

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT
 CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED 06/30/2008 [] INITIAL [] RE-OPENING
 USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. [] FINAL [] MCR CODE

PART I - CERTIFICATION

CHECK _____ ELECTRONICALLY FILED COST REPORT DATE: _____
 APPLICABLE BOX _____ MANUALLY SUBMITTED COST REPORT TIME: _____

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 IN 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 GOTTLIEB MEMORIAL HOSPITAL (14-0008) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2008 AND ENDING 06/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) _____
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

| | TITLE V 1 | TITLE XVIII | | TITLE XIX 4 | |
|-----|------------------------------------|-------------|-------------|----------------|-----|
| | | PART A 2 | PART B 3 | | |
| 1 | HOSPITAL | 364086 | 133234 | | 1 |
| 2 | SUBPROVIDER I | | | | 2 |
| 3 | SWING BED - SNF | | | | 3 |
| 4 | SWING BED - NF | | | | 4 |
| 5 | SKILLED NURSING FACILITY | 23868 | | | 5 |
| 6 | NURSING FACILITY | | | | 6 |
| 7 | HOME HEALTH AGENCY | | | | 7 |
| 8 | OUTPATIENT REHABILITATION PROVIDER | | | | 8 |
| 9 | HEALTH CLINIC | | | | 9 |
| 100 | TOTAL | 387954 | 133234 | | 100 |

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 657 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: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 8700 WEST NORTH AVENUE P.O.BOX: 1
 1.01 CITY: MELROSE PARK STATE: IL ZIP CODE: 60160 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

| COMPONENT 0 | COMPONENT NAME 1 | PROVIDER NUMBER 2 | DATE CERTIFIED 3 | PAYMENT SYSTEM (P,T,O OR N) | | | |
|----------------|----------------------------------|--------------------------------------------|------------------------|--------------------------------|------------|----------|----|
| | | | | V 4 | XVIII 5 | XIX 6 | |
| 2 | HOSPITAL | GOTTLIEB MEMORIAL HOSPITAL 14-0008 | 07/01/1966 | N | P | O | 2 |
| 3 | SUBPROVIDER I | GOTTLIEB MEMORIAL PSYCHIATRIC UNIT 14-S008 | 01/01/2007 | N | P | N | 3 |
| 4 | SWING BEDS - SNF | | | | | | 4 |
| 5 | SWING BEDS - NF | | | | | | 5 |
| 6 | HOSPITAL-BASED SNF | GOTTLIEB SKILLED NURSING CARE 14-5526 | 06/10/1985 | N | P | N | 6 |
| 7 | HOSPITAL-BASED NF | | | | | | 7 |
| 8 | HOSPITAL-BASED OLTC | | | | | | 8 |
| 9 | HOSPITAL-BASED HHA | GOTTLIEB HOME CARE 14-7255 | 02/28/1984 | N | P | N | 9 |
| 11 | SEPARATELY CERTIFIED ASC | | | | | | 11 |
| 12 | HOSPITAL-BASED HOSPICE | GOTTLIEB HOSPICE 14-1561 | 01/01/2000 | | | | 12 |
| 14 | HOSP-BASED RHC | | | | | | 14 |
| 15 | OUTPATIENT REHABILITATION PROVID | | | | | | 15 |
| 16 | RENAL DIALYSIS | | | | | | 16 |

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 01/01/2008 TO: 06/30/2008 17
 18 TYPE OF CONTROL 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 19
 20 SUBPROVIDER I 20

