE INSTRUCTIONS) | 2,092,258 |
| 5 | PRIMARY PAYER PAYMENTS | |
| 6 | SUBTOTAL | 2,092,258 |
| 7 | DEDUCTIBLES | 119,176 |
| 8 | SUBTOTAL | 1,973,082 |
| 9 | COINSURANCE | 4,005 |
| 10 | SUBTOTAL | 1,969,077 |
| 11 | REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS) | 41,561 |
| 11.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 29,093 |
| 11.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | |
| 12 | SUBTOTAL | 1,998,170 |
| 13 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | |
| 13.01 | OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS) | |
| 14 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | |
| 15 | OTHER ADJUSTMENTS (SPECIFY) | |
| 15.99 | OUTLIER RECONCILIATION ADJUSTMENT | |

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

| | | |
|-------|---|-----------|
| 16 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | |
| 17 | TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS) | 1,998,170 |
| 18 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 19 | INTERIM PAYMENTS | 1,969,077 |
| 19.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | |
| 20 | BALANCE DUE PROVIDER/PROGRAM | 29,093 |
| 21 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2. | |

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

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

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

| | | |
|--|--|-----------|
| 1 | INPATIENT SERVICES | 1,395,807 |
| 1.01 | NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT | |
| 2 | ORGAN ACQUISITION | |
| 3 | COST OF TEACHING PHYSICIANS | |
| 4 | SUBTOTAL | 1,395,807 |
| 5 | PRIMARY PAYER PAYMENTS | |
| 6 | TOTAL COST. FOR CAH (SEE INSTRUCTIONS) | 1,409,765 |
| COMPUTATION OF LESSER OF COST OR CHARGES | | |
| REASONABLE CHARGES | | |
| 7 | ROUTINE SERVICE CHARGES | |
| 8 | ANCILLARY SERVICE CHARGES | |
| 9 | ORGAN ACQUISITION CHARGES, NET OF REVENUE | |
| 10 | TEACHING PHYSICIANS | |
| 11 | TOTAL REASONABLE CHARGES | |
| CUSTOMARY CHARGES | | |
| 12 | AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | |
| 13 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e) | |
| 14 | RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000) | |
| 15 | TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) | |
| 16 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | |
| 17 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | | |
| 18 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | |
| 19 | COST OF COVERED SERVICES | 1,409,765 |
| 20 | DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT) | 221,868 |
| 21 | EXCESS REASONABLE COST | |
| 22 | SUBTOTAL | 1,187,897 |
| 23 | COINSURANCE | |
| 24 | SUBTOTAL | 1,187,897 |
| 25 | REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS) | 20,040 |
| 25.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 20,040 |
| 25.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | 16,903 |
| 26 | SUBTOTAL | 1,207,937 |
| 27 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | |
| 28 | OTHER ADJUSTMENTS (SPECIFY) | |
| 29 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | |
| 30 | SUBTOTAL | 1,207,937 |
| 31 | SEQUESTRATION ADJUSTMENT | |
| 32 | INTERIM PAYMENTS | 1,081,442 |
| 32.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | |
| 33 | BALANCE DUE PROVIDER/PROGRAM | 126,495 |
| 34 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2. | 24,076 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

