

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

FORM APPROVED OMB NO. 0938-0050

WORKSHEET S PARTS I & II

| | | | | | | | | |
|--|--|--------------|--|---------------|--|-------------------------|--|------------------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX | | PROVIDER NO: | | PERIOD | | INTERMEDIARY USE ONLY | | DATE RECEIVED: |
| COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | | 15-0167 | | FROM 1/1/2010 | | --AUDITED X-DESK REVIEW | | 6/2/2011 |
| | | | | TO 12/31/2010 | | --INITIAL --REOPENED | | INTERMEDIARY NO: |
| | | | | | | --FINAL 2-MCR CODE | | 130 |
| | | | | | | OO - # OF REOPENINGS | | |

ELECTRONICALLY FILED COST REPORT DATE: 6/7/2012 TIME 10:46

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: ORTHOPAEDIC HOSPITAL AT PARKVIEW NOR 15-0167 FOR THE COST REPORTING PERIOD BEGINNING 1/1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

| | | TITLE V | A | TITLE XVIII | B | TITLE XIX | |
|-----|----------|---------|--------|-------------|---|-----------|--|
| | | 1 | 2 | 3 | 4 | | |
| 1 | HOSPITAL | 0 | 12,889 | 13,831 | 0 | | |
| 100 | TOTAL | 0 | 12,889 | 13,831 | 0 | | |

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 11119 PARKVIEW PLAZA DRIVE P.O. BOX:
 1.01 CITY: FORT WAYNE STATE: IN ZIP CODE: 46845-1705 COUNTY: ALLEN

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

| COMPONENT | COMPONENT NAME | PROVIDER NO. | NPI NUMBER | DATE CERTIFIED | PAYMENT SYSTEM (P, T, O OR N) |
|-----------|----------------|--------------|------------|----------------|-------------------------------|
| 02.00 | HOSPITAL | 15-0167 | 2.01 | 11/8/2007 | V XVIII XIX 4 5 6 N P P |

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/1/2010 TO: 12/31/2010

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.105 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. N N
- 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 23060
- 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 (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "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 IN COL 1 "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 §3121 or MMEA §108? 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 1, 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. N N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION 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). / /

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) V XVIII XIX
 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 Y N
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? 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 15-1, 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 15H032
 40.01 NAME: PARKVIEW HEALTH SYSTEM, INC. FI/CONTRACTOR NAME NATIONAL GOVERNMENT SERVICES, LLC FI/CONTRACTOR # 8
 40.02 STREET: 10501 CORPORATE DRIVE P.O. BOX: 5600
 40.03 CITY: FORT WAYNE STATE: IN ZIP CODE: 46895 5600
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? N
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? N
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? N
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD? N
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
 DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS). N

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 |

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
 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 81,962
 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 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

| LINE | DESCRIPTION | DATE | Y OR N | LIMIT | Y OR N | FEES |
|-------|--|------|--------|-------|--------|------|
| | | 0 | 1 | 2 | 3 | 4 |
| 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. | | N | 0.00 | | 0 |
| 56.01 | ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. | | | 0.00 | | 0 |
| 56.02 | THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. | | | 0.00 | | 0 |
| 56.03 | FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. | | | 0.00 | | 0 |
| 57 | ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? | | N | | | |
| 58 | ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. | | N | | | |
| 58.01 | IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). | | | | | |
| 59 | ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) | | N | | | |
| 60 | ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) | | N | | | |
| 60.01 | IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST 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 |

MULTI CAMPUS

| | | | | | | |
|-------|---|--|--|--|--|---|
| 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. | | | | | N |
| | 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. | | | | | |

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

SETTLEMENT DATA

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

MI SCCELLANEOUS DATA

| | | | | | | |
|-------|--|--|--|--|--|---|
| 64.00 | DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. | | | | | Y |
|-------|--|--|--|--|--|---|

| PART II - WAGE DATA | AMOUNT REPORTED 1 | RECLASS OF SALARIES 2 | ADJUSTED SALARIES 3 | PAID HOURS RELATED TO SALARY 4 | AVERAGE HOURLY WAGE 5 | DATA SOURCE 6 |
|--|----------------------|--------------------------|------------------------|-----------------------------------|--------------------------|------------------|
| SALARIES | | | | | | |
| 1 TOTAL SALARY | 5,365,469 | 5,554,514 | 10,919,983 | 412,063.00 | 26.50 | |
| 2 NON-PHYSICIAN ANESTHETIST PART A | | | | | | |
| 3 NON-PHYSICIAN ANESTHETIST PART B | | | | | | |
| 4 PHYSICIAN - PART A | | | | | | |
| 4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS) | | | | | | |
| 5 PHYSICIAN - PART B | | | | | | |
| 5.01 NON-PHYSICIAN - PART B | | | | | | |
| 6 INTERNS & RESIDENTS (APPRVD) | | | | | | |
| 6.01 CONTRACT SERVICES, I&R | | | | | | |
| 7 HOME OFFICE PERSONNEL | 2,265,720 | | 2,265,720 | 82,521.00 | 27.46 | A-8-1 WORKPAPER |
| 8 SNF | | | | | | |
| 8.01 EXCLUDED AREA SALARIES | | | | | | |
| OTHER WAGES & RELATED COSTS | | | | | | |
| 9 CONTRACT LABOR: | | | | | | |
| 9.01 PHARMACY SERVICES UNDER CONTRACT | | | | | | |
| 9.02 LABORATORY SERVICES UNDER CONTRACT | | | | | | |
| 9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT | | | | | | |
| 10 CONTRACT LABOR: PHYS PART A | | | | | | |
| 10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS) | | | | | | |
| 11 HOME OFFICE SALARIES & WAGE RELATED COSTS | | | | | | A-8-1 WORKPAPER |
| 12 HOME OFFICE: PHYS PART A | | | | | | |
| 12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS) | | | | | | |
| WAGE RELATED COSTS | | | | | | |
| 13 WAGE-RELATED COSTS (CORE) | 4,531,752 | | 4,531,752 | | | CMS 339 |
| 14 WAGE-RELATED COSTS (OTHER) | | | | | | CMS 339 |
| 15 EXCLUDED AREAS | | | | | | CMS 339 |
| 16 NON-PHYS ANESTHETIST PART A | | | | | | CMS 339 |
| 17 NON-PHYS ANESTHETIST PART B | | | | | | CMS 339 |
| 18 PHYSICIAN PART A | | | | | | CMS 339 |
| 18.01 PART A TEACHING PHYSICIANS | | | | | | CMS 339 |
| 19 PHYSICIAN PART B | | | | | | CMS 339 |
| 19.01 WAGE-RELATED COSTS (RHC/FOHC) | | | | | | CMS 339 |
| 20 INTERNS & RESIDENTS (APPRVD) | | | | | | CMS 339 |
| OVERHEAD COSTS - DIRECT SALARIES | | | | | | |
| 21 EMPLOYEE BENEFITS | 693,439 | -693,439 | | | | |
| 22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT | 500,988 | 2,728,253 | 3,229,241 | 110,816.00 | 29.14 | |
| 22.01 MAINTENANCE & REPAIRS | | | | | | |
| 23 OPERATION OF PLANT | 105,584 | 455,822 | 561,406 | 24,825.00 | 22.61 | |
| 24 LAUNDRY & LINEN SERVICE | | | | | | |
| 25 HOUSEKEEPING | | 369,028 | 369,028 | 13,397.00 | 27.55 | |
| 26.01 HOUSEKEEPING UNDER CONTRACT | | | | | | |
| 27 DIETARY | | 290,583 | 290,583 | 10,549.00 | 27.55 | |
| 27.01 DIETARY UNDER CONTRACT | | | | | | |
| 28 CAFETERIA | | | | | | |
| 29 MAINTENANCE OF PERSONNEL | | | | | | |
| 30 NURSING ADMINISTRATION | | | | | | |
| 31 CENTRAL SERVICE AND SUPPLY | | 31,676 | 31,676 | 1,150.00 | 27.54 | |
| 32 PHARMACY | | 16,324 | 16,324 | 293.00 | 55.71 | |
| 33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY | | 71,213 | 71,213 | 4,274.00 | 16.66 | |
| 34 SOCIAL SERVICE | | | | | | |
| 35 OTHER GENERAL SERVICE | | | | | | |
| PART III - HOSPITAL WAGE INDEX SUMMARY | | | | | | |
| 1 NET SALARIES | 3,099,749 | 5,554,514 | 8,654,263 | 329,542.00 | 26.26 | |
| 2 EXCLUDED AREA SALARIES | | | | | | |
| 3 SUBTOTAL SALARIES | 3,099,749 | 5,554,514 | 8,654,263 | 329,542.00 | 26.26 | |
| 4 SUBTOTAL OTHER WAGES & RELATED COSTS | | | | | | |
| 5 SUBTOTAL WAGE-RELATED COSTS | 4,531,752 | | 4,531,752 | | 52.36 | |
| 6 TOTAL | 7,631,501 | 5,554,514 | 13,186,015 | 329,542.00 | 40.01 | |
| 7 NET SALARIES | | | | | | |
| 8 EXCLUDED AREA SALARIES | | | | | | |
| 9 SUBTOTAL SALARIES | | | | | | |
| 10 SUBTOTAL OTHER WAGES & RELATED COSTS | | | | | | |
| 11 SUBTOTAL WAGE-RELATED COSTS | | | | | | |
| 12 TOTAL | | | | | | |
| 13 TOTAL OVERHEAD COSTS | 1,300,011 | 3,269,460 | 4,569,471 | 165,304.00 | 27.64 | |

DESCRIPTION

| | | |
|--------------------------------|---|-----------|
| UNCOMPENSATED CARE INFORMATION | | |
| 1 | DO YOU HAVE A WRITTEN CHARITY CARE POLICY? | |
| 2 | ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04 | |
| 2.01 | IS IT AT THE TIME OF ADMISSION? | |
| 2.02 | IS IT AT THE TIME OF FIRST BILLING? | |
| 2.03 | IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE? | |
| 2.04 | | |
| 3 | ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS? | |
| 4 | ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA? | |
| 5 | ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY? | |
| 6 | ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA? | |
| 7 | ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA? | |
| 8 | DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01 | |
| 8.01 | DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES? | |
| 9 | IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04 | |
| 9.01 | IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY? | |
| 9.02 | IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT? | |
| 9.03 | IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION? | |
| 9.04 | IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT? | |
| 10 | IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF? | |
| 11 | IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04 | |
| 11.01 | IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL? | |
| 11.02 | IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL? | |
| 11.03 | IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL? | |
| 11.04 | IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL? | |
| 12 | ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE? | |
| 13 | IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES? | |
| 14 | IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02 | |
| 14.01 | DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE? | |
| 14.02 | WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING? | |
| 15 | DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS? | |
| 16 | ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE? | |
| UNCOMPENSATED CARE REVENUES | | |
| 17 | REVENUE FROM UNCOMPENSATED CARE | 330,572 |
| 17.01 | GROSS MEDICAID REVENUES | 8,226,789 |
| 18 | REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS | |
| 19 | REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS) | |
| 20 | RESTRICTED GRANTS | |
| 21 | NON-RESTRICTED GRANTS | |
| 22 | TOTAL GROSS UNCOMPENSATED CARE REVENUES | 8,557,361 |
| UNCOMPENSATED CARE COST | | |
| 23 | TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS | |
| 24 | COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) | .305023 |
| 25 | TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24) | |
| 26 | TOTAL SCHIP CHARGES FROM YOUR RECORDS | |
| 27 | TOTAL SCHIP COST, (LINE 24 * LINE 26) | |
| 28 | TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS | 8,226,789 |

DESCRIPTION

| | | |
|----|--|-----------|
| 29 | TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28) | 2,509,360 |
| 30 | OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS | 330,572 |
| 31 | UNCOMPENSATED CARE COST (LINE 24 * LINE 30) | 100,832 |
| 32 | TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29) | 2,509,360 |

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0167
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/7/2012
 WORKSHEET A

| 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 | | 1,801 | 1,801 | 425,780 | 427,581 |
| 4 | 0400 NEW CAP REL COSTS-MVBLE EQUIP | | 569,036 | 569,036 | | 569,036 |
| 5 | 0500 EMPLOYEE BENEFITS | 693,439 | 1,663,777 | 2,357,216 | -693,439 | 1,663,777 |
| 6 | 0600 ADMINISTRATIVE & GENERAL | 500,988 | 7,981,184 | 8,482,172 | -315,706 | 8,166,466 |
| 7 | 0700 MAINTENANCE & REPAIRS | | | | | |
| 8 | 0800 OPERATION OF PLANT | 105,584 | 1,421,635 | 1,527,219 | 15,467 | 1,542,686 |
| 9 | 0900 LAUNDRY & LINEN SERVICE | | | | | |
| 10 | 1000 HOUSEKEEPING | | 369,237 | 369,237 | | 369,237 |
| 11 | 1100 DIETARY | | 291,748 | 291,748 | | 291,748 |
| 12 | 1200 CAFETERIA | | | | | |
| 13 | 1300 MAINTENANCE OF PERSONNEL | | | | | |
| 14 | 1400 NURSING ADMINISTRATION | | | | | |
| 15 | 1500 CENTRAL SERVICES & SUPPLY | | 63,996 | 63,996 | | 63,996 |
| 16 | 1600 PHARMACY | | 7,842 | 7,842 | 8,250 | 16,092 |
| 17 | 1700 MEDICAL RECORDS & LIBRARY | | | | | |
| 18 | 1800 SOCIAL SERVICE | | | | | |
| 20 | 2000 NONPHYSICIAN ANESTHETISTS | | | | | |
| 21 | 2100 NURSING SCHOOL | | | | | |
| 22 | 2200 I&R SERVICES-SALARY & FRINGES APPRVD | | | | -33,905 | -33,905 |
| 23 | 2300 I&R SERVICES-OTHER PRGM COSTS APPRVD | | | | | |
| 24 | 2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS | | | | | |
| 25 | 2500 ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS | 1,320,043 | 210,663 | 1,530,706 | 121,140 | 1,651,846 |
| 37 | 3700 OPERATING ROOM | 2,259,623 | 21,126,393 | 23,386,016 | -21,067,737 | 2,318,279 |
| 40 | 4000 ANESTHESIOLOGY | | | | 864,932 | 864,932 |
| 41 | 4100 RADIOLOGY-DIAGNOSTIC | | 306,748 | 306,748 | | 306,748 |
| 44 | 4400 LABORATORY | | 242,449 | 242,449 | | 242,449 |
| 46 | 4600 WHOLE BLOOD & PACKED RED BLOOD CELLS | | 88,520 | 88,520 | | 88,520 |
| 46.30 | 4650 BLOOD CLOTTING FACTORS ADMIN COSTS | | | | | |
| 49 | 4900 RESPIRATORY THERAPY | | 57,084 | 57,084 | | 57,084 |
| 50 | 5000 PHYSICAL THERAPY | 430,214 | 8,057 | 438,271 | 63,753 | 502,024 |
| 55 | 5500 MEDICAL SUPPLIES CHARGED TO PATIENTS | 55,578 | | 55,578 | 4,302,778 | 4,358,356 |
| 55.30 | 5530 IMPL. DEV. CHARGED TO PATIENT | | | | 16,308,687 | 16,308,687 |
| 56 | 5600 DRUGS CHARGED TO PATIENTS | | 1,068,614 | 1,068,614 | | 1,068,614 |
| 59.97 | 3997 CARDIAC REHABILITATION | | | | | |
| 59.98 | 3998 HYPERBARIC OXYGEN THERAPY | | | | | |
| 59.99 | 3999 LI THOTRI PSY | | | | | |
| 60 | 6000 OUTPAT SERVICE COST CNTRS CLINIC | | 194 | 194 | | 194 |
| 62 | 6200 OBSERVATION BEDS (NON-DISTINCT PART) | | | | | |
| 63.50 | 6310 RHC | | | | | |
| 63.60 | 6320 FQHC | | | | | |
| 69.10 | 6910 OTHER REIMBURS COST CNTRS CMHC | | | | | |
| 69.20 | 6920 OUTPATIENT PHYSICAL THERAPY | | | | | |
| 69.30 | 6930 OUTPATIENT OCCUPATIONAL THERAPY | | | | | |
| 69.40 | 6940 OUTPATIENT SPEECH PATHOLOGY | | | | | |
| 71 | 7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS | | | | | |
| 85.01 | 8510 PANCREAS ACQUISITION | | | | | |
| 85.02 | 8520 INTESTINAL ACQUISITION | | | | | |
| 85.03 | 8530 ISLET CELL ACQUISITION | | | | | |
| 95 | SUBTOTALS | 5,365,469 | 35,478,978 | 40,844,447 | -0- | 40,844,447 |
| 100 | 7950 NONREIMBURS COST CENTERS STUDENT NURSE PROGRAM | | | | | |
| 101 | TOTAL | 5,365,469 | 35,478,978 | 40,844,447 | -0- | 40,844,447 |