OTHER INFORMATION

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? NO 21.01

21.02 HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE. 21.02

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

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

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

21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 21.06

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW NO 23

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

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

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

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

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

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

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

24 IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3. 24

24.01 IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3. 24.01

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

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

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

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. NO 25.03

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2 NO 25.04

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

| | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|--|--|------|-------|-----------|-------|
| 26 | IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. | | | | | | | | 26 |
| 26.01 | ENTER THE APPLICABLE SCH DATES: | BEGINNING: | ENDING: | | | | | | 26.01 |
| 26.03 | IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA. | | | | | | | | 26.03 |
| 26.04 | IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): | BEGINNING: | ENDING: | | | | | | 26.04 |
| 27 | DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2. | | | | | | | NO | 27 |
| 28 | IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02. | | | | | | | NO | 28 |
| 28.01 | IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st | | | | | | | 100 | 28.01 |
| 28.02 | ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY. | | | | | | | 1 1600 04 | 28.02 |
| <p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p> | | | | | | | | | |
| 28.03 | STAFFING | | | | | 0.00 | | N | 28.03 |
| 28.04 | RECRUITMENT | | | | | 0.00 | | N | 28.04 |
| 28.05 | RETENTION OF EMPLOYEES | | | | | 0.00 | | N | 28.05 |
| 28.06 | TRAINING | | | | | 0.00 | | N | 28.06 |
| 28.07 | OTHER (SPECIFY) | | | | | | | | 28.07 |
| 29 | IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? | | | | | | | NO | 29 |
| 30 | DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff. | | | | | | | NO | 30 |
| 30.01 | IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70. | | | | | | | | 30.01 |
| 30.02 | IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? | | | | | | | | 30.02 |
| 30.03 | IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000) | | | | | | | | 30.03 |
| 30.04 | IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II. | | | | | | | | 30.04 |
| 31 | IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). | | | | | | | NO | 31 |
| 31.01 | IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). | | | | | | | NO | 31.01 |
| <p>MISCELLANEOUS COST REPORTING INFORMATION</p> | | | | | | | | | |
| 32 | IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. | | | | | | | NO | 32 |
| 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. | | | | | | | NO | 33 |
| 34 | IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA? | | | | | | | NO | 34 |
| 35 | HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? | | | | | | | NO | 35 |
| <p>PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL</p> | | | | | | | | | |
| | | | | | | V | XVIII | XIX | |
| | | | | | | 1 | 2 | 3 | |
| 36 | DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? | | | | | NO | YES | NO | 36 |
| 36.01 | DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320? | | | | | NO | YES | NO | 36.01 |
| 37 | DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? | | | | | NO | NO | NO | 37 |
| 37.01 | IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE? | | | | | NO | NO | NO | 37.01 |

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

| | | | |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|
| 38 | DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? | YES | 38 |
| 38.01 | IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? | NO | 38.01 |
| 38.02 | DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? | NO | 38.02 |
| 38.03 | ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? | NO | 38.03 |
| 38.04 | DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? | NO | 38.04 |
| 40 | ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE. | NO | 40 |
| 40.01 | NAME: | FI/CONTRACTOR'S NAME: | FI/CONTRACTOR'S NUMBER: |
| 40.02 | STREET: | | P.O. BOX: |
| 40.03 | CITY: | | STATE: ZIP CODE: |
| 41 | ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? | YES | 41 |
| 42 | ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? | NO | 42 |
| 42.01 | ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? | NO | 42.01 |
| 42.02 | ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? | NO | 42.02 |
| 43 | ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS? | NO | 43 |
| 44 | IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY? | YES | 44 |
| 45 | HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2. | NO | 45 |
| 45.01 | WAS THERE A CHANGE IN THE STATISTICAL BASIS? | | 45.01 |
| 45.02 | WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? | | 45.02 |
| 45.03 | WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? | | 45.03 |
| 46 | IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE. | | 46 |