| | TITLE XIX | HOSPITAL | TITLE V OR TITLE XIX 1 | TITLE XVIII SNF PPS 2 |
|-------|--|----------|------------------------------|-----------------------------|
| | COMPUTATION OF NET COST OF COVERED SERVICE | | | |
| 1 | INPATIENT HOSPITAL/SNF/NF SERVICES | | 2,009,976 | |
| 2 | MEDICAL AND OTHER SERVICES | | | |
| 3 | INTERNS AND RESIDENTS (SEE INSTRUCTIONS) | | | |
| 4 | ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY) | | | |
| 5 | COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS) | | | |
| 6 | SUBTOTAL | | 2,009,976 | |
| 7 | INPATIENT PRIMARY PAYER PAYMENTS | | | |
| 8 | OUTPATIENT PRIMARY PAYER PAYMENTS | | | |
| 9 | SUBTOTAL | | 2,009,976 | |
| | COMPUTATION OF LESSER OF COST OR CHARGES | | | |
| | REASONABLE CHARGES | | | |
| 10 | ROUTINE SERVICE CHARGES | | 72,301 | |
| 11 | ANCILLARY SERVICE CHARGES | | 4,530,040 | |
| 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 | | 4,602,341 | |
| | 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) | | 4,602,341 | |
| 21 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | | 2,592,365 | |
| 22 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | | |
| 23 | COST OF COVERED SERVICES | | 2,009,976 | |
| | PROSPECTIVE PAYMENT AMOUNT | | | |
| 24 | OTHER THAN OUTLIER PAYMENTS | | | |
| 25 | OUTLIER PAYMENTS | | | |
| 26 | PROGRAM CAPITAL PAYMENTS | | | |
| 27 | CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS) | | | |
| 28 | ROUTINE SERVICE OTHER PASS THROUGH COSTS | | | |
| 29 | ANCILLARY SERVICE OTHER PASS THROUGH COSTS | | | |
| 30 | SUBTOTAL | | 2,009,976 | |
| 31 | CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY) | | | |
| 32 | TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30 | | 2,009,976 | |
| 33 | DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT) | | | |
| | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | |
| 34 | EXCESS OF REASONABLE COST | | | |
| 35 | SUBTOTAL | | 2,009,976 | |
| 36 | COINSURANCE | | | |
| 37 | SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19 | | | |
| 38 | REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | | | |
| 38.01 | ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS) | | | |
| 38.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | | | |
| 38.03 | ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS) | | | |
| 39 | UTILIZATION REVIEW | | | |
| 40 | SUBTOTAL (SEE INSTRUCTIONS) | | 2,009,976 | |
| 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 | | 2,009,976 | |
| 53 | INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY) | | | |
| 54 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | | | |
| 55 | TOTAL AMOUNT PAYABLE TO THE PROVIDER | | 2,009,976 | |
| 56 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | | | |
| 57 | INTERIM PAYMENTS | | 2,009,976 | |
| 57.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | | | |
| 58 | BALANCE DUE PROVIDER/PROGRAM | | | |

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

TITLE XIX

HOSPITAL

TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
 IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

| ASSETS | | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|----------------|--|-----------------|-----------------------------|-------------------|---------------|
| | | 1 | 2 | 3 | 4 |
| CURRENT ASSETS | | | | | |
| 1 | CASH ON HAND AND IN BANKS | 1,817,417 | | | |
| 2 | TEMPORARY INVESTMENTS | | | | |
| 3 | NOTES RECEIVABLE | | | | |
| 4 | ACCOUNTS RECEIVABLE | 4,021,561 | | | |
| 5 | OTHER RECEIVABLES | | | | |
| 6 | LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE | -1,922,948 | | | |
| 7 | INVENTORY | 168,818 | | | |
| 8 | PREPAID EXPENSES | | | | |
| 9 | OTHER CURRENT ASSETS | 424,638 | | | |
| 10 | DUE FROM OTHER FUNDS | | | | |
| 11 | TOTAL CURRENT ASSETS | 4,509,486 | | | |
| FIXED ASSETS | | | | | |
| 12 | LAND | 468,488 | | | |
| 12.01 | LAND IMPROVEMENTS | | | | |
| 13 | LAND IMPROVEMENTS | | | | |
| 13.01 | LESS ACCUMULATED DEPRECIATION | | | | |
| 14 | BUILDINGS | 10,890,574 | | | |
| 14.01 | LESS ACCUMULATED DEPRECIATION | -7,660,756 | | | |
| 15 | LEASEHOLD IMPROVEMENTS | | | | |
| 15.01 | LESS ACCUMULATED DEPRECIATION | | | | |
| 16 | FIXED EQUIPMENT | 7,758,967 | | | |
| 16.01 | LESS ACCUMULATED DEPRECIATION | -5,457,876 | | | |
| 17 | AUTOMOBILES AND TRUCKS | | | | |
| 17.01 | LESS ACCUMULATED DEPRECIATION | | | | |
| 18 | MAJOR MOVABLE EQUIPMENT | | | | |
| 18.01 | LESS ACCUMULATED DEPRECIATION | | | | |
| 19 | MINOR EQUIPMENT DEPRECIABLE | | | | |
| 19.01 | LESS ACCUMULATED DEPRECIATION | | | | |
| 20 | MINOR EQUIPMENT-NONDEPRECIABLE | | | | |
| 21 | TOTAL FIXED ASSETS | 5,999,397 | | | |
| OTHER ASSETS | | | | | |
| 22 | INVESTMENTS | 111,154 | | | |
| 23 | DEPOSITS ON LEASES | | | | |
| 24 | DUE FROM OWNERS/OFFICERS | | | | |
| 25 | OTHER ASSETS | 68,050 | 469,010 | | |
| 26 | TOTAL OTHER ASSETS | 179,204 | 469,010 | | |
| 27 | TOTAL ASSETS | 10,688,087 | 469,010 | | |