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0167
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 6/7/2012
WORKSHEET A

| 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 | 10,044 | 437,625 |
| 4 | 0400 NEW CAP REL COSTS-MVBLE EQUIP | 1,075,782 | 1,644,818 |
| 5 | 0500 EMPLOYEE BENEFITS | -1,929,764 | -265,987 |
| 6 | 0600 ADMINISTRATIVE & GENERAL | 1,031,706 | 9,198,172 |
| 7 | 0700 MAINTENANCE & REPAIRS | | |
| 8 | 0800 OPERATION OF PLANT | | 1,542,686 |
| 9 | 0900 LAUNDRY & LINEN SERVICE | | |
| 10 | 1000 HOUSEKEEPING | | 369,237 |
| 11 | 1100 DIETARY | | 291,748 |
| 12 | 1200 CAFETERIA | | |
| 13 | 1300 MAINTENANCE OF PERSONNEL | | |
| 14 | 1400 NURSING ADMINISTRATION | | |
| 15 | 1500 CENTRAL SERVICES & SUPPLY | | 63,996 |
| 16 | 1600 PHARMACY | | 16,092 |
| 17 | 1700 MEDICAL RECORDS & LIBRARY | 129,058 | 129,058 |
| 18 | 1800 SOCIAL SERVICE | | |
| 20 | 2000 NONPHYSICIAN ANESTHETISTS | | |
| 21 | 2100 NURSING SCHOOL | | |
| 22 | 2200 I&R SERVICES-SALARY & FRINGES APPRVD | | -33,905 |
| 23 | 2300 I&R SERVICES-OTHER PRGM COSTS APPRVD | | |
| 24 | 2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS | | |
| 25 | 2500 ADULTS & PEDIATRICALS ANCILLARY SRVC COST CNTRS | | 1,651,846 |
| 37 | 3700 OPERATING ROOM | | 2,318,279 |
| 40 | 4000 ANESTHESIOLOGY | | 864,932 |
| 41 | 4100 RADIOLOGY-DIAGNOSTIC | | 306,748 |
| 44 | 4400 LABORATORY | | 242,449 |
| 46 | 4600 WHOLE BLOOD & PACKED RED BLOOD CELLS | | 88,520 |
| 46.30 | 4650 BLOOD CLOTTING FACTORS ADMIN COSTS | | |
| 49 | 4900 RESPIRATORY THERAPY | | 57,084 |
| 50 | 5000 PHYSICAL THERAPY | | 502,024 |
| 55 | 5500 MEDICAL SUPPLIES CHARGED TO PATIENTS | | 4,358,356 |
| 55.30 | 5530 IMPL. DEV. CHARGED TO PATIENT | | 16,308,687 |
| 56 | 5600 DRUGS CHARGED TO PATIENTS | | 1,068,614 |
| 59.97 | 3997 CARDIAC REHABILITATION | | |
| 59.98 | 3998 HYPERBARIC OXYGEN THERAPY | | |
| 59.99 | 3999 LI THOTRI PSY | | |
| 60 | 6000 OUTPAT SERVICE COST CNTRS CLINIC | | 194 |
| 62 | 6200 OBSERVATION BEDS (NON-DISTINCT PART) | | |
| 63.50 | 6310 RHC | | |
| 63.60 | 6320 FQHC | | |
| 69.10 | 6910 OTHER REIMBURS COST CNTRS CMHC | | |
| 69.20 | 6920 OUTPATIENT PHYSICAL THERAPY | | |
| 69.30 | 6930 OUTPATIENT OCCUPATIONAL THERAPY | | |
| 69.40 | 6940 OUTPATIENT SPEECH PATHOLOGY | | |
| 71 | 7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS | | |
| 85.01 | 8510 PANCREAS ACQUISITION | | |
| 85.02 | 8520 INTESTINAL ACQUISITION | | |
| 85.03 | 8530 ISLET CELL ACQUISITION | | |
| 95 | SUBTOTALS | 316,826 | 41,161,273 |
| | NONREIMBURS COST CENTERS | | |
| 100 | 7950 STUDENT NURSE PROGRAM | | |
| 101 | TOTAL | 316,826 | 41,161,273 |

| 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 | ADMINISTRATIVE & GENERAL | 0600 | |
| 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-(SPECIFY) | 2400 | |
| | INPAT ROUTINE SRVC C | | |
| 25 | ADULTS & PEDIATRICS | 2500 | |
| | ANCILLARY SRVC COST | | |
| 37 | OPERATING ROOM | 3700 | |
| 40 | ANESTHESIOLOGY | 4000 | |
| 41 | RADIOLOGY-DIAGNOSTIC | 4100 | |
| 44 | LABORATORY | 4400 | |
| 46 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 4600 | |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN COSTS | 4650 | BLOOD CLOTTING FOR HEMOPHILIACS |
| 49 | RESPIRATORY THERAPY | 4900 | |
| 50 | PHYSICAL THERAPY | 5000 | |
| 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 | |
| 59.97 | CARDIAC REHABILITATION | 3997 | CARDIAC REHABILITATION |
| 59.98 | HYPERBARIC OXYGEN THERAPY | 3998 | HYPERBARIC OXYGEN THERAPY |
| 59.99 | LITHOTRIPSY | 3999 | LITHOTRIPSY |
| | OUTPAT SERVICE COST | | |
| 60 | CLINIC | 6000 | |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | 6200 | |
| 63.50 | RHC | 6310 | RURAL HEALTH CLINIC ##### |
| 63.60 | FQHC | 6320 | FEDERALLY QUALIFIED HEALTH CTR ##### |
| | OTHER REIMBURS COST | | |
| 69.10 | CMHC | 6910 | CMHC ##### |
| 69.20 | OUTPATIENT PHYSICAL THERAPY | 6920 | OPT ##### |
| 69.30 | OUTPATIENT OCCUPATIONAL THERAPY | 6930 | OOT ##### |
| 69.40 | OUTPATIENT SPEECH PATHOLOGY | 6940 | OSP ##### |
| 71 | HOME HEALTH AGENCY | 7100 | |
| | SPEC PURPOSE COST CE | | |
| 85.01 | PANCREAS ACQUISITION | 8510 | |
| 85.02 | INTESTINAL ACQUISITION | 8520 | |
| 85.03 | ISLET CELL ACQUISITION | 8530 | |
| 95 | SUBTOTALS | 0000 | |
| | NONREIMBURS COST CEN | | |
| 100 | STUDENT NURSE PROGRAM | 7950 | OTHER NONREIMBURSABLE COST CENTERS |
| 101 | TOTAL | 0000 | |

RECLASSIFICATIONS

| EXPLANATION OF RECLASSIFICATION | CODE (1) | COST CENTER 2 | INCREASE | | |
|---------------------------------------|-------------|--------------------------------------|-----------------|-------------|------------|
| | | | LINE NO 3 | SALARY 4 | OTHER 5 |
| 1 TO RECLASSIFY BUILDING DEPRECIATION | A | NEW CAP REL COSTS-BLDG & FIXT | 3 | | 425,780 |
| 2 TO RECLASSIFY MED AND IV SUPPLIES | B | MEDICAL SUPPLIES CHARGED TO PATIENTS | 55 | | 20,611,465 |
| 3 | | | | | |
| 4 | | | | | |
| 5 TELEPHONE EXPENSE RECLASS | C | ADMINISTRATIVE & GENERAL | 6 | | 1,811 |
| 6 | | | | | |
| 7 | | | | | |
| 8 PTO PAYOUT | D | ADMINISTRATIVE & GENERAL | 6 | 6,207 | |
| 9 | | OPERATION OF PLANT | 8 | 1,308 | |
| 10 | | PHARMACY | 16 | 689 | |
| 11 | | ADULTS & PEDIATRICS | 25 | 16,355 | |
| 12 | | OPERATING ROOM | 37 | 27,996 | |
| 13 | | PHYSICAL THERAPY | 50 | 5,330 | |
| 14 PTO ACCRUAL | E | ADMINISTRATIVE & GENERAL | 6 | 68,151 | |
| 15 | | OPERATION OF PLANT | 8 | 14,363 | |
| 16 | | PHARMACY | 16 | 7,561 | |
| 17 | | ADULTS & PEDIATRICS | 25 | 179,571 | |
| 18 | | OPERATING ROOM | 37 | 307,384 | |
| 19 | | PHYSICAL THERAPY | 50 | 58,524 | |
| 20 CORPORATE ALLOCATION RECLASS | F | ADMINISTRATIVE & GENERAL | 6 | 2,194,507 | |
| 21 | | MEDICAL RECORDS & LIBRARY | 17 | 71,213 | |
| 22 RECLASS INTERNS AND RESIDENTS | G | ADMINISTRATIVE & GENERAL | 6 | | 33,905 |
| 23 MOVE PURCH SERV FROM OTHER TO SAL | H | ADMINISTRATIVE & GENERAL | 6 | 459,388 | |
| 24 | | OPERATION OF PLANT | 8 | 440,151 | |
| 25 | | HOUSEKEEPING | 10 | 369,028 | |
| 26 | | DIETARY | 11 | 290,583 | |
| 27 | | CENTRAL SERVICES & SUPPLY | 15 | 31,676 | |
| 28 | | PHARMACY | 16 | 8,074 | |
| 29 | | ADULTS & PEDIATRICS | 25 | 16,428 | |
| 30 | | OPERATING ROOM | 37 | 469,833 | |
| 31 | | OPERATING ROOM | 37 | 2,154 | |
| 32 | | RADIOLOGY-DIAGNOSTIC | 41 | 306,688 | |
| 33 | | LABORATORY | 44 | 242,449 | |
| 34 | | RESPIRATORY THERAPY | 49 | 57,084 | |
| 35 | | PHYSICAL THERAPY | 50 | 153 | |
| 1 MOVE PURCH SERV FROM OTHER TO SAL | H | DRUGS CHARGED TO PATIENTS | 56 | 594,911 | |
| 2 | | CLINIC | 60 | 194 | |
| 3 IMPLANTS | I | IMPL. DEV. CHARGED TO PATIENT | 55.30 | | 16,308,687 |
| 4 ANESTHESIA | J | ANESTHESIOLOGY | 40 | | 864,932 |
| 36 TOTAL RECLASSIFICATIONS | | | | 6,247,953 | 38,246,580 |

(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 | CODE (1) | COST CENTER 6 | DECREASE | | SALARY 8 | OTHER 9 | A-7 REF 10 |
|---------------------------------------|-------------|--------------------------------------|-----------------|--|-------------|------------|------------------|
| | | | LINE NO 7 | | | | |
| 1 TO RECLASSIFY BUILDING DEPRECIATION | A | ADMINISTRATIVE & GENERAL | 6 | | | 425,780 | 9 |
| 2 TO RECLASSIFY MED AND IV SUPPLIES | B | ADULTS & PEDIATRICS | 25 | | | 74,786 | |
| 3 | | OPERATING ROOM | 37 | | | 20,511,501 | |
| 4 | | OPERATING ROOM | 37 | | | 25,178 | |
| 5 TELEPHONE EXPENSE RECLASS | C | OPERATION OF PLANT | 8 | | | 204 | |
| 6 | | OPERATING ROOM | 37 | | | 1,506 | |
| 7 | | PHYSICAL THERAPY | 50 | | | 101 | |
| 8 PTO PAYOUT | D | EMPLOYEE BENEFITS | 5 | | 57,885 | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 PTO ACCRUAL | E | EMPLOYEE BENEFITS | 5 | | 635,554 | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| 20 CORPORATE ALLOCATION RECLASS | F | ADMINISTRATIVE & GENERAL | 6 | | | 2,194,507 | |
| 21 | | MEDICAL RECORDS & LIBRARY | 17 | | | 71,213 | |
| 22 RECLASS INTERNS AND RESIDENTS | G | I&R SERVICES-SALARY & FRINGES APPRVD | 22 | | | 33,905 | |
| 23 MOVE PURCH SERV FROM OTHER TO SAL | H | ADMINISTRATIVE & GENERAL | 6 | | | 459,388 | |
| 24 | | OPERATION OF PLANT | 8 | | | 440,151 | |
| 25 | | HOUSEKEEPING | 10 | | | 369,028 | |
| 26 | | DIETARY | 11 | | | 290,583 | |
| 27 | | CENTRAL SERVICES & SUPPLY | 15 | | | 31,676 | |
| 28 | | PHARMACY | 16 | | | 8,074 | |
| 29 | | ADULTS & PEDIATRICS | 25 | | | 16,428 | |
| 30 | | OPERATING ROOM | 37 | | | 469,833 | |
| 31 | | OPERATING ROOM | 37 | | | 2,154 | |
| 32 | | RADIOLOGY-DIAGNOSTIC | 41 | | | 306,688 | |
| 33 | | LABORATORY | 44 | | | 242,449 | |
| 34 | | RESPIRATORY THERAPY | 49 | | | 57,084 | |
| 35 | | PHYSICAL THERAPY | 50 | | | 153 | |
| 1 MOVE PURCH SERV FROM OTHER TO SAL | H | DRUGS CHARGED TO PATIENTS | 56 | | | 594,911 | |
| 2 | | CLINIC | 60 | | | 194 | |
| 3 IMPLANTS | I | MEDICAL SUPPLIES CHARGED TO PATIENTS | 55 | | | 16,308,687 | |
| 4 ANESTHESIA | J | OPERATING ROOM | 37 | | | 864,932 | |
| 36 TOTAL RECLASSIFICATIONS | | | | | 693,439 | 43,801,094 | |

(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.

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

| DESCRIPTION | BEGINNING BALANCES 1 | PURCHASES 2 | ACQUISITIONS DONATION 3 | TOTAL 4 | DI SPOSALS AND RETIREMENTS 5 | ENDING BALANCE 6 | FULLY DEPRECIATED ASSETS 7 |
|-----------------------|-------------------------|----------------|-------------------------------|------------|------------------------------------|---------------------|-------------------------------|
| 1 LAND | | | | | | | |
| 2 LAND IMPROVEMENTS | | | | | | | |
| 3 BUILDINGS & FIXTURE | | | | | | | |
| 4 BUILDING 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 DONATION 3 | TOTAL 4 | DI SPOSALS AND RETIREMENTS 5 | ENDING BALANCE 6 | FULLY DEPRECIATED ASSETS 7 |
|-----------------------|-------------------------|----------------|-------------------------------|------------|------------------------------------|---------------------|-------------------------------|
| 1 LAND | | | | | | | |
| 2 LAND IMPROVEMENTS | | | | | | | |
| 3 BUILDINGS & FIXTURE | | 16,321,105 | | 16,321,105 | 95,050 | 16,226,055 | |
| 4 BUILDING IMPROVEMEN | 192,178 | 1,067,425 | | 1,067,425 | | 1,259,603 | 32,484 |
| 5 FIXED EQUIPMENT | | 30,139 | | 30,139 | | 30,139 | |
| 6 MOVABLE EQUIPMENT | 4,080,642 | 1,581,848 | 8,240 | 1,590,088 | 121,230 | 5,549,500 | 1,008,224 |
| 7 SUBTOTAL | 4,272,820 | 19,000,517 | 8,240 | 19,008,757 | 216,280 | 23,065,297 | 1,040,708 |
| 8 RECONCILING ITEMS | | | | | | | |
| 9 TOTAL | 4,272,820 | 19,000,517 | 8,240 | 19,008,757 | 216,280 | 23,065,297 | 1,040,708 |

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

| | | COMPUTATION OF RATIOS | | | ALLOCATION OF OTHER CAPITAL | | | TOTAL |
|-------------|----------------------|-----------------------|--------------------|------------------------|-----------------------------|-----------|-------|-----------------------------|
| DESCRIPTION | | GROSS ASSETS | CAPITALIZED LEASES | GROSS ASSETS FOR RATIO | RATIO | INSURANCE | TAXES | OTHER CAPITAL RELATED COSTS |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| * 1 | OLD CAP REL COSTS-BL | | | | | | | |
| 2 | OLD CAP REL COSTS-MV | | | | | | | |
| 3 | NEW CAP REL COSTS-BL | 17,610,847 | | 17,610,847 | .770235 | | | |
| 4 | NEW CAP REL COSTS-MV | 5,353,924 | 100,526 | 5,253,398 | .229765 | | | |
| 5 | TOTAL | 22,964,771 | 100,526 | 22,864,245 | 1.000000 | | | |

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

| | | DEPRECIATION | LEASE | INTEREST | INSURANCE | TAXES | OTHER CAPITAL RELATED COST | TOTAL (1) |
|-----|----------------------|--------------|-------|----------|-----------|-------|----------------------------|-----------|
| | | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| * 1 | OLD CAP REL COSTS-BL | | | | | | | |
| 2 | OLD CAP REL COSTS-MV | | | | | | | |
| 3 | NEW CAP REL COSTS-BL | 437,625 | | | | | | 437,625 |
| 4 | NEW CAP REL COSTS-MV | 1,644,818 | | | | | | 1,644,818 |
| 5 | TOTAL | 2,082,443 | | | | | | 2,082,443 |

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

| | | DEPRECIATION | LEASE | INTEREST | INSURANCE | TAXES | OTHER CAPITAL RELATED COST | TOTAL (1) |
|-----|----------------------|--------------|-------|----------|-----------|-------|----------------------------|-----------|
| | | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| * 1 | OLD CAP REL COSTS-BL | | | | | | | |
| 2 | OLD CAP REL COSTS-MV | | | | | | | |
| 3 | NEW CAP REL COSTS-BL | 1,801 | | | | | | 1,801 |
| 4 | NEW CAP REL COSTS-MV | 569,036 | | | | | | 569,036 |
| 5 | TOTAL | 570,837 | | | | | | 570,837 |