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A '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 | HOSPITAL | N | N | N | N | 47 | |
| 48 | SUBPROVIDER I | N | N | N | N | 48 | |
| 49 | SKILLED NURSING FACILITY | N | N | | | 49 | |
| 50 | HOME HEALTH AGENCY | N | N | | | 50 | |
| 52 | DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? | | | NO | | 52 | |
| 52.01 | IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV. | | | NO | | 52.01 | |
| 53 | IF THIS IS 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. | | | | | 53 | |
| 53.01 | MDH PERIOD: | BEGINNING: | | ENDING: | | 53.01 | |
| 54 | LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: | | | | | 54 | |
| | PREMIUMS: | PAID LOSSES: | | AND/OR SELF INSURANCE: | | | |
| 54.01 | ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. | | | NO | | 54.01 | |
| 55 | DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO. | | | NO | | 55 | |
| | | | DATE | Y/N | LIMIT | Y/N | FEES |
| | | | 0 | 1 | 2 | 3 | 4 |
| 56 | ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. | | / / | NO | 0.00 | NO | 56 |
| 57 | ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? | | | NO | | | 57 |
| 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% 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. | | | NO | | | 58 |
| 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 IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? 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 INSTRUCTIONS) | | | | | | 58.01 |
| 59 | ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS) | | | NO | | | 59 |

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? YES 60
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)

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT NO 60.01
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.)

MULTICAMPUS

61 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 61
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.

| COUNTY: | STATE: | ZIP CODE | CBSA | FTE/ CAMPUS |
|---------|--------|----------|------|----------------|
| 1 | 2 | 3 | 4 | 5 |

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

| -----DISCHARGES----- | | | | | | |
|----------------------|-------------------------------------------------------------------|----------------------|--------------------|-----------------------------|------|----|
| COMPONENT | TITLE V 12 | TITLE XVIII 13 | TITLE XIX 14 | TOTAL ALL PATIENTS 15 | | |
| 1 | HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS | | 1774 | 627 | 3883 | 1 |
| 2 | HMO XIX | | | | | 2 |
| 3 | HOSPITAL ADULTS & PEDS - SWING BED SNF | | | | | 3 |
| 4 | HOSPITAL ADULTS & PEDS - SWING BED NF | | | | | 4 |
| 5 | TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS | | | | | 5 |
| 6 | INTENSIVE CARE UNIT | | | | | 6 |
| 7 | CORONARY CARE UNIT | | | | | 7 |
| 8 | BURN INTENSIVE CARE UNIT | | | | | 8 |
| 9 | SURGICAL INTENSIVE CARE UNIT | | | | | 9 |
| 10 | OTHER SPECIAL CARE (SPECIFY) | | | | | 10 |
| 11 | NURSERY | | | | | 11 |
| 12 | TOTAL HOSPITAL | | 1774 | 627 | 3883 | 12 |
| 13 | RPCH VISITS | | | | | 13 |
| 14 | SUBPROVIDER I | | 84 | 1 | 96 | 14 |
| 15 | SKILLED NURSING FACILITY | | | | | 15 |
| 16 | NURSING FACILITY | | | | | 16 |
| 17 | OTHER LONG TERM CARE | | | | | 17 |
| 18 | HOME HEALTH AGENCY | | | | | 18 |
| 20 | ASC (DISTINCT PART) | | | | | 20 |
| 21 | HOSPICE (DISTINCT PART) | | | | | 21 |
| 23 | O/P REHAB PROVIDER | | | | | 23 |
| 24 | RHC I | | | | | 24 |
| 25 | TOTAL | | | | | 25 |
| 26 | OBSERVATION BED DAYS | | | | | 26 |
| 27 | AMBULANCE TRIPS | | | | | 27 |
| 28 | EMPLOYEE DISCOUNT DAYS | | | | | 28 |