BALANCE SHEET

| | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|--|-----------------|-----------------------------|-------------------|---------------|
| | 1 | 2 | 3 | 4 |
| LIABILITIES AND FUND BALANCE | | | | |
| CURRENT LIABILITIES | | | | |
| 28 ACCOUNTS PAYABLE | 325,360 | | | |
| 29 SALARIES, WAGES & FEES PAYABLE | | | | |
| 30 PAYROLL TAXES PAYABLE | | | | |
| 31 NOTES AND LOANS PAYABLE (SHORT TERM) | 239,213 | | | |
| 32 DEFERRED INCOME | | | | |
| 33 ACCELERATED PAYMENTS | | | | |
| 34 DUE TO OTHER FUNDS | | | | |
| 35 OTHER CURRENT LIABILITIES | 4,232,861 | | | |
| 36 TOTAL CURRENT LIABILITIES | 4,797,434 | | | |
| LONG TERM LIABILITIES | | | | |
| 37 MORTGAGE PAYABLE | 4,599,715 | | | |
| 38 NOTES PAYABLE | | | | |
| 39 UNSECURED LOANS | | | | |
| 40.01 LOANS PRIOR TO 7/1/66 | | | | |
| 40.02 ON OR AFTER 7/1/66 | | | | |
| 41 OTHER LONG TERM LIABILITIES | 1,917,462 | | | |
| 42 TOTAL LONG-TERM LIABILITIES | 6,517,177 | | | |
| 43 TOTAL LIABILITIES | 11,314,611 | | | |
| CAPITAL ACCOUNTS | | | | |
| 44 GENERAL FUND BALANCE | -626,524 | | | |
| 45 SPECIFIC PURPOSE FUND | | 469,010 | | |
| 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 | -626,524 | 469,010 | | |
| 52 TOTAL LIABILITIES AND FUND BALANCES | 10,688,087 | 469,010 | | |

STATEMENT OF CHANGES IN FUND BALANCES

| | GENERAL FUND | SPECIFIC PURPOSE FUND |
|--|--------------|-----------------------|
| | 1 | 2 3 4 |
| 1 FUND BALANCE AT BEGINNING | | 277,369 |
| 2 OF PERIOD | | |
| 3 NET INCOME (LOSS) | | -997,563 |
| 4 TOTAL | | -720,194 |
| 5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY) | | |
| 6 DEFERRED PENSION COST | 104,353 | |
| 7 TEMPORARILY RESTRICTED CO | | 42,519 |
| 8 | | |
| 9 | | |
| 10 TOTAL ADDITIONS | 104,353 | 42,519 |
| 11 SUBTOTAL | -615,841 | 469,010 |
| 12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY) | | |
| 13 TRANSFER TO AFFILIATES | 10,682 | |
| 14 ROUNDING | 1 | |
| 15 | | |
| 16 | | |
| 17 | | |
| 18 TOTAL DEDUCTIONS | 10,683 | |
| 19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET | -626,524 | 469,010 |

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-1325 I FROM 7/ 1/2009 I WORKSHEET G-2
 I I TO 6/30/2010 I PARTS I & II