* All lines numbers except line 5 are to be consistent with Worksheet 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

| DESCR IPTION (1) | (2) BASIS/CODE 1 | AMOUNT 2 | EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED | | WKST. A-7 REF. 5 |
|---|------------------------|-------------|--|--------------|---------------------------|
| | | | COST CENTER 3 | LINE NO 4 | |
| 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 | | | | | |
| 6 TRADE, QUANTITY AND TIME DISCOUNTS | | | | | |
| 7 REFUNDS AND REBATES OF EXPENSES | | | | | |
| 8 RENTAL OF PRVIDER SPACE BY SUPPLIERS | | | | | |
| 9 TELEPHONE SERVICES | | | | | |
| 10 TELEVISION AND RADIO SERVICE | | | | | |
| 11 PARKING LOT | | | | | |
| 12 PROVIDER BASED PHYSICIAN ADJUSTMENT | A-8-2 | | | | |
| 13 SALE OF SCRAP, WASTE, ETC. | | | | | |
| 14 RELATED ORGANIZATION TRANSACTIONS | A-8-1 | 2,935,272 | | | |
| 15 LAUNDRY AND LINEN SERVICE | | | | | |
| 16 CAFETERIA--EMPLOYEES AND GUESTS | | | | | |
| 17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS | | | | | |
| 18 SALE OF MED AND SURG SUPPLIES | | | | | |
| 19 SALE OF DRUGS TO OTHER THAN PATIENTS | | | | | |
| 20 SALE OF MEDICAL RECORDS & ABSTRACTS | | | | | |
| 21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.) | | | | | |
| 22 VENDING MACHINES | | | | | |
| 23 INCOME FROM IMPOSITION OF INTEREST | | | | | |
| 24 INTRST EXP ON MEDICARE OVERPAYMENTS | | | | | |
| 25 ADJUSTMENT FOR RESPIRATORY THERAPY | A-8-3/A-8-4 | | RESPIRATORY THERAPY | 49 | |
| 26 ADJUSTMENT FOR PHYSICAL THERAPY | A-8-3/A-8-4 | | PHYSICAL THERAPY | 50 | |
| 27 ADJUSTMENT FOR HHA PHYSICAL THERAPY | A-8-3 | | | | |
| 28 UTILIZATION REVIEW-PHYSIAN COMP | | | **COST CENTER DELETED** | 89 | |
| 29 DEPRECIATION-OLD BLDGS AND FIXTURES | | | 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 | | **COST CENTER DELETED** | 51 | |
| 36 ADJUSTMENT FOR SPEECH PATHOLOGY | A-8-4 | | **COST CENTER DELETED** | 52 | |
| 37 OTHER OPERATING REVENUE | B | -1,485 | ADMINISTRATIVE & GENERAL | 6 | |
| 38 OTHER OPERATING REVENUE | B | -3,971 | ADMINISTRATIVE & GENERAL | 6 | |
| 39 SELF-INSURANCE OFFSET | A | -2,612,990 | EMPLOYEE BENEFITS | 5 | |
| 40 OTHER ADJUSTMENTS (SPECIFY) | | | | | |
| 41 OTHER ADJUSTMENTS (SPECIFY) | | | | | |
| 42 OTHER ADJUSTMENTS (SPECIFY) | | | | | |
| 43 OTHER ADJUSTMENTS (SPECIFY) | | | | | |
| 44 OTHER ADJUSTMENTS (SPECIFY) | | | | | |
| 45 OTHER ADJUSTMENTS (SPECIFY) | | | | | |
| 46 OTHER ADJUSTMENTS (SPECIFY) | | | | | |
| 47 OTHER ADJUSTMENTS (SPECIFY) | | | | | |
| 48 OTHER ADJUSTMENTS (SPECIFY) | | | | | |
| 49 OTHER ADJUSTMENTS (SPECIFY) | | | | | |
| 50 TOTAL (SUM OF LINES 1 THRU 49) | | 316,826 | | | |

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

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

| LINE NO. | COST CENTER | EXPENSE ITEMS | AMOUNT OF ALLOWABLE COST | AMOUNT | NET* ADJUSTMENTS | WKSHT A-7 COL. REF. | |
|----------|-------------|---------------------------|--------------------------|-----------|------------------|---------------------|---|
| 1 | 2 | 3 | 4 | 5 | 6 | | |
| 1 | 4 | NEW CAP REL COSTS-MVBLE E | HOME OFFICE COST REPORT | 1,075,782 | | 1,075,782 | 9 |
| 2 | 6 | ADMINISTRATIVE & GENERAL | HOME OFFICE COST REPORT | 4,800,807 | 3,763,645 | 1,037,162 | |
| 3 | 3 | NEW CAP REL COSTS-BLDG & | HOME OFFICE COST REPORT | 10,044 | | 10,044 | 9 |
| 4 | 5 | EMPLOYEE BENEFITS | HOME OFFICE COST REPORT | 683,226 | | 683,226 | |
| 4.01 | 17 | MEDICAL RECORDS & LIBRARY | HOME OFFICE COST REPORT | 129,058 | | 129,058 | |
| 5 | | TOTALS | | 6,698,917 | 3,763,645 | 2,935,272 | |

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

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

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

| SYMBOL (1) | NAME | PERCENTAGE OF OWNERSHIP | RELATED ORGANIZATION(S) NAME | PERCENTAGE OF OWNERSHIP | AND/OR HOME OFFICE TYPE OF BUSINESS |
|------------|------|-------------------------|------------------------------|-------------------------|-------------------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | B | 0.00 | PARKVIEW HEALTH SYSTEM, I | 0.00 | HOME OFFICE |
| 2 | B | 0.00 | NORTHEAST ORTHOPAEDIC HOS | 0.00 | PHYSICIAN GROUP |
| 3 | | 0.00 | | 0.00 | |
| 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.

COST ALLOCATION STATISTICS

| 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 | S | GROSS | SALARIES | ENTERED |
| 6 | ADMINISTRATIVE & GENERAL | -6 | ACCUM. | COST | ENTERED |
| 7 | MAINTENANCE & REPAIRS | 7 | SQUARE | FEET | NOT ENTERED |
| 8 | OPERATION OF PLANT | 3 | SQUARE | FEET | ENTERED |
| 9 | LAUNDRY & LINEN SERVICE | 8 | POUNDS OF | LAUNDRY | NOT ENTERED |
| 10 | HOUSEKEEPING | 3 | SQUARE | FEET | ENTERED |
| 11 | DIETARY | 9 | MEALS | SERVED | ENTERED |
| 12 | CAFETERIA | 10 | MEALS | SERVED | NOT ENTERED |
| 13 | MAINTENANCE OF PERSONNEL | 11 | NUMBER | HOUSED | NOT ENTERED |
| 14 | NURSING ADMINISTRATION | 12 | DI RECT | NRSI NG HRS | NOT ENTERED |
| 15 | CENTRAL SERVICES & SUPPLY | 13 | COSTED | REQUI S. | ENTERED |
| 16 | PHARMACY | 14 | COSTED | REQUI S. | ENTERED |
| 17 | MEDICAL RECORDS & LIBRARY | 15 | TI ME | SPENT | ENTERED |
| 18 | SOCIAL SERVICE | 15 | TI ME | SPENT | ENTERED |
| 20 | NONPHYSICIAN ANESTHETISTS | 16 | ASSI GNED | TI ME | NOT ENTERED |
| 21 | NURSING SCHOOL | 17 | ASSI GNED | TI ME | NOT ENTERED |
| 22 | I&R SERVICES-SALARY & FRINGES APPRVD | 18 | ASSI GNED | TI ME | NOT ENTERED |
| 23 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 19 | ASSI GNED | TI ME | ENTERED |
| 24 | PARAMED ED PRGM-(SPECIFY) | 20 | ASSI GNED | TI ME | NOT ENTERED |

| COST CENTER DESCRIPTION | NET EXPENSES FOR COST ALLOCATION | OLD CAP REL C OSTS-BLDG & OSTS-MVBLE E | OLD CAP REL C OSTS-BLDG & OSTS-MVBLE E | NEW CAP REL C OSTS-BLDG & OSTS-MVBLE E | NEW CAP REL C OSTS-BLDG & OSTS-MVBLE E | EMPLOYEE BENE FITS | SUBTOTAL |
|----------------------------------|----------------------------------|--|--|--|--|--------------------|------------|
| | 0 | 1 | 2 | 3 | 4 | 5 | 5a.00 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | 437,625 | | | 437,625 | | | |
| 005 NEW CAP REL COSTS-MVBLE E | 1,644,818 | | | | 1,644,818 | | |
| 006 EMPLOYEE BENEFITS | -265,987 | | | | | -265,987 | |
| 007 ADMINISTRATIVE & GENERAL | 9,198,172 | | | | 5,902 | | 9,204,074 |
| 008 MAINTENANCE & REPAIRS | | | | | | | |
| 009 OPERATION OF PLANT | 1,542,686 | | | | 569,857 | | 2,112,543 |
| 010 LAUNDRY & LINEN SERVICE | | | | | | | |
| 011 HOUSEKEEPING | 369,237 | | | | 394 | | 369,631 |
| 012 DIETARY | 291,748 | | | | 2,194 | | 293,942 |
| 013 CAFETERIA | | | | | | | |
| 014 MAINTENANCE OF PERSONNEL | | | | | | | |
| 015 NURSING ADMINISTRATION | | | | | | | |
| 016 CENTRAL SERVICES & SUPPLY | 63,996 | | | | | | 63,996 |
| 017 PHARMACY | 16,092 | | | | | | 16,092 |
| 018 MEDICAL RECORDS & LIBRARY | 129,058 | | | | | | 129,058 |
| 020 SOCIAL SERVICE | | | | | | | |
| 021 NONPHYSICIAN ANESTHETISTS | | | | | | | |
| 022 NURSING SCHOOL | | | | | | | |
| 023 I&R SERVICES-SALARY & FRI | -33,905 | | | | | | -33,905 |
| 024 I&R SERVICES-OTHER PRGM C | | | | | | | |
| 025 PARAMEDICAL PRGM-(SPECIFY) | | | | | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | 1,651,846 | | | 247,098 | 169,279 | | 2,068,223 |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 040 OPERATING ROOM | 2,318,279 | | | 177,559 | 893,334 | | 3,389,172 |
| 041 ANESTHESIOLOGY | 864,932 | | | | | | 864,932 |
| 044 RADIOLOGY-DIAGNOSTIC | 306,748 | | | | | | 306,748 |
| 046 LABORATORY | 242,449 | | | | | | 242,449 |
| 046 WHOLE BLOOD & PACKED RED | 88,520 | | | | | | 88,520 |
| 049 30 BLOOD CLOTTING FACTORS AD | | | | | | | |
| 049 RESPIRATORY THERAPY | 57,084 | | | | | | 57,084 |
| 050 PHYSICAL THERAPY | 502,024 | | | 12,968 | 3,858 | | 518,850 |
| 055 MEDICAL SUPPLIES CHARGED | 4,358,356 | | | | | | 4,358,356 |
| 055 30 IMPL. DEV. CHARGED TO PAT | 16,308,687 | | | | | | 16,308,687 |
| 056 DRUGS CHARGED TO PATIENTS | 1,068,614 | | | | | | 1,068,614 |
| 059 97 CARDIAC REHABILITATION | | | | | | | |
| 059 98 HYPERBARIC OXYGEN THERAPY | | | | | | | |
| 059 99 LITHOTRIPSY | | | | | | | |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 062 CLINIC | 194 | | | | | | 194 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 063 50 RHC | | | | | | | |
| 063 60 FOHC | | | | | | | |
| 069 OTHER REIMBURS COST CNTRS | | | | | | | |
| 069 10 CMHC | | | | | | | |
| 069 20 OUTPATIENT PHYSICAL THERA | | | | | | | |
| 069 30 OUTPATIENT OCCUPATIONAL T | | | | | | | |
| 069 40 OUTPATIENT SPEECH PATHOLO | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | |
| 085 01 PANCREAS ACQUISITION | | | | | | | |
| 085 02 INTESTINAL ACQUISITION | | | | | | | |
| 085 03 ISLET CELL ACQUISITION | | | | | | | |
| 095 SUBTOTALS | 41,161,273 | | | 437,625 | 1,644,818 | | 41,427,260 |
| 100 NONREIMBURS COST CENTERS | | | | | | | |
| 101 STUDENT NURSE PROGRAM | | | | | | | |
| 102 CROSS FOOT ADJUSTMENT | | | | | | -265,987 | -265,987 |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 41,161,273 | | | 437,625 | 1,644,818 | -265,987 | 41,161,273 |

| COST CENTER DESCRIPTION | ADMINISTRATIVE & GENERAL | MAINTENANCE & REPAIRS | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA |
|----------------------------------|--------------------------|-----------------------|--------------------|-------------------------|--------------|---------|-----------|
| | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 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 | | | | | | | |
| 007 ADMINISTRATIVE & GENERAL | 9,204,074 | | | | | | |
| 008 MAINTENANCE & REPAIRS | | | | | | | |
| 009 OPERATION OF PLANT | 602,782 | | 2,715,325 | | | | |
| 010 LAUNDRY & LINEN SERVICE | | | | | | | |
| 011 HOUSEKEEPING | 105,469 | | | | 475,100 | | |
| 012 DIETARY | 83,872 | | | | | | 377,814 |
| 013 CAFETERIA | | | | | | | |
| 014 MAINTENANCE OF PERSONNEL | | | | | | | |
| 015 NURSING ADMINISTRATION | | | | | | | |
| 016 CENTRAL SERVICES & SUPPLY | 18,260 | | | | | | |
| 017 PHARMACY | 4,592 | | | | | | |
| 018 MEDICAL RECORDS & LIBRARY | 36,825 | | | | | | |
| 020 SOCIAL SERVICE | | | | | | | |
| 021 NONPHYSICIAN ANESTHETISTS | | | | | | | |
| 022 NURSING SCHOOL | | | | | | | |
| 023 I&R SERVICES-SALARY & FRI | | | | | | | |
| 024 I&R SERVICES-OTHER PRGM C | | | | | | | |
| 025 PARAMEDICAL PRGM-(SPECIFY) | | | | | | | |
| ADULTS & PEDIATRICS | 590,136 | | 1,533,163 | | 268,257 | | 377,814 |
| ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | 967,049 | | 1,101,699 | | 192,764 | | |
| 040 ANESTHESIOLOGY | 246,795 | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | 87,526 | | | | | | |
| 044 LABORATORY | 69,179 | | | | | | |
| 046 WHOLE BLOOD & PACKED RED | 25,258 | | | | | | |
| 30 BLOOD CLOTTING FACTORS AD | | | | | | | |
| 049 RESPIRATORY THERAPY | 16,288 | | | | | | |
| 050 PHYSICAL THERAPY | 148,046 | | 80,463 | | 14,079 | | |
| 055 MEDICAL SUPPLIES CHARGED | 1,243,592 | | | | | | |
| 055 30 IMPL. DEV. CHARGED TO PAT | 4,653,437 | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | 304,913 | | | | | | |
| 059 97 CARDIAC REHABILITATION | | | | | | | |
| 059 98 HYPERBARIC OXYGEN THERAPY | | | | | | | |
| 059 99 LI THOTRI PSY | | | | | | | |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 062 CLINIC | 55 | | | | | | |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 063 50 RHC | | | | | | | |
| 063 60 FOHC | | | | | | | |
| 069 OTHER REIMBURS COST CNTRS | | | | | | | |
| 069 10 CMHC | | | | | | | |
| 069 20 OUTPATIENT PHYSICAL THERA | | | | | | | |
| 069 30 OUTPATIENT OCCUPATIONAL T | | | | | | | |
| 069 40 OUTPATIENT SPEECH PATHOLO | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | |
| SPEC PURPOSE COST CENTERS | | | | | | | |
| 085 01 PANCREAS ACQUISITION | | | | | | | |
| 085 02 INTESTINAL ACQUISITION | | | | | | | |
| 085 03 ISLET CELL ACQUISITION | | | | | | | |
| 095 SUBTOTALS | 9,204,074 | | 2,715,325 | | 475,100 | | 377,814 |
| NONREIMBURS COST CENTERS | | | | | | | |
| 100 STUDENT NURSE PROGRAM | | | | | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 9,204,074 | | 2,715,325 | | 475,100 | | 377,814 |

| COST CENTER DESCRIPTION | MAINTENANCE F PERSONNEL | NURSING ADMIN ISTRATION | CENTRAL SERVI CES & SUPPLY | PHARMACY | MEDI CAL RECOR DS & LIBRARY | SOCI AL SERVI C E | NONPHYSICI AN ANESTHETI STS |
|----------------------------------|----------------------------|----------------------------|-------------------------------|----------|--------------------------------|----------------------|--------------------------------|
| | 13 | 14 | 15 | 16 | 17 | 18 | 20 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 ADMINI STRATIVE & GENERAL | | | | | | | |
| 007 MAI NTENANCE & REPAIRS | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | | | | | |
| 010 HOUSEKEEPING | | | | | | | |
| 011 DIETARY | | | | | | | |
| 012 CAFETERIA | | | | | | | |
| 013 MAI NTENANCE OF PERSONNEL | | | | | | | |
| 014 NURSING ADMINI STRATION | | | | | | | |
| 015 CENTRAL SERVICES & SUPPLY | | | 82,256 | | | | |
| 016 PHARMACY | | | | 20,684 | | | |
| 017 MEDICAL RECORDS & LIBRARY | | | | | 165,883 | | |
| 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-(SPECIFY) | | | | | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| ADULTS & PEDIATRICS | | | | | 165,883 | | |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 040 OPERATING ROOM | | | | | | | |
| 041 ANESTHESIOLOGY | | | | | | | |
| 044 RADIOLOGY-DIAGNOSTIC | | | | | | | |
| 046 LABORATORY | | | | | | | |
| 046 30 WHOLE BLOOD & PACKED RED | | | | | | | |
| 049 BLOOD CLOTTING FACTORS AD | | | | | | | |
| 050 RESPIRATORY THERAPY | | | | | | | |
| 055 PHYSICAL THERAPY | | | | | | | |
| 055 30 MEDICAL SUPPLIES CHARGED | | | | | | | |
| 056 30 IMPL. DEV. CHARGED TO PAT | | | 82,256 | | | | |
| 056 DRUGS CHARGED TO PATIENTS | | | | 20,684 | | | |
| 059 97 CARDIAC REHABILITATION | | | | | | | |
| 059 98 HYPERBARIC OXYGEN THERAPY | | | | | | | |
| 059 99 LI THOTRI PSY | | | | | | | |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 062 CLINIC | | | | | | | |
| 063 50 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 063 60 RHC | | | | | | | |
| 063 60 FOHC | | | | | | | |
| 069 OTHER REIMBURS COST CNTRS | | | | | | | |
| 069 10 CMHC | | | | | | | |
| 069 20 OUTPATIENT PHYSICAL THERA | | | | | | | |
| 069 30 OUTPATIENT OCCUPATIONAL T | | | | | | | |
| 069 40 OUTPATIENT SPEECH PATHOLO | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | |
| 085 01 SPEC PURPOSE COST CENTERS | | | | | | | |
| 085 02 PANCREAS ACQUISITION | | | | | | | |
| 085 03 INTES TINAL ACQUISITION | | | | | | | |
| 095 03 ISLET CELL ACQUISITION | | | | | | | |
| 095 SUBTOTALS | | | 82,256 | 20,684 | 165,883 | | |
| 100 NONREIMBURS COST CENTERS | | | | | | | |
| 101 STUDENT NURSE PROGRAM | | | | | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | | | 82,256 | 20,684 | 165,883 | | |