HOSPITAL WAGE INDEX INFORMATION

| PART II - WAGE DATA | AMOUNT REPORTED | RECLASS. OF SALARIES FROM WKST. A-6 | ADJUSTED SALARIES (COL.1 + COL.2) | PAID HOURS RELATED TO SALARY IN COL.3 | AVERAGE HOURLY WAGE (COL.3 / COL.4) | DATA SOURCE | WORKSHEET S-3 PART II |
|----------------------------------------------|-----------------|-------------------------------------|-----------------------------------|---------------------------------------|-------------------------------------|-----------------|-----------------------|
| | | 2 | 3 | 4 | 5 | | |
| 1 SALARIES | | | | | | | |
| 1 TOTAL SALARIES | 26201015 | 202274 | 26403289 | 953852.00 | 27.68 | | 1 |
| 2 NON-PHYSICIAN ANESTHETIST PART A | | | | | | | 2 |
| 3 NON-PHYSICIAN ANESTHETIST PART B | | | | | | | 3 |
| 4 PHYSICIAN - PART A | 107884 | | 107884 | 767.00 | 140.66 | MED DIRECTORS | 4 |
| 4.01 TEACHING PHYSICIAN SALARIES | | | | | | | 4.01 |
| 5 PHYSICIAN - PART B | 65327 | | 65327 | 2136.00 | 30.58 | LABOR DIST REPO | 5 |
| 5.01 NON-PHYSICIAN - PART B | | | | | | | 5.01 |
| 6 INTERNS & RESIDENTS (IN APPR PGM) | | | | | | | 6 |
| 6.01 CONTRACT SERVICES, I&R | 66880 | | 66880 | 1040.00 | 64.31 | GL IRIS | 6.01 |
| 7 HOME OFFICE PERSONNEL | | | | | | | 7 |
| 8 SNF | 929521 | 6067 | 935588 | 38134.00 | 24.53 | CR AND LABOR DI | 8 |
| 8.01 EXCLUDED AREA SALARIES | 1462193 | 61147 | 1523340 | 53585.00 | 28.43 | CR AND FTE REPO | 8.01 |
| OTHER WAGES & RELATED COSTS | | | | | | | |
| 9 CONTRACT LABOR | 1096552 | | 1096552 | 16809.00 | 65.24 | ANALYSIS | 9 |
| 9.01 PHARMACY SERVICES UNDER CONTRACT | | | | | | | 9.01 |
| 9.02 LABORATORY SERVICES UNDER CONTRACT | | | | | | | 9.02 |
| 9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES' | | | | | | | 9.03 |
| 10 CONTRACT LABOR: PHYSICIAN PART A | 640755 | | 640755 | 6558.00 | 97.71 | STANDBY | 10 |
| 10.01 TEACHING PHYSICIAN UNDER CONTRACT | | | | | | | 10.01 |
| 11 HOME OFFICE SALARIES & WAGE REL COSTS | | | | | | | 11 |
| 12 HOME OFFICE: PHYSICIAN PART A | | | | | | | 12 |
| 12.01 TEACHING PHYSICIAN SALARIES | | | | | | | 12.01 |
| WAGE-RELATED COSTS | | | | | | | |
| 13 WAGE RELATED COSTS (CORE) | 5383069 | -536637 | 4846432 | | | CMS 339 | 13 |
| 14 WAGE RELATED COSTS (OTHER) | | | | | | CMS 339 | 14 |
| 15 EXCLUDED AREAS | | 501323 | 501323 | | | CMS 339 | 15 |
| 16 NON-PHYSICIAN ANESTHETIST PART A | | | | | | CMS 339 | 16 |
| 17 NON-PHYSICIAN ANESTHETIST PART B | | | | | | CMS 339 | 17 |
| 18 PHYSICIAN PART A | | 21995 | 21995 | | | CMS 339 | 18 |
| 18.01 PART A TEACHING PHYSICIANS | | | | | | CMS 339 | 18.01 |
| 19 PHYSICIAN PART B | | 13319 | 13319 | | | CMS 339 | 19 |
| 19.01 WAGE RELATED COSTS (RHC/FQHC) | | | | | | | 19.01 |
| 20 INTERNS & RESIDENTS (IN APPR PGM) | | | | | | CMS 339 | 20 |
| OVERHEAD COSTS - DIRECT SALARIES | | | | | | | |
| 21 EMPLOYEE BENEFITS | 439409 | 147294 | 586703 | 20516.60 | 28.60 | | 21 |
| 22 ADMINISTRATIVE & GENERAL | 3783054 | -164380 | 3618674 | 144078.80 | 25.12 | | 22 |
| 22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT | 27603 | | 27603 | 207.00 | 133.35 | | 22.01 |
| 23 MAINTENANCE & REPAIRS | 392094 | | 392094 | 14622.20 | 26.81 | | 23 |
| 24 OPERATION OF PLANT | 453869 | 10 | 453879 | 26797.40 | 16.94 | | 24 |
| 25 LAUNDRY & LINEN SERVICE | 54999 | | 54999 | 4123.30 | 13.34 | | 25 |
| 26 HOUSEKEEPING | 527217 | | 527217 | 47284.60 | 11.15 | | 26 |
| 26.01 HOUSEKEEPING UNDER CONTRACT | | | | | | | 26.01 |
| 27 DIETARY | 380673 | -102608 | 278065 | 30261.60 | 9.19 | | 27 |
| 27.01 DIETARY UNDER CONTRACT | | | | | | | 27.01 |
| 28 CAFETERIA | 55511 | 102683 | 158194 | 5114.20 | 30.93 | | 28 |
| 29 MAINTENANCE OF PERSONNEL | | | | | | | 29 |
| 30 NURSING ADMINISTRATION | 662058 | | 662058 | 15958.10 | 41.49 | | 30 |
| 31 CENTRAL SERVICES AND SUPPLY | 261509 | 44874 | 306383 | 13597.40 | 22.53 | | 31 |
| 32 PHARMACY | 887869 | 135 | 888004 | 24154.80 | 36.76 | | 32 |
| 33 MEDICAL RECORDS & MEDICAL RECORDS LIBR | 599786 | 32 | 599818 | 27066.40 | 22.16 | | 33 |
| 34 SOCIAL SERVICE | 151463 | | 151463 | 5548.00 | 27.30 | | 34 |
| 35 OTHER GENERAL SERVICE | | | | | | | 35 |