PART I - PATIENT REVENUES

| REVENUE CENTER | INPATIENT 1 | OUTPATIENT 2 | TOTAL 3 |
|---|----------------|-----------------|------------|
| GENERAL INPATIENT ROUTINE CARE SERVICES | | | |
| 1 00 HOSPITAL | 2,424,150 | | 2,424,150 |
| 2 00 SUBPROVIDER | 4,123,285 | | 4,123,285 |
| 4 00 SWING BED - SNF | | | |
| 5 00 SWING BED - NF | | | |
| 6 00 SKILLED NURSING FACILITY | | | |
| 7 00 NURSING FACILITY | | | |
| 7 01 ICF/MR | | | |
| 8 00 OTHER LONG TERM CARE | | | |
| 9 00 TOTAL GENERAL INPATIENT ROUTINE CARE | 6,547,435 | | 6,547,435 |
| INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS | | | |
| 10 00 INTENSIVE CARE UNIT | | | |
| 11 00 CORONARY CARE UNIT | | | |
| 12 00 BURN INTENSIVE CARE UNIT | | | |
| 13 00 SURGICAL INTENSIVE CARE UNIT | | | |
| 15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP | | | |
| 16 00 TOTAL INPATIENT ROUTINE CARE SERVICE | 6,547,435 | | 6,547,435 |
| 17 00 ANCILLARY SERVICES | 5,194,056 | 22,704,184 | 27,898,240 |
| 18 00 OUTPATIENT SERVICES | | | |
| 19 00 HOME HEALTH AGENCY | | | |
| 20 00 AMBULANCE SERVICES | | | |
| 21 00 CORF | | | |
| 22 00 AMBULATORY SURGICAL CENTER (D.P.) | | | |
| 23 00 HOSPICE | | | |
| 24 00 NRCC | | 166,028 | 166,028 |
| 25 00 TOTAL PATIENT REVENUES | 11,741,491 | 22,870,212 | 34,611,703 |

PART II-OPERATING EXPENSES

| | | | |
|--------------------------------|-----------|------------|--|
| 26 00 OPERATING EXPENSES | | 14,617,521 | |
| ADD (SPECIFY) | | | |
| 27 00 BAD DEBT EXPENSE | 4,097,528 | | |
| 28 00 | | | |
| 29 00 | | | |
| 30 00 | | | |
| 31 00 | | | |
| 32 00 | | | |
| 33 00 TOTAL ADDITIONS | | 4,097,528 | |
| DEDUCT (SPECIFY) | | | |
| 34 00 DEDUCT (SPECIFY) | | | |
| 35 00 | | | |
| 36 00 | | | |
| 37 00 | | | |
| 38 00 | | | |
| 39 00 TOTAL DEDUCTIONS | | | |
| 40 00 TOTAL OPERATING EXPENSES | | 18,715,049 | |

| DESCRIPTION | | |
|----------------|---|------------|
| 1 | TOTAL PATIENT REVENUES | 34,611,703 |
| 2 | LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS | 17,089,582 |
| 3 | NET PATIENT REVENUES | 17,522,121 |
| 4 | LESS: TOTAL OPERATING EXPENSES | 18,715,049 |
| 5 | NET INCOME FROM SERVICE TO PATIENTS | -1,192,928 |
| OTHER INCOME | | |
| 6 | CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC. | |
| 7 | INCOME FROM INVESTMENTS | 69,905 |
| 8 | REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE | |
| 9 | REVENUE FROM TELEVISION AND RADIO SERVICE | |
| 10 | PURCHASE DISCOUNTS | 552 |
| 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 | 25,235 |
| 15 | REVENUE FROM RENTAL OF LIVING QUARTERS | |
| 16 | REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS | |
| 17 | REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS | |
| 18 | REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS | 1,269 |
| 19 | TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC) | |
| 20 | REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN | |
| 21 | RENTAL OF VENDING MACHINES | 4,655 |
| 22 | RENTAL OF HOSPITAL SPACE | |
| 23 | GOVERNMENTAL APPROPRIATIONS | |
| 24 | OTHER OPERATING REVENUE | 24,111 |
| 24.01 | OTHER HOUSEKEEPING REVENUE | 8,044 |
| 24.02 | EXERCISE REVENUE | 35,382 |
| 24.03 | OTHER MAINTENENCE REVENUE | 450 |
| 24.04 | OTHER REHAB SERVICES | 10,185 |
| 24.05 | FOUNDATION | 14,150 |
| 24.06 | GENESIS HEALTH | 1,428 |
| 24.07 | | |
| 24.08 | | |
| 24.09 | | |
| 24.10 | | |
| 25 | TOTAL OTHER INCOME | 195,366 |
| 26 | TOTAL | -997,562 |
| OTHER EXPENSES | | |
| 27 | ROUNDING | 1 |
| 28 | | |
| 29 | | |
| 30 | TOTAL OTHER EXPENSES | 1 |
| 31 | NET INCOME (OR LOSS) FOR THE PERIOD | -997,563 |