| COST CENTER DESCRIPTION | NURSING SCHOOL | I&R SERVICES-SALARY & FRI | I&R SERVICES-OTHER PRGM C | PARAMED ED PR GM-(SPECIFY) | SUBTOTAL | I&R COST POST STEP-DOWN ADJ | TOTAL |
|-----------------------------------|----------------|---------------------------|---------------------------|----------------------------|------------|-----------------------------|------------|
| | 21 | 22 | 23 | 24 | 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 | | | | | | | |
| 007 ADMINISTRATIVE & GENERAL | | | | | | | |
| 008 MAINTENANCE & REPAIRS | | | | | | | |
| 009 OPERATION OF PLANT | | | | | | | |
| 010 LAUNDRY & LINEN SERVICE | | | | | | | |
| 011 HOUSEKEEPING | | | | | | | |
| 012 DIETARY | | | | | | | |
| 013 CAFETERIA | | | | | | | |
| 014 MAINTENANCE OF PERSONNEL | | | | | | | |
| 015 NURSING ADMINISTRATION | | | | | | | |
| 016 CENTRAL SERVICES & SUPPLY | | | | | | | |
| 017 PHARMACY | | | | | | | |
| 018 MEDICAL RECORDS & LIBRARY | | | | | | | |
| 020 SOCIAL SERVICE | | | | | | | |
| 021 NONPHYSICIAN ANESTHETISTS | | | | | | | |
| 022 NURSING SCHOOL | | | | | | | |
| 023 I&R SERVICES-SALARY & FRI | | -33,905 | | | | | |
| 024 I&R SERVICES-OTHER PRGM C | | | | | | | |
| 025 PARAMED ED PRGM-(SPECIFY) | | | | | | | |
| 037 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 040 ADULTS & PEDIATRICS | | | | | 5,003,476 | | 5,003,476 |
| 041 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 044 OPERATING ROOM | | | | | 5,650,684 | | 5,650,684 |
| 046 ANESTHESIOLOGY | | | | | 1,111,727 | | 1,111,727 |
| 049 RADIOLOGY-DIAGNOSTIC | | | | | 394,274 | | 394,274 |
| 050 LABORATORY | | | | | 311,628 | | 311,628 |
| 055 WHOLE BLOOD & PACKED RED | | | | | 113,778 | | 113,778 |
| 056 BLOOD CLOTTING FACTORS AD | | | | | | | |
| 059 30 RESPIRATORY THERAPY | | | | | 73,372 | | 73,372 |
| 063 60 PHYSICAL THERAPY | | | | | 761,438 | | 761,438 |
| 069 10 MEDICAL SUPPLIES CHARGED | | | | | 5,601,948 | | 5,601,948 |
| 069 20 IMPL. DEV. CHARGED TO PAT | | | | | 21,044,380 | | 21,044,380 |
| 069 30 DRUGS CHARGED TO PATIENTS | | | | | 1,394,211 | | 1,394,211 |
| 069 40 CARDIAC REHABILITATION | | | | | | | |
| 071 98 HYPERBARI C OXYGEN THERAPY | | | | | | | |
| 071 99 LITHOTRIPSY | | | | | | | |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 062 CLINIC | | | | | 249 | | 249 |
| 063 50 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 063 60 RHC | | | | | | | |
| 069 10 FOHC | | | | | | | |
| 069 20 OTHER REIMBURS COST CNTRS | | | | | | | |
| 069 30 CMHC | | | | | | | |
| 069 40 OUTPATIENT PHYSICAL THERA | | | | | | | |
| 071 01 OUTPATIENT OCCUPATIONAL T | | | | | | | |
| 071 02 OUTPATIENT SPEECH PATHOLO | | | | | | | |
| 071 03 HOME HEALTH AGENCY | | | | | | | |
| 085 01 SPEC PURPOSE COST CENTERS | | | | | | | |
| 085 02 PANCREAS ACQUISITION | | | | | | | |
| 085 03 INTTESTINAL ACQUISITION | | | | | | | |
| 095 01 ISLET CELL ACQUISITION | | | | | | | |
| 095 02 SUBTOTALS | | | | | 41,461,165 | | 41,461,165 |
| 100 NONREIMBURS COST CENTERS | | | | | | | |
| 101 STUDENT NURSE PROGRAM | | | | | | | |
| 102 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | -299,892 | | -299,892 |
| 103 TOTAL | | | | | 41,161,273 | | 41,161,273 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0167
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/7/2012
 WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | DIR ASSGND 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 | | | | | | | |
| 007 ADMINISTRATIVE & GENERAL | | | | | 5,902 | 5,902 | |
| 008 MAINTENANCE & REPAIRS | | | | | | | |
| 009 OPERATION OF PLANT | | | | | 569,857 | 569,857 | |
| 010 LAUNDRY & LINEN SERVICE | | | | | | | |
| 011 HOUSEKEEPING | | | | | 394 | 394 | |
| 012 DIETARY | | | | | 2,194 | 2,194 | |
| 013 CAFETERIA | | | | | | | |
| 014 MAINTENANCE OF PERSONNEL | | | | | | | |
| 015 NURSING ADMINISTRATION | | | | | | | |
| 016 CENTRAL SERVICES & SUPPLY | | | | | | | |
| 017 PHARMACY | | | | | | | |
| 018 MEDICAL RECORDS & LIBRARY | | | | | | | |
| 020 SOCIAL SERVICE | | | | | | | |
| 021 NONPHYSICIAN ANESTHETISTS | | | | | | | |
| 022 NURSING SCHOOL | | | | | | | |
| 023 I&R SERVICES-SALARY & FRI | | | | | | | |
| 024 I&R SERVICES-OTHER PRGM C | | | | | | | |
| 025 PARAMED ED PRGM-(SPECIFY) | | | | | | | |
| 037 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 040 ADULTS & PEDIATRICS | | | | 247,098 | 169,279 | 416,377 | |
| 041 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 044 OPERATING ROOM | | | | 177,559 | 893,334 | 1,070,893 | |
| 046 ANESTHESIOLOGY | | | | | | | |
| 049 RADIOLOGY-DIAGNOSTIC | | | | | | | |
| 050 LABORATORY | | | | | | | |
| 055 WHOLE BLOOD & PACKED RED | | | | | | | |
| 056 BLOOD CLOTTING FACTORS AD | | | | | | | |
| 059 RESPIRATORY THERAPY | | | | | | | |
| 060 PHYSICAL THERAPY | | | | 12,968 | 3,858 | 16,826 | |
| 062 MEDICAL SUPPLIES CHARGED | | | | | | | |
| 063 30 IMPL. DEV. CHARGED TO PAT | | | | | | | |
| 069 DRUGS CHARGED TO PATIENTS | | | | | | | |
| 071 97 CARDIAC REHABILITATION | | | | | | | |
| 085 98 HYPERBARIC OXYGEN THERAPY | | | | | | | |
| 095 99 LITHOTRIPSY | | | | | | | |
| 095 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 100 CLINIC | | | | | | | |
| 101 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 102 50 RHC | | | | | | | |
| 103 60 FOHC | | | | | | | |
| 104 OTHER REIMBURS COST CNTRS | | | | | | | |
| 105 10 CMHC | | | | | | | |
| 106 20 OUTPATIENT PHYSICAL THERA | | | | | | | |
| 107 30 OUTPATIENT OCCUPATIONAL T | | | | | | | |
| 108 40 OUTPATIENT SPEECH PATHOLO | | | | | | | |
| 109 01 HOME HEALTH AGENCY | | | | | | | |
| 110 SPEC PURPOSE COST CENTERS | | | | | | | |
| 111 01 PANCREAS ACQUISITION | | | | | | | |
| 112 02 INTESTINAL ACQUISITION | | | | | | | |
| 113 03 ISLET CELL ACQUISITION | | | | | | | |
| 114 SUBTOTALS | | | | 437,625 | 1,644,818 | 2,082,443 | |
| 115 NONREIMBURS COST CENTERS | | | | | | | |
| 116 100 STUDENT NURSE PROGRAM | | | | | | | |
| 117 101 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 118 102 NEGATIVE COST CENTER | | | | | | | |
| 119 103 TOTAL | | | | 437,625 | 1,644,818 | 2,082,443 | |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION | ADMINISTRATIVE & GENERAL | MAINTENANCE & REPAIRS | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA |
|----------------------------------|--------------------------|-----------------------|--------------------|-------------------------|--------------|---------|-----------|
| | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 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 | | | | | | | |
| 007 ADMINISTRATIVE & GENERAL | 5,902 | | | | | | |
| 008 MAINTENANCE & REPAIRS | | | | | | | |
| 009 OPERATION OF PLANT | 387 | | 570,244 | | | | |
| 010 LAUNDRY & LINEN SERVICE | | | | | | | |
| 011 HOUSEKEEPING | 68 | | | | 462 | | |
| 012 DIETARY | 54 | | | | | | |
| 013 CAFETERIA | | | | | | | 2,248 |
| 014 MAINTENANCE OF PERSONNEL | | | | | | | |
| 015 NURSING ADMINISTRATION | | | | | | | |
| 016 CENTRAL SERVICES & SUPPLY | 12 | | | | | | |
| 017 PHARMACY | 3 | | | | | | |
| 018 MEDICAL RECORDS & LIBRARY | 24 | | | | | | |
| 020 SOCIAL SERVICE | | | | | | | |
| 021 NONPHYSICIAN ANESTHETISTS | | | | | | | |
| 022 NURSING SCHOOL | | | | | | | |
| 023 I&R SERVICES-SALARY & FRI | | | | | | | |
| 024 I&R SERVICES-OTHER PRGM C | | | | | | | |
| 025 PARAMEDICAL PRGM-(SPECIFY) | | | | | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | 378 | | 321,979 | | 261 | | 2,248 |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 040 OPERATING ROOM | 620 | | 231,367 | | 187 | | |
| 041 ANESTHESIOLOGY | 158 | | | | | | |
| 044 RADIOLOGY-DIAGNOSTIC | 56 | | | | | | |
| 046 LABORATORY | 44 | | | | | | |
| 046 WHOLE BLOOD & PACKED RED | 16 | | | | | | |
| 049 BLOOD CLOTTING FACTORS AD | | | | | | | |
| 050 RESPIRATORY THERAPY | 10 | | | | | | |
| 055 PHYSICAL THERAPY | 95 | | 16,898 | | 14 | | |
| 055 MEDICAL SUPPLIES CHARGED | 798 | | | | | | |
| 055 30 IMPL. DEV. CHARGED TO PAT | 2,983 | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | 196 | | | | | | |
| 059 97 CARDIAC REHABILITATION | | | | | | | |
| 059 98 HYPERBARIC OXYGEN THERAPY | | | | | | | |
| 059 99 LITHOTRIPSY | | | | | | | |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 062 CLINIC | | | | | | | |
| 063 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 063 50 RHC | | | | | | | |
| 063 60 FOHC | | | | | | | |
| 069 OTHER REIMBURS COST CNTRS | | | | | | | |
| 069 10 CMHC | | | | | | | |
| 069 20 OUTPATIENT PHYSICAL THERA | | | | | | | |
| 069 30 OUTPATIENT OCCUPATIONAL T | | | | | | | |
| 069 40 OUTPATIENT SPEECH PATHOLO | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | |
| 085 SPEC PURPOSE COST CENTERS | | | | | | | |
| 085 01 PANCREAS ACQUISITION | | | | | | | |
| 085 02 INTESTINAL ACQUISITION | | | | | | | |
| 085 03 ISLET CELL ACQUISITION | | | | | | | |
| 095 SUBTOTALS | 5,902 | | 570,244 | | 462 | | 2,248 |
| 100 NONREIMBURS COST CENTERS | | | | | | | |
| 101 STUDENT NURSE PROGRAM | | | | | | | |
| 102 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 103 NEGATIVE COST CENTER | | | | | | | |
| TOTAL | 5,902 | | 570,244 | | 462 | | 2,248 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0167
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/7/2012
 WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | MAINTENANCE PERSONNEL | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | SERVICES | NONPHYSICIAN ANESTHETISTS |
|-------------------------|-----------------------|------------------------|---------------------------|----------|---------------------------|----------------|----------|---------------------------|
| | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 001 | | | | | | | | |
| 002 | | | | | | | | |
| 003 | | | | | | | | |
| 004 | | | | | | | | |
| 005 | | | | | | | | |
| 006 | | | | | | | | |
| 007 | | | | | | | | |
| 008 | | | | | | | | |
| 009 | | | | | | | | |
| 010 | | | | | | | | |
| 011 | | | | | | | | |
| 012 | | | | | | | | |
| 013 | | | | | | | | |
| 014 | | | | | | | | |
| 015 | | | | | | | | |
| 016 | | | | 12 | | | | |
| 017 | | | | | 3 | | | |
| 018 | | | | | | 24 | | |
| 020 | | | | | | | | |
| 021 | | | | | | | | |
| 022 | | | | | | | | |
| 023 | | | | | | | | |
| 024 | | | | | | | | |
| 025 | | | | | | 24 | | |
| 037 | | | | | | | | |
| 040 | | | | | | | | |
| 041 | | | | | | | | |
| 044 | | | | | | | | |
| 046 | | | | | | | | |
| 049 | | | | | | | | |
| 050 | | | | | | | | |
| 055 | | | | | | | | |
| 055 | 30 | | | 12 | | | | |
| 056 | | | | | 3 | | | |
| 059 | | | | | | | | |
| 059 | | | | | | | | |
| 059 | | | | | | | | |
| 060 | | | | | | | | |
| 062 | | | | | | | | |
| 063 | 50 | | | | | | | |
| 063 | 60 | | | | | | | |
| 069 | 10 | | | | | | | |
| 069 | 20 | | | | | | | |
| 069 | 30 | | | | | | | |
| 069 | 40 | | | | | | | |
| 071 | | | | | | | | |
| 085 | 01 | | | | | | | |
| 085 | 02 | | | | | | | |
| 085 | 03 | | | | | | | |
| 095 | | | | 12 | 3 | 24 | | |
| 100 | | | | | | | | |
| 101 | | | | | | | | |
| 102 | | | | | | | | |
| 103 | | | | 12 | 3 | 24 | | |