HOSPITAL WAGE INDEX INFORMATION

| PART III - HOSPITAL WAGE INDEX SUMMARY | AMOUNT REPORTED | RECLASS. OF SALARIES FROM WKST. A-6 | ADJUSTED SALARIES (COL.1 + COL.2) | PAID HOURS RELATED TO SALARY IN COL.3 | AVERAGE HOURLY WAGE (COL.3 / COL.4) | WORKSHEET S-3 PART III |
|-------------------------------------------|-----------------|-------------------------------------|-----------------------------------|---------------------------------------|-------------------------------------|------------------------|
| | | 2 | 3 | 4 | 5 | |
| 1 NET SALARIES | 26068808 | 202274 | 26271082 | 950676.00 | 27.63 | 1 |
| 2 EXCLUDED AREA SALARIES | 2391714 | 67214 | 2458928 | 91719.00 | 26.81 | 2 |
| 3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2) | 23677094 | 135060 | 23812154 | 858957.00 | 27.72 | 3 |
| 4 SUBTOTAL OTHER WAGES & REL COSTS | 1737307 | | 1737307 | 23367.00 | 74.35 | 4 |
| 5 SUBTOTAL WAGE-RELATED COSTS | 5383069 | -514642 | 4868427 | | 20.45% | 5 |
| 6 TOTAL (SUM OF LINES 3 THRU 5) | 30797470 | -379582 | 30417888 | 882324.00 | 34.47 | 6 |
| 7 NET SALARIES | | | | | | 7 |
| 8 EXCLUDED AREA SALARIES | | | | | | 8 |
| 9 SUBTOTAL SALARIES (LINE 7 MINUS LINE 8) | | | | | | 9 |
| 10 SUBTOTAL OTHER WAGES & REL COSTS | | | | | | 10 |
| 11 SUBTOTAL WAGE-RELATED COSTS | | | | | | 11 |
| 12 TOTAL (SUM OF LINES 9 THRU 11) | | | | | | 12 |
| 13 TOTAL OVERHEAD COSTS | 8677114 | 28040 | 8705154 | 379330.40 | 22.95 | 13 |