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0167
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/7/2012
 WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | NURSING SCHOOL | I&R SERVICES-SALARY & FRI | I&R SERVICES-OTHER PRGM C | PARAMED ED PRGM-(SPECIFY) | SUBTOTAL | POST STEPDOWN ADJUSTMENT | TOTAL |
|-----------------------------------|----------------|---------------------------|---------------------------|---------------------------|-----------|--------------------------|-----------|
| | 21 | 22 | 23 | 24 | 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 | | | | | | | |
| 007 ADMINISTRATIVE & GENERAL | | | | | | | |
| 008 MAINTENANCE & REPAIRS | | | | | | | |
| 009 OPERATION OF PLANT | | | | | | | |
| 010 LAUNDRY & LINEN SERVICE | | | | | | | |
| 011 HOUSEKEEPING | | | | | | | |
| 012 DIETARY | | | | | | | |
| 013 CAFETERIA | | | | | | | |
| 014 MAINTENANCE OF PERSONNEL | | | | | | | |
| 015 NURSING ADMINISTRATION | | | | | | | |
| 016 CENTRAL SERVICES & SUPPLY | | | | | | | |
| 017 PHARMACY | | | | | | | |
| 018 MEDICAL RECORDS & LIBRARY | | | | | | | |
| 020 SOCIAL SERVICE | | | | | | | |
| 021 NONPHYSICIAN ANESTHETISTS | | | | | | | |
| 022 NURSING SCHOOL | | | | | | | |
| 023 I&R SERVICES-SALARY & FRI | | | | | | | |
| 024 I&R SERVICES-OTHER PRGM C | | | | | | | |
| 025 PARAMED ED PRGM-(SPECIFY) | | | | | | | |
| ADULTS & PEDIATRICS | | | | | 741,267 | | 741,267 |
| ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | | | | | 1,303,067 | | 1,303,067 |
| 040 ANESTHESIOLOGY | | | | | 158 | | 158 |
| 041 RADIOLOGY-DIAGNOSTIC | | | | | 56 | | 56 |
| 044 LABORATORY | | | | | 44 | | 44 |
| 046 WHOLE BLOOD & PACKED RED | | | | | 16 | | 16 |
| 049 BLOOD CLOTTING FACTORS AD | | | | | | | |
| 050 RESPIRATORY THERAPY | | | | | 10 | | 10 |
| 055 PHYSICAL THERAPY | | | | | 33,833 | | 33,833 |
| 055 MEDICAL SUPPLIES CHARGED | | | | | 798 | | 798 |
| 056 30 IMPL. DEV. CHARGED TO PAT | | | | | 2,995 | | 2,995 |
| 059 DRUGS CHARGED TO PATIENTS | | | | | 199 | | 199 |
| 059 97 CARDIAC REHABILITATION | | | | | | | |
| 059 98 HYPERBARI C OXYGEN THERAPY | | | | | | | |
| 059 99 LITHOTRI PSY | | | | | | | |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 062 CLINIC | | | | | | | |
| 063 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 063 50 RHC | | | | | | | |
| 063 60 FOHC | | | | | | | |
| 069 OTHER REIMBURS COST CNTRS | | | | | | | |
| 069 10 CMHC | | | | | | | |
| 069 20 OUTPATIENT PHYSICAL THERA | | | | | | | |
| 069 30 OUTPATIENT OCCUPATIONAL T | | | | | | | |
| 069 40 OUTPATIENT SPEECH PATHOLO | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | |
| 085 SPEC PURPOSE COST CENTERS | | | | | | | |
| 085 01 PANCREAS ACQUISITION | | | | | | | |
| 085 02 INTESTINAL ACQUISITION | | | | | | | |
| 085 03 ISLET CELL ACQUISITION | | | | | | | |
| 095 SUBTOTALS | | | | | 2,082,443 | | 2,082,443 |
| 100 NONREIMBURS COST CENTERS | | | | | | | |
| 101 STUDENT NURSE PROGRAM | | | | | | | |
| 102 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | | | | | 2,082,443 | | 2,082,443 |

| COST CENTER DESCRIPTION | OLD CAP REL C | OLD CAP REL C | NEW CAP REL C | NEW CAP REL C | EMPLOYEE BENE | RECONCILIATION |
|-------------------------------|---------------------------|-----------------------------|---------------------------|-----------------------------|------------------|----------------|
| | OSTS-BLDG & (SQUARE FEET) | OSTS-MVBLE E (DOLLAR VALUE) | OSTS-BLDG & (SQUARE FEET) | OSTS-MVBLE E (DOLLAR VALUE) | (GROSS SALARIES) | |
| | 1 | 2 | 3 | 4 | 5 | 6a.00 |
| GENERAL SERVICE COST | | | | | | |
| 001 OLD CAP REL COSTS-BLD | | | | | | |
| 002 OLD CAP REL COSTS-MVB | | | | | | |
| 003 NEW CAP REL COSTS-BLD | | | 40,428 | | | |
| 004 NEW CAP REL COSTS-MVB | | | | 873,194 | | |
| 005 EMPLOYEE BENEFITS | | | | | 10,919,983 | |
| 006 ADMINISTRATIVE & GENE | | | | 3,133 | 3,229,241 | -9,204,074 |
| 007 MAINTENANCE & REPAIRS | | | | | | |
| 008 OPERATION OF PLANT | | | | 302,523 | 561,406 | |
| 009 LAUNDRY & LINEN SERVI | | | | | | |
| 010 HOUSEKEEPING | | | | 209 | 369,028 | |
| 011 DIETARY | | | | 1,165 | 290,583 | |
| 012 CAFETERIA | | | | | | |
| 013 MAINTENANCE OF PERSON | | | | | | |
| 014 NURSING ADMINISTRATIO | | | | | | |
| 015 CENTRAL SERVICES & SU | | | | | 31,676 | |
| 016 PHARMACY | | | | | 16,324 | |
| 017 MEDICAL RECORDS & LIB | | | | | 71,213 | |
| 018 SOCIAL SERVICE | | | | | | |
| 020 NONPHYSICIAN ANESTHET | | | | | | |
| 021 NURSING SCHOOL | | | | | | |
| 022 I&R SERVICES-SALARY & | | | | | | 33,905 |
| 023 I&R SERVICES-OTHER PR | | | | | | |
| 024 PARAMED ED PRGM-(SPEC | | | | | | |
| INPAT ROUTINE SRVC CN | | | | | | |
| 025 ADULTS & PEDIATRICS | | | 22,827 | 89,866 | 1,532,397 | |
| ANCILLARY SRVC COST C | | | | | | |
| 037 OPERATING ROOM | | | 16,403 | 474,250 | 3,066,990 | |
| 040 ANESTHESIOLOGY | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | | | | | 306,688 | |
| 044 LABORATORY | | | | | 242,449 | |
| 046 WHOLE BLOOD & PACKED | | | | | | |
| 046 30 BLOOD CLOTTING FACTOR | | | | | | |
| 049 RESPIRATORY THERAPY | | | | | 57,084 | |
| 050 PHYSICAL THERAPY | | | 1,198 | 2,048 | 494,221 | |
| 055 MEDICAL SUPPLIES CHAR | | | | | 55,578 | |
| 055 30 IMPL. DEV. CHARGED TO | | | | | | |
| 056 DRUGS CHARGED TO PATI | | | | | 594,911 | |
| 059 97 CARDIAC REHABILITATIO | | | | | | |
| 059 98 HYPERBARI C OXYGEN THE | | | | | | |
| 059 99 LITHOTRIPSY | | | | | | |
| OUTPAT SERVICE COST C | | | | | | |
| 060 CLINIC | | | | | 194 | |
| 062 OBSERVATION BEDS (NON | | | | | | |
| 063 50 RHC | | | | | | |
| 063 60 FQHC | | | | | | |
| OTHER REIMBURS COST C | | | | | | |
| 069 10 CMHC | | | | | | |
| 069 20 OUTPATIENT PHYSICAL T | | | | | | |
| 069 30 OUTPATIENT OCCUPATION | | | | | | |
| 069 40 OUTPATIENT SPEECH PAT | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | |
| SPEC PURPOSE COST CEN | | | | | | |
| 085 01 PANCREAS ACQUISITION | | | | | | |
| 085 02 INTESTINAL ACQUISITIO | | | | | | |
| 085 03 ISLET CELL ACQUISITIO | | | | | | |
| 095 SUBTOTALS | | | 40,428 | 873,194 | 10,919,983 | -9,170,169 |
| NONREIMBURS COST CENT | | | | | | |
| 100 STUDENT NURSE PROGRAM | | | | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | |
| 103 COST TO BE ALLOCATED | | | 437,625 | 1,644,818 | -265,987 | |
| (WRKSHT B, PART I) | | | | | | |
| 104 UNIT COST MULTIPLIER | | | 10.824800 | | | |
| (WRKSHT B, PT I) | | | | 1.883680 | | |
| 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) | | | | | | |
| 108 UNIT COST MULTIPLIER | | | | | | |
| (WRKSHT B, PT III) | | | | | | |

| COST CENTER DESCRIPTION | ADMINISTRATIVE & GENERAL | MAINTENANCE & REPAIRS | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA |
|---|--------------------------|-----------------------|--------------------|-------------------------|---------------|----------------|----------------|
| | (ACCUM. COST) | (SQUARE FEET) | (SQUARE FEET) | (POUNDS OF LAUNDRY) | (SQUARE FEET) | (MEALS SERVED) | (MEALS SERVED) |
| | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 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 ADMINISTRATIVE & GENERAL | 32,257,091 | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 008 OPERATION OF PLANT | 2,112,543 | | 40,428 | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | | | | | |
| 010 HOUSEKEEPING | 369,631 | | | | 40,428 | | |
| 011 DIETARY | 293,942 | | | | | 14,971 | |
| 012 CAFETERIA | | | | | | | |
| 013 MAINTENANCE OF PERSON | | | | | | | |
| 014 NURSING ADMINISTRATION | | | | | | | |
| 015 CENTRAL SERVICES & SUPPLIES | 63,996 | | | | | | |
| 016 PHARMACY | 16,092 | | | | | | |
| 017 MEDICAL RECORDS & LIBRARY | 129,058 | | | | | | |
| 018 SOCIAL SERVICE | | | | | | | |
| 020 NONPHYSICIAN ANESTHESIOLOGIST | | | | | | | |
| 021 NURSING SCHOOL | | | | | | | |
| 022 I&R SERVICES-SALARY & BENEFITS | | | | | | | |
| 023 I&R SERVICES-OTHER PERSONNEL | | | | | | | |
| 024 PARAMEDICAL PRGM-(SPEC INPAT ROUTINE SRVC CN) | | | | | | | |
| 025 ADULTS & PEDIATRICS | 2,068,223 | | 22,827 | | 22,827 | 14,971 | |
| 037 ANCILLARY SRVC COST CENTER | | | | | | | |
| 040 OPERATING ROOM | 3,389,172 | | 16,403 | | 16,403 | | |
| 041 ANESTHESIOLOGY | 864,932 | | | | | | |
| 044 RADIOLOGY-DIAGNOSTIC | 306,748 | | | | | | |
| 046 LABORATORY | 242,449 | | | | | | |
| 046 30 WHOLE BLOOD & PACKED BLOOD | 88,520 | | | | | | |
| 049 BLOOD CLOTTING FACTOR | | | | | | | |
| 050 RESPIRATORY THERAPY | 57,084 | | | | | | |
| 055 PHYSICAL THERAPY | 518,850 | | 1,198 | | 1,198 | | |
| 056 MEDICAL SUPPLIES CHARGED TO PATIENT | 4,358,356 | | | | | | |
| 059 30 IMPL. DEV. CHARGED TO PATIENT | 16,308,687 | | | | | | |
| 059 97 DRUGS CHARGED TO PATIENT | 1,068,614 | | | | | | |
| 059 98 CARDIAC REHABILITATION | | | | | | | |
| 059 99 HYPERBARIC OXYGEN THERAPY | | | | | | | |
| 060 LITHOTRIpsy | | | | | | | |
| 062 OUTPAT SERVICE COST CENTER CLINIC | 194 | | | | | | |
| 063 OBSERVATION BEDS (NON RHC) | | | | | | | |
| 063 50 FQHC | | | | | | | |
| 063 60 OTHER REIMBURS COST CENTER | | | | | | | |
| 069 10 CMHC | | | | | | | |
| 069 20 OUTPATIENT PHYSICAL THERAPY | | | | | | | |
| 069 30 OUTPATIENT OCCUPATION THERAPY | | | | | | | |
| 069 40 OUTPATIENT SPEECH THERAPY | | | | | | | |
| 071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTER | | | | | | | |
| 085 01 PANCREAS ACQUISITION | | | | | | | |
| 085 02 INTESTINAL ACQUISITION | | | | | | | |
| 085 03 ISLET CELL ACQUISITION | | | | | | | |
| 095 SUBTOTALS | 32,257,091 | | 40,428 | | 40,428 | 14,971 | |
| 100 NONREIMBURS COST CENTER STUDENT NURSE PROGRAM | | | | | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 COST TO BE ALLOCATED (WRKSHT B, PART I) | 9,204,074 | | 2,715,325 | | 475,100 | 377,814 | |
| 104 UNIT COST MULTIPLIER (WRKSHT B, PT I) | .285335 | | 67.164465 | | 11.751756 | 25.236390 | |
| 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) | 5,902 | | 570,244 | | 462 | 2,248 | |
| 108 UNIT COST MULTIPLIER (WRKSHT B, PT III) | .000183 | | 14.105175 | | .011428 | .150157 | |

| COST CENTER DESCRIPTION | MAINTENANCE PERSONNEL (NUMBER HOUSED) | NURSING ADMINISTRATION (DIRECT NRSNG HRS) | CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) | PHARMACY (COSTED REQUIS.) | MEDICAL RECORDS & LIBRARY (TIME SPENT) | SOCIAL SERVICE (TIME SPENT) | NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME) |
|---|---------------------------------------|---|--|---------------------------|--|-----------------------------|---|
| | 13 | 14 | 15 | 16 | 17 | 18 | 20 |
| 001 GENERAL SERVICE COST | | | | | | | |
| 002 OLD CAP REL COSTS-BLD | | | | | | | |
| 003 OLD CAP REL COSTS-MVB | | | | | | | |
| 004 NEW CAP REL COSTS-BLD | | | | | | | |
| 005 NEW CAP REL COSTS-MVB | | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | | | | |
| 007 ADMINISTRATIVE & GENERAL | | | | | | | |
| 008 MAINTENANCE & REPAIRS | | | | | | | |
| 009 OPERATION OF PLANT | | | | | | | |
| 010 LAUNDRY & LINEN SERVICE | | | | | | | |
| 011 HOUSEKEEPING | | | | | | | |
| 012 DIETARY | | | | | | | |
| 013 CAFETERIA | | | | | | | |
| 014 MAINTENANCE OF PERSONNEL | | | | | | | |
| 015 NURSING ADMINISTRATION | | | | | | | |
| 016 CENTRAL SERVICES & SUPPLY | | | 10,000 | | | | |
| 017 PHARMACY | | | | 10,000 | | | |
| 018 MEDICAL RECORDS & LIBRARY | | | | | 10,000 | | |
| 019 SOCIAL SERVICE | | | | | | 10,000 | |
| 020 NONPHYSICIAN ANESTHETISTS | | | | | | | 10,000 |
| 021 NURSING SCHOOL | | | | | | | |
| 022 I&R SERVICES-SALARY & BENEFITS | | | | | | | |
| 023 I&R SERVICES-OTHER PERSONNEL | | | | | | | |
| 024 PARAMEDICAL PRGM-(SPEC INPAT ROUTINE SRVC CN) | | | | | | | |
| 025 ADULTS & PEDIATRICS | | | | | 10,000 | 10,000 | |
| 037 ANCILLARY SRVC COST CENTER | | | | | | | |
| 040 OPERATING ROOM | | | | | | | |
| 041 ANESTHESIOLOGY | | | | | | | |
| 044 RADIOLOGY-DIAGNOSTIC | | | | | | | |
| 046 LABORATORY | | | | | | | |
| 046 30 WHOLE BLOOD & PACKED BLOOD CLOTTING FACTOR | | | | | | | |
| 049 RESPIRATORY THERAPY | | | | | | | |
| 050 PHYSICAL THERAPY | | | | | | | |
| 055 MEDICAL SUPPLIES CHARGED TO PATIENT | | | | | | | |
| 055 30 IMPL. DEV. CHARGED TO PATIENT | | | 10,000 | | | | |
| 056 DRUGS CHARGED TO PATIENT | | | | 10,000 | | | |
| 059 97 CARDIAC REHABILITATION | | | | | | | |
| 059 98 HYPERBARIC OXYGEN THERAPY | | | | | | | |
| 059 99 LITHOTRIPSY | | | | | | | |
| 060 OUTPAT SERVICE COST CENTER | | | | | | | |
| 062 CLINIC | | | | | | | |
| 063 50 OBSERVATION BEDS (NON RHC) | | | | | | | |
| 063 60 FQHC | | | | | | | |
| 069 OTHER REIMBURS COST CENTER | | | | | | | |
| 069 10 CMHC | | | | | | | |
| 069 20 OUTPATIENT PHYSICAL THERAPY | | | | | | | |
| 069 30 OUTPATIENT OCCUPATION THERAPY | | | | | | | |
| 069 40 OUTPATIENT SPEECH THERAPY | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | |
| 085 SPEC PURPOSE COST CENTER | | | | | | | |
| 085 01 PANCREAS ACQUISITION | | | | | | | |
| 085 02 INTESTINAL ACQUISITION | | | | | | | |
| 085 03 ISLET CELL ACQUISITION | | | | | | | |
| 095 SUBTOTALS | | | 10,000 | 10,000 | 10,000 | 10,000 | |
| 100 NONREIMBURS COST CENTER | | | | | | | |
| 101 STUDENT NURSE PROGRAM | | | | | | | |
| 102 CROSS FOOT ADJUSTMENT | | | | | | | |
| 103 NEGATIVE COST CENTER | | | | | | | |
| 103 COST TO BE ALLOCATED (WRKSHT B, PART I) | | | 82,256 | 20,684 | 165,883 | | |
| 104 UNIT COST MULTIPLIER (WRKSHT B, PT I) | | | | 2.068400 | | | |
| 105 COST TO BE ALLOCATED (WRKSHT B, PART II) | | | 8.225600 | | 16.588300 | | |
| 106 UNIT COST MULTIPLIER (WRKSHT B, PT II) | | | | | | | |
| 107 COST TO BE ALLOCATED (WRKSHT B, PART III) | | | 12 | 3 | 24 | | |
| 108 UNIT COST MULTIPLIER (WRKSHT B, PT III) | | | .001200 | .000300 | .002400 | | |

| COST CENTER DESCRIPTION | NURSING SCHOOL | I&R SERVICES-SALARY & FRI | I&R SERVICES-OTHER PRGM C | PARAMED ED PRGM-(SPECIFY) |
|------------------------------|-----------------|---------------------------|---------------------------|---------------------------|
| | (ASSIGNED TIME) | (ASSIGNED TIME) | (ASSIGNED TIME) | (ASSIGNED TIME) |
| | 21 | 22 | 23 | 24 |
| 001 GENERAL SERVICE COST | | | | |
| 002 OLD CAP REL COSTS-BLD | | | | |
| 003 OLD CAP REL COSTS-MVB | | | | |
| 004 NEW CAP REL COSTS-BLD | | | | |
| 005 NEW CAP REL COSTS-MVB | | | | |
| 006 EMPLOYEE BENEFITS | | | | |
| 007 ADMINISTRATIVE & GENE | | | | |
| 008 MAINTENANCE & REPAIRS | | | | |
| 009 OPERATION OF PLANT | | | | |
| 010 LAUNDRY & LINEN SERVI | | | | |
| 011 HOUSEKEEPING | | | | |
| 012 DIETARY | | | | |
| 013 CAFETERIA | | | | |
| 014 MAINTENANCE OF PERSON | | | | |
| 015 NURSING ADMINISTRATION | | | | |
| 016 CENTRAL SERVICES & SU | | | | |
| 017 PHARMACY | | | | |
| 018 MEDICAL RECORDS & LIB | | | | |
| 019 SOCIAL SERVICE | | | | |
| 020 NONPHYSICIAN ANESTHET | | | | |
| 021 NURSING SCHOOL | | | | |
| 022 I&R SERVICES-SALARY & | | | | |
| 023 I&R SERVICES-OTHER PR | | | 10,000 | |
| 024 PARAMED ED PRGM-(SPEC | | | | |
| 025 INPAT ROUTINE SRVC CN | | | | |
| 037 ADULTS & PEDIATRICS | | | | |
| 040 ANCILLARY SRVC COST C | | | | |
| 041 OPERATING ROOM | | | 10,000 | |
| 044 ANESTHESIOLOGY | | | | |
| 046 RADIOLOGY-DIAGNOSTIC | | | | |
| 046 30 LABORATORY | | | | |
| 049 WHOLE BLOOD & PACKED | | | | |
| 050 BLOOD CLOTTING FACTOR | | | | |
| 055 RESPIRATORY THERAPY | | | | |
| 056 PHYSICAL THERAPY | | | | |
| 059 30 MEDICAL SUPPLIES CHAR | | | | |
| 059 97 IMPL. DEV. CHARGED TO | | | | |
| 059 98 DRUGS CHARGED TO PATI | | | | |
| 059 99 CARDIAC REHABILITATIO | | | | |
| 060 98 HYPERBARIC OXYGEN THE | | | | |
| 062 99 LITHOTRIPSY | | | | |
| 063 OUTPAT SERVICE COST C | | | | |
| 063 50 CLINIC | | | | |
| 063 60 RHC | | | | |
| 069 60 FQHC | | | | |
| 069 10 OTHER REIMBURS COST C | | | | |
| 069 20 CMHC | | | | |
| 069 30 OUTPATIENT PHYSICAL T | | | | |
| 069 40 OUTPATIENT OCCUPATION | | | | |
| 071 OUTPATIENT SPEECH PAT | | | | |
| 085 01 HOME HEALTH AGENCY | | | | |
| 085 02 SPEC PURPOSE COST CEN | | | | |
| 085 03 PANCREAS ACQUISITION | | | | |
| 095 02 INTESTINAL ACQUISITIO | | | | |
| 095 03 ISLET CELL ACQUISITIO | | | | |
| 100 SUBTOTALS | | | 10,000 | |
| 101 NONREIMBURS COST CENT | | | | |
| 102 STUDENT NURSE PROGRAM | | | | |
| 103 CROSS FOOT ADJUSTMENT | | | | |
| 104 NEGATIVE COST CENTER | | | | |
| 104 COST TO BE ALLOCATED | | -33,905 | | |
| 105 (PER WRKSHT B, PART | | | | |
| 106 UNIT COST MULTIPLIER | | | | |
| 105 (WRKSHT B, PT I) | | | | |
| 106 COST TO BE ALLOCATED | | | | |
| 106 (PER WRKSHT B, PART | | | | |
| 107 UNIT COST MULTIPLIER | | | | |
| 107 (WRKSHT B, PT II) | | | | |
| 108 COST TO BE ALLOCATED | | | | |
| 108 (PER WRKSHT B, PART | | | | |
| 108 UNIT COST MULTIPLIER | | | | |
| 108 (WRKSHT B, PT III) | | | | |

| 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 | 5,003,476 | | 5,003,476 | | 5,003,476 |
| 37 | ANCILLARY SRVC COST CNTRS OPERATING ROOM | 5,650,684 | | 5,650,684 | | 5,650,684 |
| 40 | ANESTHESIOLOGY | 1,111,727 | | 1,111,727 | | 1,111,727 |
| 41 | RADIOLOGY-DIAGNOSTIC | 394,274 | | 394,274 | | 394,274 |
| 44 | LABORATORY | 311,628 | | 311,628 | | 311,628 |
| 46 | WHOLE BLOOD & PACKED RED | 113,778 | | 113,778 | | 113,778 |
| 46 | 30 BLOOD CLOTTING FACTORS AD | | | | | |
| 49 | RESPIRATORY THERAPY | 73,372 | | 73,372 | | 73,372 |
| 50 | PHYSICAL THERAPY | 761,438 | | 761,438 | | 761,438 |
| 55 | MEDICAL SUPPLIES CHARGED | 5,601,948 | | 5,601,948 | | 5,601,948 |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | 21,044,380 | | 21,044,380 | | 21,044,380 |
| 56 | DRUGS CHARGED TO PATIENTS | 1,394,211 | | 1,394,211 | | 1,394,211 |
| 59 | 97 CARDIAC REHABILITATION | | | | | |
| 59 | 98 HYPERBARI C OXYGEN THERAPY | | | | | |
| 59 | 99 LI THOTRI PSY | | | | | |
| 60 | OUTPAT SERVICE COST CNTRS CLINIC | 249 | | 249 | | 249 |
| 62 | OBSERVATION BEDS (NON-DIS | 270,201 | | 270,201 | | 270,201 |
| 63 | 50 RHC | | | | | |
| 63 | 60 FOHC | | | | | |
| 101 | OTHER REIMBURS COST CNTRS SUBTOTAL | 41,731,366 | | 41,731,366 | | 41,731,366 |
| 102 | LESS OBSERVATION BEDS | 270,201 | | 270,201 | | 270,201 |
| 103 | TOTAL | 41,461,165 | | 41,461,165 | | 41,461,165 |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COST WKST B, PT I COL. 27 1 | CAPITAL COST WKST B PT II & III, COL. 27 2 | OPERATING COST NET OF CAPITAL COST 3 | CAPITAL REDUCTION 4 | OPERATING COST REDUCTION AMOUNT 5 | COST NET OF CAP AND OPER COST REDUCTION 6 |
|--------------------|------------------------------|--|---|---|---------------------------|--|--|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| | OPERATING ROOM | 5,650,684 | 1,303,067 | 4,347,617 | | | 5,650,684 |
| 40 | ANESTHESIOLOGY | 1,111,727 | | 1,111,569 | | | 1,111,727 |
| 41 | RADIOLOGY-DIAGNOSTIC | 394,274 | | 394,218 | | | 394,274 |
| 44 | LABORATORY | 311,628 | | 311,584 | | | 311,628 |
| 46 | WHOLE BLOOD & PACKED RED | 113,778 | | 113,762 | | | 113,778 |
| 46 | 30 BLOOD CLOTTING FACTORS AD | | | | | | |
| 49 | RESPIRATORY THERAPY | 73,372 | | 73,362 | | | 73,372 |
| 50 | PHYSICAL THERAPY | 761,438 | 33,833 | 727,605 | | | 761,438 |
| 55 | MEDICAL SUPPLIES CHARGED | 5,601,948 | | 5,601,150 | | | 5,601,948 |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | 21,044,380 | 2,995 | 21,041,385 | | | 21,044,380 |
| 56 | DRUGS CHARGED TO PATIENTS | 1,394,211 | 199 | 1,394,012 | | | 1,394,211 |
| 59 | 97 CARDIAC REHABILITATION | | | | | | |
| 59 | 98 HYPERBARIC OXYGEN THERAPY | | | | | | |
| 59 | 99 LITHOTRIpsy | | | | | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | |
| | CLINIC | 249 | | 249 | | | 249 |
| 62 | OBSERVATION BEDS (NON-DIS | 270,201 | 40,030 | 230,171 | | | 270,201 |
| 63 | 50 RHC | | | | | | |
| 63 | 60 FOHC | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | SUBTOTAL | 36,727,890 | 1,381,206 | 35,346,684 | | | 36,727,890 |
| 102 | LESS OBSERVATION BEDS | 270,201 | 40,030 | 230,171 | | | 270,201 |
| 103 | TOTAL | 36,457,689 | 1,341,176 | 35,116,513 | | | 36,457,689 |

| 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 | | | |
| | OPERATING ROOM | 37,406,930 | .151060 | .151060 |
| 40 | ANESTHESIOLOGY | 3,001,233 | .370423 | .370423 |
| 41 | RADIOLOGY-DIAGNOSTIC | 1,121,683 | .351502 | .351502 |
| 44 | LABORATORY | 1,178,196 | .264496 | .264496 |
| 46 | WHOLE BLOOD & PACKED RED | 154,784 | .735076 | .735076 |
| 46 | 30 BLOOD CLOTTING FACTORS AD | | | |
| 49 | RESPIRATORY THERAPY | 328,596 | .223289 | .223289 |
| 50 | PHYSICAL THERAPY | 1,968,059 | .386898 | .386898 |
| 55 | MEDICAL SUPPLIES CHARGED | 6,013,958 | .931491 | .931491 |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | 73,154,529 | .287670 | .287670 |
| 56 | DRUGS CHARGED TO PATIENTS | 5,337,386 | .261216 | .261216 |
| 59 | CARDIAC REHABILITATION | | | |
| 59 | 98 HYPERBARIC OXYGEN THERAPY | | | |
| 59 | 99 LITHOTRIpsy | | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | |
| | CLINIC | 279 | .892473 | .892473 |
| 62 | OBSERVATION BEDS (NON-DIS | 325,968 | .828919 | .828919 |
| 63 | 50 RHC | | | |
| 63 | 60 FOHC | | | |
| | OTHER REIMBURS COST CNTRS | | | |
| 101 | SUBTOTAL | 129,991,601 | | |
| 102 | LESS OBSERVATION BEDS | 325,968 | | |
| 103 | TOTAL | 129,665,633 | | |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COST WKST B, PT I COL. 27 1 | CAPITAL COST WKST B PT II & III, COL. 27 2 | OPERATING COST NET OF CAPITAL COST 3 | CAPITAL REDUCTION 4 | OPERATING COST REDUCTION AMOUNT 5 | COST NET OF CAP AND OPER COST REDUCTION 6 |
|--------------------|------------------------------|--|---|---|---------------------------|--|--|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| | OPERATING ROOM | 5,650,684 | 1,303,067 | 4,347,617 | 130,307 | 252,162 | 5,268,215 |
| 40 | ANESTHESIOLOGY | 1,111,727 | 158 | 1,111,569 | 16 | 64,471 | 1,047,240 |
| 41 | RADIOLOGY-DIAGNOSTIC | 394,274 | 56 | 394,218 | 6 | 22,865 | 371,403 |
| 44 | LABORATORY | 311,628 | 44 | 311,584 | 4 | 18,072 | 293,552 |
| 46 | WHOLE BLOOD & PACKED RED | 113,778 | 16 | 113,762 | 2 | 6,598 | 107,178 |
| 46 | 30 BLOOD CLOTTING FACTORS AD | | | | | | |
| 49 | RESPIRATORY THERAPY | 73,372 | 10 | 73,362 | 1 | 4,255 | 69,116 |
| 50 | PHYSICAL THERAPY | 761,438 | 33,833 | 727,605 | 3,383 | 42,201 | 715,854 |
| 55 | MEDICAL SUPPLIES CHARGED | 5,601,948 | 798 | 5,601,150 | 80 | 324,867 | 5,277,001 |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | 21,044,380 | 2,995 | 21,041,385 | 300 | 1,220,400 | 19,823,680 |
| 56 | DRUGS CHARGED TO PATIENTS | 1,394,211 | 199 | 1,394,012 | 20 | 80,853 | 1,313,338 |
| 59 | 97 CARDIAC REHABILITATION | | | | | | |
| 59 | 98 HYPERBARIC OXYGEN THERAPY | | | | | | |
| 59 | 99 LITHOTRIpsy | | | | | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | |
| | CLINIC | 249 | | 249 | | 14 | 235 |
| 62 | OBSERVATION BEDS (NON-DIS | 270,201 | 40,030 | 230,171 | 4,003 | 13,350 | 252,848 |
| 63 | 50 RHC | | | | | | |
| 63 | 60 FOHC | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | SUBTOTAL | 36,727,890 | 1,381,206 | 35,346,684 | 138,122 | 2,050,108 | 34,539,660 |
| 102 | LESS OBSERVATION BEDS | 270,201 | 40,030 | 230,171 | 4,003 | 13,350 | 252,848 |
| 103 | TOTAL | 36,457,689 | 1,341,176 | 35,116,513 | 134,119 | 2,036,758 | 34,286,812 |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL CHARGES | OUTPAT COST TO CHRGRATIO | I/P PT B COST TO CHRGRATIO |
|--------------------|------------------------------|------------------|-----------------------------|-------------------------------|
| | | 7 | 8 | 9 |
| 37 | ANCILLARY SRVC COST CNTRS | | | |
| | OPERATING ROOM | 37,406,930 | .140835 | .147576 |
| 40 | ANESTHESIOLOGY | 3,001,233 | .348937 | .370418 |
| 41 | RADIOLOGY-DIAGNOSTIC | 1,121,683 | .331112 | .351497 |
| 44 | LABORATORY | 1,178,196 | .249154 | .264492 |
| 46 | WHOLE BLOOD & PACKED RED | 154,784 | .692436 | .735063 |
| 46 | 30 BLOOD CLOTTING FACTORS AD | | | |
| 49 | RESPIRATORY THERAPY | 328,596 | .210337 | .223286 |
| 50 | PHYSICAL THERAPY | 1,968,059 | .363736 | .385179 |
| 55 | MEDICAL SUPPLIES CHARGED | 6,013,958 | .877459 | .931478 |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | 73,154,529 | .270984 | .287666 |
| 56 | DRUGS CHARGED TO PATIENTS | 5,337,386 | .246064 | .261212 |
| 59 | 97 CARDIAC REHABILITATION | | | |
| 59 | 98 HYPERBARIC OXYGEN THERAPY | | | |
| 59 | 99 LITHOTRIPSY | | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | |
| | CLINIC | 279 | .842294 | .892473 |
| 62 | OBSERVATION BEDS (NON-DIS | 325,968 | .775684 | .816638 |
| 63 | 50 RHC | | | |
| 63 | 60 FOHC | | | |
| | OTHER REIMBURS COST CNTRS | | | |
| 101 | SUBTOTAL | 129,991,601 | | |
| 102 | LESS OBSERVATION BEDS | 325,968 | | |
| 103 | TOTAL | 129,665,633 | | |

TITLE XVIII, PART A HOSPITAL PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OLD CAPITAL RELATED COST 1 | NEW CAPITAL RELATED COST 2 | TOTAL CHARGES 3 | INPAT PROGRAM CHARGES 4 | OLD CAPITAL CST/CHRG RATIO 5 | CAPITAL COSTS 6 |
|--------------------|------------------------------|----------------------------------|----------------------------------|-----------------------|-------------------------------|------------------------------------|-----------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| 40 | OPERATING ROOM | | 1,303,067 | 37,406,930 | 8,833,737 | | |
| 41 | ANESTHESIOLOGY | | 158 | 3,001,233 | | | |
| 44 | RADIOLOGY-DIAGNOSTIC | | 56 | 1,121,683 | 206,561 | | |
| 46 | LABORATORY | | 44 | 1,178,196 | 393,148 | | |
| 46 | WHOLE BLOOD & PACKED RED | | 16 | 154,784 | 74,449 | | |
| 46 | 30 BLOOD CLOTTING FACTORS AD | | | | | | |
| 49 | RESPIRATORY THERAPY | | 10 | 328,596 | 132,120 | | |
| 50 | PHYSICAL THERAPY | | 33,833 | 1,968,059 | 642,604 | | |
| 55 | MEDICAL SUPPLIES CHARGED | | 798 | 6,013,958 | 1,715,029 | | |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | | 2,995 | 73,154,529 | 20,151,273 | | |
| 56 | DRUGS CHARGED TO PATIENTS | | 199 | 5,337,386 | 1,381,862 | | |
| 59 | 97 CARDIAC REHABILITATION | | | | | | |
| 59 | 98 HYPERBARIC OXYGEN THERAPY | | | | | | |
| 59 | 99 LITHOTRIpsy | | | | | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | |
| 62 | CLINIC | | | 279 | | | |
| 63 | 50 OBSERVATION BEDS (NON-DIS | | 40,030 | 325,968 | | | |
| 63 | 60 RHC | | | | | | |
| 63 | 60 FOHC | | | | | | |
| 101 | OTHER REIMBURS COST CNTRS | | | | | | |
| | TOTAL | | 1,381,206 | 129,991,601 | 33,530,783 | | |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS
 PROVIDER NO: 15-0167 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 6/7/2012
 COMPONENT NO: 15-0167 PART II