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7255

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: COOK

| DESCRIPTION | TITLE V 1 | TITLE XVIII 2 | TITLE XIX 3 | OTHER 4 | TOTAL 5 | |
|-----------------------------|--------------|------------------|----------------|------------|------------|---|
| 1 HOME HEALTH AIDE HOURS | | 1603 | | 76 | 1679 | 1 |
| 2 UNDUPLICATED CENSUS COUNT | | 355.00 | | 109.00 | 464.00 | 2 |

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

| ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: | STAFF 1 | CONTRACT 2 | TOTAL 3 | |
|--------------------------------------------------------|------------|---------------|------------|----|
| 40.00 | | | | |
| 3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S) | | | | 3 |
| 4 DIRECTORS AND ASSISTANT DIRECTOR(S) | | .60 | .60 | 4 |
| 5 OTHER ADMINISTRATIVE PERSONNEL | | 8.33 | 8.33 | 5 |
| 6 DIRECT NURSING SERVICE | | 8.35 | 8.35 | 6 |
| 7 NURSING SUPERVISOR | | .95 | .95 | 7 |
| 8 PHYSICAL THERAPY SERVICE | | 3.13 | 3.13 | 8 |
| 9 PHYSICAL THERAPY SUPERVISOR | | | | 9 |
| 10 OCCUPATIONAL THERAPY SERVICE | | .17 | .17 | 10 |
| 11 OCCUPATIONAL THERAPY SUPERVISOR | | | | 11 |
| 12 SPEECH PATHOLOGY SERVICE | | .01 | .01 | 12 |
| 13 SPEECH PATHOLOGY SUPERVISOR | | | | 13 |
| 14 MEDICAL SOCIAL SERVICE | | .64 | .64 | 14 |
| 15 MEDICAL SOCIAL SERVICE SUPERVISOR | | | | 15 |
| 16 HOME HEALTH AIDE | 1.61 | | 1.61 | 16 |
| 17 HOME HEALTH AIDE SUPERVISOR | | | | 17 |
| 18 OTHER (SPECIFY) | | | | 18 |

HOME HEALTH AGENCY MSA CODES

| | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------|---|-------|----|
| 19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD | 1 | 1 | 1.01 | 19 |
| 20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE) | 1600 | | 16974 | 20 |

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7255

WORKSHEET S-4
 (CONTINUED)

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

| | FULL EPISODES | | | | SCIC WITHIN A PEP 5 | SCIC ONLY EPISODES 6 | TOTAL 7 | |
|----|--------------------------------------|-----------------------|-----------------------|---------------------------|------------------------------|----------------------------|------------|----|
| | WITHOUT OUTLIERS 1 | WITH OUTLIERS 2 | LUPA EPISODES 3 | PEP ONLY EPISODES 4 | | | | |
| 21 | SKILLED NURSING VISITS | 3905 | 65 | 102 | 22 | | 4094 | 21 |
| 22 | SKILLED NURSING VISIT CHARGES | 694114 | 11554 | 18131 | 3911 | | 727710 | 22 |
| 23 | PHYSICAL THERAPY VISITS | 2190 | 8 | | 35 | | 2233 | 23 |
| 24 | PHYSICAL THERAPY VISIT CHARGES | 369015 | 1348 | | 5898 | | 376261 | 24 |
| 25 | OCCUPATIONAL THERAPY VISITS | 297 | | | 6 | | 303 | 25 |
| 26 | OCCUPATIONAL THERAPY VISIT CHARGES | 50787 | | | 1026 | | 51813 | 26 |
| 27 | SPEECH PATHOLOGY VISITS | 4 | | | | | 4 | 27 |
| 28 | SPEECH PATHOLOGY VISIT CHARGES | 674 | | | | | 674 | 28 |
| 29 | MEDICAL SOCIAL SERVICE VISITS | 245 | 3 | | 3 | | 251 | 29 |
| 30 | MEDICAL SOCIAL SERVICE VISIT CHARGES | 49850 | 609 | | 609 | | 51068 | 30 |
| 31 | HOME HEALTH AIDE VISITS | 1036 | | 1 | | | 1037 | 31 |
| 32 | HOME HEALTH AIDE VISIT CHARGES | 145040 | | 140 | | | 145180 | 32 |
| 33 | TOTAL VISITS | 7677 | 76 | 103 | 66 | | 7922 | 33 |
| 34 | OTHER CHARGES | 13790 | 1483 | 1874 | | | 17147 | 34 |
| 35 | TOTAL CHARGES | 1323270 | 14994 | 20145 | 11444 | | 1369853 | 35 |
| 36 | TOTAL NUMBER OF EPISODES | 461 | | 37 | 7 | | 505 | 36 |
| 37 | TOTAL NUMBER OF OUTLIER EPISODES | | 1 | | | | 1 | 37 |
| 38 | TOTAL MEDICAL SUPPLY CHARGES | 13790 | 1483 | 1874 | | | 17147 | 38 |

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

| GROUP (1) | M3PI REVENUE CODE | SERVICES PRIOR TO OCTOBER 1st | | SERVICES ON OR AFTER OCTOBER 1st | | SERVICES THROUGH 4/1/2001 - 9/30/2001 | | SWING BED SNF DAYS | TOTAL |
|-----------|-------------------------|----------------------------------|------|-------------------------------------|------|------------------------------------------|------|--------------------------|-------|
| | | RATE | DAYS | RATE | DAYS | RATE | DAYS | | |
| 1 | 2 | 3 | 3.01 | 4 | 4.01 | 4.02 | 4.03 | 4.06 | 5 |
| 1 | RUC | | | | | | | | 1 |
| 2 | RUB | | | | | | | | 2 |
| 3 | RUA | | | | | | | | 3 |
| 3.01 | RUX | | | | | | | | 3.01 |
| 3.02 | RUL | | | | | | | | 3.02 |
| 4 | RVC | | | | | | | | 4 |
| 5 | RVB | | 44 | | | | | | 5 |
| 6 | RVA | | 14 | | | | | | 6 |
| 6.01 | RVX | | | | | | | | 6.01 |
| 6.02 | RVL | | 41 | | | | | | 6.02 |
| 7 | RHC | | 181 | | | | | | 7 |
| 8 | RHB | | 510 | | | | | | 8 |
| 9 | RHA | | 306 | | | | | | 9 |
| 9.01 | RHX | | | | | | | | 9.01 |
| 9.02 | RHL | | | | | | | | 9.02 |
| 10 | RMC | | 8 | | | | | | 10 |
| 11 | RMB | | 141 | | | | | | 11 |
| 12 | RMA | | 102 | | | | | | 12 |
| 12.01 | RMX | | 316 | | | | | | 12.01 |
| 12.02 | RML | | 1872 | | | | | | 12.02 |
| 13 | RLB | | | | | | | | 13 |
| 14 | RLA | | | | | | | | 14 |
| 14.01 | RLX | | | | | | | | 14.01 |
| 15 | SE3 | | 22 | | | | | | 15 |
| 16 | SE2 | | 92 | | | | | | 16 |
| 17 | SE1 | | | | | | | | 17 |
| 18 | SSC | | | | | | | | 18 |
| 19 | SSB | | 20 | | | | | | 19 |
| 20 | SSA | | 72 | | | | | | 20 |
| 21 | CC2 | | | | | | | | 21 |
| 22 | CC1 | | | | | | | | 22 |
| 23 | CB2 | | 11 | | | | | | 23 |
| 24 | CB1 | | 14 | | | | | | 24 |
| 25 | CA2 | | | | | | | | 25 |
| 26 | CA1 | | 5 | | | | | | 26 |
| 27 | IB2 | | | | | | | | 27 |
| 28 | IB1 | | | | | | | | 28 |
| 29 | IA2 | | | | | | | | 29 |
| 30 | IA1 | | | | | | | | 30 |
| 31 | BB2 | | | | | | | | 31 |
| 32 | BB1 | | | | | | | | 32 |
| 33 | BA2 | | | | | | | | 33 |
| 34 | BA1 | | | | | | | | 34 |
| 35 | PE2 | | | | | | | | 35 |
| 36 | PE1 | | | | | | | | 36 |
| 37 | PD2 | | | | | | | | 37 |
| 38 | PD1 | | 1 | | | | | | 38 |
| 39 | PC2 | | | | | | | | 39 |
| 40 | PC1 | | | | | | | | 40 |
| 41 | PB2 | | | | | | | | 41 |
| 42 | PB1 | | | | | | | | 42 |
| 43 | PA2 | | | | | | | | 43 |
| 44 | PA1 | | | | | | | | 44 |
| 45 | DEFAULT RATE | | | | | | | | 45 |
| 46 | TOTAL | | 3772 | | | | | | 46 |