TITLE XVIII, PART A HOSPITAL PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | NEW CAPITAL | |
|--------------------|----------------------------------|---------------|------------------|
| | | CST/CHRG 7 | RATIO COSTS 8 |
| 37 | ANCILLARY SRVC COST CNTRS | | |
| | OPERATING ROOM | .034835 | 307,723 |
| 40 | ANESTHESIOLOGY | .000053 | |
| 41 | RADIOLOGY-DIAGNOSTIC | .000050 | 10 |
| 44 | LABORATORY | .000037 | 15 |
| 46 | WHOLE BLOOD & PACKED RED | .000103 | 8 |
| 46 | 30 BLOOD CLOTTING FACTORS AD | | |
| 49 | RESPIRATORY THERAPY | .000030 | 4 |
| 50 | PHYSICAL THERAPY | .017191 | 11,047 |
| 55 | MEDICAL SUPPLIES CHARGED | .000133 | 228 |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | .000041 | 826 |
| 56 | DRUGS CHARGED TO PATIENTS | .000037 | 51 |
| 59 | 97 CARDIAC REHABILITATION | | |
| 59 | 98 HYPERBARIC OXYGEN THERAPY | | |
| 59 | 99 LITHOTRIPSY | | |
| 60 | OUTPAT SERVICE COST CNTRS | | |
| 62 | CLINIC OBSERVATION BEDS (NON-DIS | .122803 | |
| 63 | 50 RHC | | |
| 63 | 60 FOHC | | |
| 101 | OTHER REIMBURS COST CNTRS | | |
| | TOTAL | | 319,912 |

| 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 | | | | | 4,722 | |
| 101 | TOTAL | | | | | 4,722 | |

| WKST A | COST CENTER DESCRIPTION | INPATIENT | INPAT PROGRAM |
|----------|-------------------------|-----------|----------------|
| LINE NO. | | PROG DAYS | PASS THRU COST |
| | | 7 | 8 |
| 25 | ADULTS & PEDI ATRICS | 1,553 | |
| 101 | TOTAL | 1,553 | |

TITLE XVIII, PART A HOSPITAL PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | NONPHYSICIAN ANESTHETIST | HOSPITAL | MED ED NRS SCHOOL COST | MED ED ALLIED HEALTH COST | MED ED ALL OTHER COSTS | BLOOD CLOT FOR HEMOPHILIACS |
|--------------------|------------------------------|-----------------------------|----------|---------------------------|------------------------------|---------------------------|--------------------------------|
| | | 1 | 1.01 | 2 | 2.01 | 2.02 | 2.03 |
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| | OPERATING ROOM | | | | | | |
| 40 | ANESTHESIOLOGY | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 44 | LABORATORY | | | | | | |
| 46 | WHOLE BLOOD & PACKED RED | | | | | | |
| 46 | 30 BLOOD CLOTTING FACTORS AD | | | | | | |
| 49 | RESPIRATORY THERAPY | | | | | | |
| 50 | PHYSICAL THERAPY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | | |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | |
| 59 | 97 CARDIAC REHABILITATION | | | | | | |
| 59 | 98 HYPERBARIC OXYGEN THERAPY | | | | | | |
| 59 | 99 LITHOTRIpsy | | | | | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | |
| | CLINIC | | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | | |
| 63 | 50 RHC | | | | | | |
| 63 | 60 FOHC | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | TOTAL | | | | | | |

TITLE XVIII, PART A

HOSPITAL

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COSTS 3 | O/P PASS THRU COSTS 3.01 | TOTAL CHARGES 4 | RATIO OF COST TO CHARGES 5 | O/P RATIO OF CST TO CHARGES 5.01 | INPAT PROG CHARGE 6 | INPAT PROG PASS THRU COST 7 |
|--------------------|------------------------------|---------------------|--------------------------------|-----------------------|----------------------------------|--|---------------------------|-----------------------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | | |
| | OPERATING ROOM | | | 37,406,930 | | | 8,833,737 | |
| 40 | ANESTHESIOLOGY | | | 3,001,233 | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | 1,121,683 | | | 206,561 | |
| 44 | LABORATORY | | | 1,178,196 | | | 393,148 | |
| 46 | WHOLE BLOOD & PACKED RED | | | 154,784 | | | 74,449 | |
| 46 | 30 BLOOD CLOTTING FACTORS AD | | | | | | | |
| 49 | RESPIRATORY THERAPY | | | 328,596 | | | 132,120 | |
| 50 | PHYSICAL THERAPY | | | 1,968,059 | | | 642,604 | |
| 55 | MEDICAL SUPPLIES CHARGED | | | 6,013,958 | | | 1,715,029 | |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | | | 73,154,529 | | | 20,151,273 | |
| 56 | DRUGS CHARGED TO PATIENTS | | | 5,337,386 | | | 1,381,862 | |
| 59 | 97 CARDIAC REHABILITATION | | | | | | | |
| 59 | 98 HYPERBARIC OXYGEN THERAPY | | | | | | | |
| 59 | 99 LITHOTRIpsy | | | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 60 | CLINIC | | | 279 | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | 325,968 | | | | |
| 63 | 50 RHC | | | | | | | |
| 63 | 60 FOHC | | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | | |
| 101 | TOTAL | | | 129,991,601 | | | 33,530,783 | |

TITLE XVIII, PART A HOSPITAL PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OUTPAT PROG CHARGES 8 | OUTPAT PROG D, V COL 5.03 8.01 | OUTPAT PROG D, V COL 5.04 8.02 | OUTPAT PROG PASS THRU COST 9 | COL 8.01 * COL 5 9.01 | COL 8.02 * COL 5 9.02 |
|--------------------|------------------------------|-----------------------------|--------------------------------------|--------------------------------------|------------------------------------|-----------------------------|-----------------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| | OPERATING ROOM | 1,910,986 | | | | | |
| 40 | ANESTHESIOLOGY | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 30,834 | | | | | |
| 44 | LABORATORY | 6,787 | | | | | |
| 46 | WHOLE BLOOD & PACKED RED | 1,490 | | | | | |
| 46 | 30 BLOOD CLOTTING FACTORS AD | | | | | | |
| 49 | RESPIRATORY THERAPY | 3,147 | | | | | |
| 50 | PHYSICAL THERAPY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 655,125 | | | | | |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | 1,567,778 | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | 137,188 | | | | | |
| 59 | 97 CARDIAC REHABILITATION | | | | | | |
| 59 | 98 HYPERBARIC OXYGEN THERAPY | | | | | | |
| 59 | 99 LITHOTRIPSY | | | | | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | |
| 62 | CLINIC | | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | | |
| 63 | 50 RHC | | | | | | |
| 63 | 60 FOHC | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | TOTAL | 4,313,335 | | | | | |

TITLE XVIII, PART B HOSPITAL

| Cost Center Description | Cost/Charge Ratio (C, Pt I, col. 9) | Cost/Charge Ratio (C, Pt II, col. 9) | Outpatient Ambulatory Surgical Ctr | Outpatient Radiology | Other Outpatient Diagnostic |
|---|-------------------------------------|--------------------------------------|------------------------------------|----------------------|-----------------------------|
| | 1 | 1.02 | 2 | 3 | 4 |
| (A) ANCILLARY SRVC COST CNTRS | | | | | |
| 37 OPERATING ROOM | .151060 | .151060 | | | |
| 40 ANESTHESIOLOGY | .370423 | .370423 | | | |
| 41 RADIOLOGY-DIAGNOSTIC | .351502 | .351502 | | | |
| 44 LABORATORY | .264496 | .264496 | | | |
| 46 WHOLE BLOOD & PACKED RED BLOOD CELLS | .735076 | .735076 | | | |
| 46 30 BLOOD CLOTTING FACTORS ADMIN COSTS | | | | | |
| 49 RESPIRATORY THERAPY | .223289 | .223289 | | | |
| 50 PHYSICAL THERAPY | .386898 | .386898 | | | |
| 55 MEDICAL SUPPLIES CHARGED TO PATIENTS | .931491 | .931491 | | | |
| 55 30 IMPL. DEV. CHARGED TO PATIENT | .287670 | .287670 | | | |
| 56 DRUGS CHARGED TO PATIENTS | .261216 | .261216 | | | |
| 59 97 CARDIAC REHABILITATION | | | | | |
| 59 98 HYPERBARIC OXYGEN THERAPY | | | | | |
| 59 99 LI THOTRI PSY | | | | | |
| 60 OUTPAT SERVICE COST CNTRS | | | | | |
| 60 CLINIC | .892473 | .892473 | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT PART) | .828919 | .828919 | | | |
| 63 50 RHC | | | | | |
| 63 60 FOHC | | | | | |
| 101 SUBTOTAL | | | | | |
| 102 CRNA CHARGES | | | | | |
| 103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES | | | | | |
| 104 NET CHARGES | | | | | |

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

| TITLE XVIII, PART B | | HOSPITAL | | | | |
|---------------------|---|---------------|------------------------------|---------------------|----------------------------|--|
| | | All Other (1) | PPS Services FYB to 12/31 | Non-PPS Services | PPS Services 1/1 to FYE | Outpatient Ambulatory Surgical Ctr |
| Cost Center | Description | 5 | 5.01 | 5.02 | 5.03 | 6 |
| (A) | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | OPERATING ROOM | | 1,910,986 | | | |
| 40 | ANESTHESIOLOGY | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | 30,834 | | | |
| 44 | LABORATORY | | 6,787 | | | |
| 46 | WHOLE BLOOD & PACKED RED BLOOD CELLS | | 1,490 | | | |
| 46 | 30 BLOOD CLOTTING FACTORS ADMIN COSTS | | | | | |
| 49 | RESPIRATORY THERAPY | | 3,147 | | | |
| 50 | PHYSICAL THERAPY | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | | 655,125 | | | |
| 55 | 30 IMPL. DEV. CHARGED TO PATIENT | | 1,567,778 | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | 137,188 | | | |
| 59 | 97 CARDIAC REHABILITATION | | | | | |
| 59 | 98 HYPERBARIC OXYGEN THERAPY | | | | | |
| 59 | 99 LITHOTRIPSY | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | CLINIC | | | | | |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | |
| 63 | 50 RHC | | | | | |
| 63 | 60 FOHC | | | | | |
| 101 | SUBTOTAL | | 4,313,335 | | | |
| 102 | CRNA CHARGES | | | | | |
| 103 | LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES | | | | | |
| 104 | NET CHARGES | | 4,313,335 | | | |

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 6/7/2012
 | 15-0167 | FROM 1/1/2010 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2010 | PART V
 | 15-0167 | |

TITLE XVIII, PART B HOSPITAL

| Cost Center Description | PPS Services 1/1 to FYE | Hospital I/P Part B Charges | Hospital I/P Part B Costs |
|--|----------------------------|--------------------------------|------------------------------|
| | 9.03 | 10 | 11 |
| (A) ANCILLARY SRVC COST CNTRS | | | |
| 37 OPERATING ROOM | | | |
| 40 ANESTHESIOLOGY | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | | |
| 44 LABORATORY | | | |
| 46 WHOLE BLOOD & PACKED RED BLOOD CELLS | | | |
| 46 30 BLOOD CLOTTING FACTORS ADMIN COSTS | | | |
| 49 RESPIRATORY THERAPY | | | |
| 50 PHYSICAL THERAPY | | | |
| 55 MEDICAL SUPPLIES CHARGED TO PATIENTS | | | |
| 55 30 IMPL. DEV. CHARGED TO PATIENT | | | |
| 56 DRUGS CHARGED TO PATIENTS | | | |
| 59 97 CARDIAC REHABILITATION | | | |
| 59 98 HYPERBARIC OXYGEN THERAPY | | | |
| 59 99 LI THOTRI PSY | | | |
| 60 OUTPAT SERVICE COST CNTRS | | | |
| 60 CLINIC | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT PART) | | | |
| 63 50 RHC | | | |
| 63 60 FOHC | | | |
| 101 SUBTOTAL | | | |
| 102 CRNA CHARGES | | | |
| 103 LESS PBP CLINIC LAB SVCS- | | | |
| PROGRAM ONLY CHARGES | | | |
| 104 NET CHARGES | | | |

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

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

| | | |
|----|---|-------|
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN) | 4,722 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS) | 4,722 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 4,722 |
| 5 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 6 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 7 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 8 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 9 | TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 1,553 |
| 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 | 5,003,476 |
| 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 | 5,003,476 |

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

| | | |
|----|---|-----------|
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 5,936,523 |
| 29 | PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | |
| 30 | SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 5,936,523 |
| 31 | GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | .842829 |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE | |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 1,257.21 |
| 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 | 5,003,476 |

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

| | | |
|----|--|----------|
| 83 | TOTAL OBSERVATION BED DAYS | 255 |
| 84 | ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 1,059.61 |
| 85 | OBSERVATION BED COST | 270,201 |

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 | 5,003,476 | | 270,201 | |
| 87 | NEW CAPITAL-RELATED COST | 741,267 | .148150 | 270,201 | 40,030 |
| 88 | NON PHYSICIAN ANESTHETIST | 5,003,476 | | 270,201 | |
| 89 | MEDICAL EDUCATION | 5,003,476 | | 270,201 | |
| 89.01 | MEDICAL EDUCATION - ALLIED HEA | | | | |
| 89.02 | MEDICAL EDUCATION - ALL OTHER | | | | |

TITLE XVIII PART A SNF PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 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 | RATIO COST TO CHARGES 1 | INPATIENT CHARGES 2 | INPATIENT COST 3 |
|--------------------|---|-------------------------------|---------------------------|------------------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | | 2,090,274 | |
| 37 | ANCILLARY SRVC COST CNTRS OPERATING ROOM | .151060 | 8,833,737 | 1,334,424 |
| 40 | ANESTHESIOLOGY | .370423 | | |
| 41 | RADIOLOGY-DIAGNOSTIC | .351502 | 206,561 | 72,607 |
| 44 | LABORATORY | .264496 | 393,148 | 103,986 |
| 46 | WHOLE BLOOD & PACKED RED BLOOD CELLS | .735076 | 74,449 | 54,726 |
| 46 | 30 BLOOD CLOTTING FACTORS ADMIN COSTS | | | |
| 49 | RESPIRATORY THERAPY | .223289 | 132,120 | 29,501 |
| 50 | PHYSICAL THERAPY | .386898 | 642,604 | 248,622 |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | .931491 | 1,715,029 | 1,597,534 |
| 55 | 30 IMPL. DEV. CHARGED TO PATIENT | .287670 | 20,151,273 | 5,796,917 |
| 56 | DRUGS CHARGED TO PATIENTS | .261216 | 1,381,862 | 360,964 |
| 59 | 97 CARDIAC REHABILITATION | | | |
| 59 | 98 HYPERBARIC OXYGEN THERAPY | | | |
| 59 | 99 LITHOTRIPSY | | | |
| 60 | OUTPAT SERVICE COST CNTRS CLINIC | .892473 | | |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | .828919 | | |
| 63 | 50 RHC | | | |
| 63 | 60 FQHC | | | |
| | OTHER REIMBURS COST CNTRS | | | |
| 101 | TOTAL | | 33,530,783 | 9,599,281 |
| 102 | LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES | | | |
| 103 | NET CHARGES | | 33,530,783 | |

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

| DESCRIPTION | 1 | 1.01 |
|--|-----------|------|
| 5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT) | | |
| 5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS) | | |
| 5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK | | |
| 5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC) | | |
| 5.06 TOTAL ADDITIONAL PAYMENT | | |
| 6 SUBTOTAL (SEE INSTRUCTIONS) | 7,450,613 | |
| 7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS) | | |
| 7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000) | | |
| 8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS) | 7,450,613 | |
| 9 PAYMENT FOR INPATIENT PROGRAM CAPITAL | 606,687 | |
| 10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS) | | |
| 11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS) | 9,673 | |
| 11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT | | |
| 11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES | | |
| 12 NET ORGAN ACQUISITION COST | | |
| 13 COST OF TEACHING PHYSICIANS | | |
| 14 ROUTINE SERVICE OTHER PASS THROUGH COSTS | | |
| 15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS | | |
| 16 TOTAL | 8,066,973 | |
| 17 PRIMARY PAYER PAYMENTS | | |
| 18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES | 8,066,973 | |
| 19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES | 620,272 | |
| 20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES | | |
| 21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 45,645 | |
| 21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 31,952 | |
| 21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | 36,706 | |
| 22 SUBTOTAL | 7,478,653 | |
| 23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | | |
| 24 OTHER ADJUSTMENTS (SPECIFY) | | |
| 24.94 LOW VOLUME ADJUSTMENT PAYMENT-1 | | |
| 24.95 LOW VOLUME ADJUSTMENT PAYMENT-2 | | |
| 24.96 LOW VOLUME ADJUSTMENT PAYMENT-3 | | |
| 24.97 | | |
| 24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES | | |
| 24.99 OUTLIER RECONCILIATION ADJUSTMENT | | |
| 25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | |
| 26 AMOUNT DUE PROVIDER | 7,478,653 | |
| 27 SEQUESTRATION ADJUSTMENT | | |
| 28 INTERIM PAYMENTS | 7,421,662 | |
| 28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | 44,102 | |
| 29 BALANCE DUE PROVIDER (PROGRAM) | 12,889 | |
| 30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2. | | |
| ----- FI ONLY ----- | | |
| 50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01 | | |
| 51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01 | | |
| 52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST) | | |
| 53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST) | | |
| 54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | |
| 55 TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | |
| 56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | |

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

| | | |
|------|---|-----------|
| 1 | MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) | |
| 1.01 | MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS). | 1,400,187 |
| 1.02 | PPS PAYMENTS RECEIVED INCLUDING OUTLIERS. | |
| 1.03 | ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO. | 1,015,694 |
| 1.04 | LINE 1.01 TIMES LINE 1.03. | |
| 1.05 | LINE 1.02 DIVIDED BY LINE 1.04. | |
| 1.06 | TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS) | |
| 1.07 | OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101 | |
| 2 | INTERNS AND RESIDENTS | |
| 3 | ORGAN ACQUISITIONS | |
| 4 | COST OF TEACHING PHYSICIANS | |
| 5 | TOTAL COST (SEE INSTRUCTIONS) | |

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) | 1,015,694 |

COMPUTATION OF REIMBURSEMENT SETTLEMENT

| | | |
|-------|---|---------|
| 18 | DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS) | |
| 18.01 | DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS) | 189,392 |
| 19 | SUBTOTAL (SEE INSTRUCTIONS) | 826,302 |
| 20 | SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.) | |
| 21 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | 1,204 |
| 22 | ESRD DIRECT MEDICAL EDUCATION COSTS | |
| 23 | SUBTOTAL | 827,506 |
| 24 | PRIMARY PAYER PAYMENTS | |
| 25 | SUBTOTAL | 827,506 |

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

| | | |
|-------|---|---------|
| 26 | COMPOSITE RATE ESRD | |
| 27 | BAD DEBTS (SEE INSTRUCTIONS) | 54,838 |
| 27.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 38,387 |
| 27.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | 52,754 |
| 28 | SUBTOTAL | 865,893 |
| 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 | 865,893 |
| 33 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 34 | INTERIM PAYMENTS | 826,892 |
| 34.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | 25,170 |
| 35 | BALANCE DUE PROVIDER/PROGRAM | 13,831 |
| 36 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2 | |

TO BE COMPLETED BY CONTRACTOR

| | | |
|----|---|--|
| 50 | ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS) | |
| 51 | OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS) | |
| 52 | THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY | |
| 53 | TIME VALUE OF MONEY (SEE INSTRUCTIONS) | |
| 54 | TOTAL (SUM OF LINES 51 AND 53) | |

TITLE XVII HOSPITAL

| DESCRIPTION | INPATIENT-PART A | | PART B | |
|--|------------------|-----------|------------|---------|
| | MM/DD/YYYY | AMOUNT | MM/DD/YYYY | AMOUNT |
| | 1 | 2 | 3 | 4 |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 7,411,134 | | 826,302 |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO. | | NONE | | NONE |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | | |
| ADJUSTMENTS TO PROVIDER .01 | 12/23/2010 | 10,528 | 12/23/2010 | 590 |
| ADJUSTMENTS TO PROVIDER .02 | | | | |
| ADJUSTMENTS TO PROVIDER .03 | | | | |
| ADJUSTMENTS TO PROVIDER .04 | | | | |
| ADJUSTMENTS TO PROVIDER .05 | | | | |
| ADJUSTMENTS TO PROVIDER .49 | | | | |
| ADJUSTMENTS TO PROGRAM .50 | | | | |
| ADJUSTMENTS TO PROGRAM .51 | | | | |
| ADJUSTMENTS TO PROGRAM .52 | | | | |
| ADJUSTMENTS TO PROGRAM .53 | | | | |
| ADJUSTMENTS TO PROGRAM .54 | | | | |
| ADJUSTMENTS TO PROGRAM .99 | | 10,528 | | 590 |
| SUBTOTAL | | | | |
| 4 TOTAL INTERIM PAYMENTS | | 7,421,662 | | 826,892 |
| 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 | 8/18/2011 | 44,102 | 8/18/2011 | 25,170 |
| TENTATIVE TO PROVIDER .02 | | | | |
| TENTATIVE TO PROVIDER .03 | | | | |
| TENTATIVE TO PROGRAM .50 | | | | |
| TENTATIVE TO PROGRAM .51 | | | | |
| TENTATIVE TO PROGRAM .52 | | | | |
| TENTATIVE TO PROGRAM .99 | | 44,102 | | 25,170 |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1) | | 12,889 | | 13,831 |
| SETTLEMENT TO PROVIDER .01 | | | | |
| SETTLEMENT TO PROGRAM .02 | | | | |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | 7,478,653 | | 865,893 |

NAME OF INTERMEDIARY: National Government Services, Inc.
 INTERMEDIARY NO: 00130

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.

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

| | TITLE XVIII | SNF | TITLE V OR TITLE XIX | TITLE XVIII SNF PPS |
|-------|--|-----|-------------------------|------------------------|
| | | | 1 | 2 |
| 1 | COMPUTATION OF NET COST OF COVERED SERVICE | | | |
| 2 | INPATIENT HOSPITAL/SNF/NF SERVICES | | | |
| 3 | MEDICAL AND OTHER SERVICES | | | |
| 4 | INTERNS AND RESIDENTS (SEE INSTRUCTIONS) | | | |
| 5 | ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY) | | | |
| 6 | COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS) | | | |
| 7 | SUBTOTAL | | | |
| 8 | INPATIENT PRIMARY PAYER PAYMENTS | | | |
| 9 | OUTPATIENT PRIMARY PAYER PAYMENTS | | | |
| | SUBTOTAL | | | |
| | COMPUTATION OF LESSER OF COST OR CHARGES | | | |
| | REASONABLE CHARGES | | | |
| 10 | ROUTINE SERVICE CHARGES | | | |
| 11 | ANCILLARY SERVICE CHARGES | | | |
| 12 | INTERNS AND RESIDENTS SERVICE CHARGES | | | |
| 13 | ORGAN ACQUISITION CHARGES, NET OF REVENUE | | | |
| 14 | TEACHING PHYSICIANS | | | |
| 15 | INCENTIVE FROM TARGET AMOUNT COMPUTATION | | | |
| 16 | TOTAL REASONABLE CHARGES | | | |
| | CUSTOMARY CHARGES | | | |
| 17 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | | | |
| 18 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e) | | | |
| 19 | RATIO OF LINE 17 TO LINE 18 | | | |
| 20 | TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) | | | |
| 21 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | | | |
| 22 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | | |
| 23 | COST OF COVERED SERVICES | | | |
| | 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 | | | |
| 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 | | | |
| 33 | DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT) | | | |
| | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | |
| 34 | EXCESS OF REASONABLE COST | | | |
| 35 | SUBTOTAL | | | |
| 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) | | | |
| 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 | LOSS ON SALE OF ASSETS | | | |
| 51 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | | |
| 52 | SUBTOTAL | | | |
| 53 | INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY) | | | |
| 54 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | | | |
| 55 | TOTAL AMOUNT PAYABLE TO THE PROVIDER | | | |
| 56 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | | | |
| 57 | INTERIM PAYMENTS | | | |
| 57.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | | | |
| 58 | BALANCE DUE PROVIDER/PROGRAM | | | |

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

TITLE XVIII

SNF

TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

| | | | |
|------|---|----------------------------|-----------|
| 1 | NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE | | |
| 1.01 | NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR) | | |
| 2 | UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY | | |
| 2.01 | UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR) | | |
| 3 | AGGREGATE APPROVED AMOUNT | | |
| 3.01 | UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96 | | |
| 3.02 | UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6) | | |
| 3.03 | UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). | E-3, PT 6 LN 4 + LINE 3.03 | .25 |
| 3.04 | FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03) | | .25 |
| 3.05 | UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS | | .21 |
| 3.06 | ENTER THE LESSER OF LINE 3.04 OR LINE 3.05. | | .21 |
| 3.07 | WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO. | | |
| 3.08 | WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO. | | .21 |
| 3.09 | ENTER THE SUM OF LINES 3.07 AND 3.08. | | .21 |
| 3.10 | SEE INSTRUCTIONS | | .21 |
| 3.11 | WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO. | | |
| 3.12 | SEE INSTRUCTIONS | | .21 |
| 3.13 | TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS) | | .51 |
| 3.14 | TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS) | | |
| 3.15 | ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS) | RES INIT YEARS | .24 |
| 3.16 | ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS) | | .24 |
| 3.17 | ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT. | | 86,721.26 |
| 3.18 | SEE INSTRUCTIONS | | 20,813 |
| 3.19 | ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS) | | |
| 3.20 | ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS) | | |
| 3.21 | SEE INSTRUCTIONS | RES INIT YEARS | |
| 3.22 | SEE INSTRUCTIONS | | |
| 3.23 | SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 | | 86,721.26 |
| 3.24 | SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 | | |
| 3.25 | SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 | | 20,813 |

COMPUTATION OF PROGRAM PATIENT LOAD

| | | | |
|------|--|------------------------------|---------|
| 4 | PROGRAM PART A INPATIENT DAYS | | 1,553 |
| 5 | TOTAL INPATIENT DAYS | | 4,467 |
| 6 | RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. | LN 6 * LN 3.25 + E-3, 6 L 11 | .347661 |
| 6.01 | TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS | 7,236 | 7,236 |
| 6.02 | PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS) | | 910 |
| 6.03 | ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. | | 4,467 |
| 6.04 | ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS) | | 100.00 |
| 6.05 | GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD. | | 3,641 |
| 6.06 | PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS) | | |
| 6.07 | ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS) | PRIOR TO 422 E-3, 6 LN 12 | 100.00 |
| 6.08 | GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD | | |

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

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

TITLE XVIII

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

| | | |
|----|------------------------------------|------------|
| 12 | REASONABLE COST (SEE INSTRUCTIONS) | 11,244,855 |
| 13 | ORGAN ACQUISITION COSTS | |
| 14 | COST OF TEACHING PHYSICIANS | |
| 15 | PRIMARY PAYER PAYMENTS | |
| 16 | TOTAL PART A REASONABLE COST | 11,244,855 |

PART B REASONABLE COST

| | | |
|----|--|------------|
| 17 | REASONABLE COST | 1,400,187 |
| 18 | PRIMARY PAYER PAYMENTS | |
| 19 | TOTAL PART B REASONABLE COST | 1,400,187 |
| 20 | TOTAL REASONABLE COST | 12,645,042 |
| 21 | RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST | .889270 |
| 22 | RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST | .110730 |

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

| | | |
|-------|---|--------|
| 23 | TOTAL PROGRAM GME PAYMENT | |
| 23.01 | FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08) | 10,877 |
| 24 | PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY | 9,673 |
| 25 | PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY | 1,204 |

| | GENERAL FUND | | SPECIFIC PURPOSE FUND | |
|--|--------------|-------------|-----------------------|---|
| | 1 | 2 | 3 | 4 |
| 1 FUND BALANCE AT BEGINNING OF PERIOD | | | | |
| 2 NET INCOME (LOSS) | | -40,844,447 | | |
| 3 TOTAL | | -40,844,447 | | |
| 4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY) | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 TOTAL ADDITIONS | | | | |
| 11 SUBTOTAL | | -40,844,447 | | |
| 12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY) | | | | |
| 13 TRANSFERS | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 TOTAL DEDUCTIONS | | | | |
| 19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET | | -40,844,447 | | |

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

PART I - PATIENT REVENUES

| REVENUE CENTER | INPATIENT 1 | OUTPATIENT 2 | TOTAL 3 |
|---|----------------|-----------------|------------|
| GENERAL INPATIENT ROUTINE CARE SERVICES | | | |
| 1 00 HOSPITAL | | | |
| 4 00 SWING BED - SNF | | | |
| 5 00 SWING BED - NF | | | |
| 9 00 TOTAL GENERAL INPATIENT ROUTINE CARE | | | |
| INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS | | | |
| 15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP | | | |
| 16 00 TOTAL INPATIENT ROUTINE CARE SERVICE | | | |
| 17 00 ANCILLARY SERVICES | | | |
| 18 00 OUTPATIENT SERVICES | | | |
| 18 50 RHC | | | |
| 18 60 FQHC | | | |
| 19 00 HOME HEALTH AGENCY | | | |
| 21 10 CMHC | | | |
| 21 20 OUTPATIENT PHYSICAL THERAPY | | | |
| 21 30 OUTPATIENT OCCUPATIONAL THERAPY | | | |
| 21 40 OUTPATIENT SPEECH PATHOLOGY | | | |
| 24 00 | | | |
| 25 00 TOTAL PATIENT REVENUES | | | |

PART II - OPERATING EXPENSES

| | |
|-------------------------------------|------------|
| 26 00 OPERATING EXPENSES | 40,844,447 |
| ADD (SPECIFY) | |
| 27 00 **ADD (SPECIFY)** | |
| 28 00 | |
| 29 00 | |
| 30 00 | |
| 31 00 | |
| 32 00 | |
| 33 00 TOTAL ADDITIONS | |
| DEDUCT (SPECIFY) | |
| 34 00 **DEDUCT (SPECIFY)** ROUNDING | |
| 35 00 | |
| 36 00 | |
| 37 00 | |
| 38 00 | |
| 39 00 TOTAL DEDUCTIONS | |
| 40 00 TOTAL OPERATING EXPENSES | 40,844,447 |

DESCRIPTION

| | | |
|-------|---|-------------|
| 1 | TOTAL PATIENT REVENUES | |
| 2 | LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS | |
| 3 | NET PATIENT REVENUES | |
| 4 | LESS: TOTAL OPERATING EXPENSES | 40,844,447 |
| 5 | NET INCOME FROM SERVICE TO PATIENTS | -40,844,447 |
| | OTHER INCOME | |
| 6 | CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC. | |
| 7 | INCOME FROM INVESTMENTS | |
| 8 | REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE | |
| 9 | REVENUE FROM TELEVISION AND RADIO SERVICE | |
| 10 | PURCHASE DISCOUNTS | |
| 11 | REBATES AND REFUNDS OF EXPENSES | |
| 12 | PARKING LOT RECEIPTS | |
| 13 | REVENUE FROM LAUNDRY AND LINEN SERVICE | |
| 14 | REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS | |
| 15 | REVENUE FROM RENTAL OF LIVING QUARTERS | |
| 16 | REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS | |
| 17 | REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS | |
| 18 | REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS | |
| 19 | TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC) | |
| 20 | REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN | |
| 21 | RENTAL OF VENDING MACHINES | |
| 22 | RENTAL OF HOSPITAL SPACE | |
| 23 | GOVERNMENTAL APPROPRIATIONS | |
| 24 | | |
| 24.02 | OTHER OPERATING INCOME | |
| 24.06 | ROUNDING | |
| 25 | TOTAL OTHER INCOME | |
| 26 | TOTAL | -40,844,447 |
| | OTHER EXPENSES | |
| 27 | GAIN ON SALE OF ASSET | |
| 28 | INTEREST EXPENSE | |
| 29 | | |
| 30 | TOTAL OTHER EXPENSES | |
| 31 | NET INCOME (OR LOSS) FOR THE PERIOD | -40,844,447 |

PART I - FULLY PROSPECTIVE METHOD

| | | |
|---|--|---------|
| 1 | CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS | |
| | CAPITAL FEDERAL AMOUNT | |
| 2 | CAPITAL DRG OTHER THAN OUTLIER | 581,150 |
| 3 | CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997 | |
| 3.01 | CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997 | 20,713 |
| | INDIRECT MEDICAL EDUCATION ADJUSTMENT | |
| 4 | TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS | 12.61 |
| | IN THE COST REPORTING PERIOD | |
| 4.01 | NUMBER OF INTERNS AND RESIDENTS | .37 |
| | (SEE INSTRUCTIONS) | |
| 4.02 | INDIRECT MEDICAL EDUCATION PERCENTAGE | .83 |
| 4.03 | INDIRECT MEDICAL EDUCATION ADJUSTMENT | 4,824 |
| | (SEE INSTRUCTIONS) | |
| 5 | PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO | .00 |
| | MEDICARE PART A PATIENT DAYS | |
| 5.01 | PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL | .00 |
| | DAYS REPORTED ON S-3, PART I | |
| 5.02 | SUM OF 5 AND 5.01 | .00 |
| 5.03 | ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE | .00 |
| 5.04 | DISPROPORTIONATE SHARE ADJUSTMENT | .00 |
| 6 | TOTAL PROSPECTIVE CAPITAL PAYMENTS | 606,687 |
| PART II - HOLD HARMLESS METHOD | | |
| 1 | NEW CAPITAL | |
| 2 | OLD CAPITAL | |
| 3 | TOTAL CAPITAL | |
| 4 | RATIO OF NEW CAPITAL TO OLD CAPITAL | .000000 |
| 5 | TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE | |
| 6 | REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT | |
| 7 | REDUCED OLD CAPITAL AMOUNT | |
| 8 | HOLD HARMLESS PAYMENT FOR NEW CAPITAL | |
| 9 | SUBTOTAL | |
| 10 | PAYMENT UNDER HOLD HARMLESS | |
| PART III - PAYMENT UNDER REASONABLE COST | | |
| 1 | PROGRAM INPATIENT ROUTINE CAPITAL COST | |
| 2 | PROGRAM INPATIENT ANCILLARY CAPITAL COST | |
| 3 | TOTAL INPATIENT PROGRAM CAPITAL COST | |
| 4 | CAPITAL COST PAYMENT FACTOR | |
| 5 | TOTAL INPATIENT PROGRAM CAPITAL COST | |
| PART IV - COMPUTATION OF EXCEPTION PAYMENTS | | |
| 1 | PROGRAM INPATIENT CAPITAL COSTS | |
| 2 | PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY | |
| | CIRCUMSTANCES | |
| 3 | NET PROGRAM INPATIENT CAPITAL COSTS | |
| 4 | APPLICABLE EXCEPTION PERCENTAGE | .00 |
| 5 | CAPITAL COST FOR COMPARISON TO PAYMENTS | |
| 6 | PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY | .00 |
| | CIRCUMSTANCES | |
| 7 | ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL | |
| | FOR EXTRAORDINARY CIRCUMSTANCES | |
| 8 | CAPITAL MINIMUM PAYMENT LEVEL | |
| 9 | CURRENT YEAR CAPITAL PAYMENTS | |
| 10 | CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT | |
| | LEVEL TO CAPITAL PAYMENTS | |
| 11 | CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT | |
| | LEVEL OVER CAPITAL PAYMENT | |
| 12 | NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL | |
| | TO CAPITAL PAYMENTS | |
| 13 | CURRENT YEAR EXCEPTION PAYMENT | |
| 14 | CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT | |
| | LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD | |
| 15 | CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT | |
| 16 | CURRENT YEAR OPERATING AND CAPITAL COSTS | |
| 17 | CURRENT YEAR EXCEPTION OFFSET AMOUNT | |
| | (SEE INSTRUCTIONS) | |