PROVIDER NO. 14-0008 GOTTLIEB MEMORIAL HOSPITAL
 PERIOD FROM 01/01/2008 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
 11/20/2008 17:37

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1561

WORKSHEET S-9
 PARTS I & II

PART I - ENROLLMENT DAYS

| | TITLE XVIII 1 | TITLE XIX 2 | TITLE XVIII SKILLED NURSING FACILITY 3 | TITLE XIX NURSING FACILITY 4 | ALL OTHER 5 | TOTAL 6 | |
|--------------------------|------------------|----------------|----------------------------------------------------|---------------------------------------|-------------------|------------|---|
| 1 CONTINUOUS HOME CARE | | | | | | | 1 |
| 2 ROUTINE HOME CARE | 1901 | | | | 318 | 2219 | 2 |
| 3 INPATIENT RESPITE CARE | | | | | | | 3 |
| 4 GENERAL INPATIENT CARE | 54 | | | | | 54 | 4 |
| 5 TOTAL HOSPICE DAYS | 1955 | | | | 318 | 2273 | 5 |

PART II - CENSUS DATA

| | TITLE XVIII 1 | TITLE XIX 2 | TITLE XVIII SKILLED NURSING FACILITY 3 | TITLE XIX NURSING FACILITY 4 | ALL OTHER 5 | TOTAL 6 | |
|------------------------------------------------------------------------------|------------------|----------------|----------------------------------------------------|---------------------------------------|-------------------|------------|---|
| 6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE | 48 | | | | 6 | 54 | 6 |
| 7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE | | | | | | | 7 |
| 8 AVERAGE LENGTH OF STAY | 40.73 | | | | 53.00 | 42.09 | 8 |
| 9 UNDUPLICATED CENSUS COUNT | 48 | | | | 6 | 54 | 9 |

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

| | | |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 1 | DO YOU HAVE A WRITTEN CHARITY CARE POLICY? | 1 |
| 2 | ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04 | 2 |
| 2.01 | IS IT AT THE TIME OF ADMISSION? | 2.01 |
| 2.02 | IS IT AT THE TIME OF FIRST BILLING? | 2.02 |
| 2.03 | IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE? | 2.03 |
| 2.04 | OTHER METHODS OF WRITE-OFFS (SPECIFY) | 2.04 |
| 3 | ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS? | 3 |
| 4 | ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA? | 4 |
| 5 | ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY? | 5 |
| 6 | ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA? | 6 |
| 7 | ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA? | 7 |
| 8 | DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01 | 8 |
| 8.01 | DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES? | 8.01 |
| 9 | IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04 | 9 |
| 9.01 | IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY? | 9.01 |
| 9.02 | IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT? | 9.02 |
| 9.03 | IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION? | 9.03 |
| 9.04 | IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT? | 9.04 |
| 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? | 10 |
| 11 | IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04 | 11 |
| 11.01 | IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL? | 11.01 |
| 11.02 | IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL? | 11.02 |
| 11.03 | IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL? | 11.03 |
| 11.04 | IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL? | 11.04 |
| 12 | ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE? | 12 |
| 13 | IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES? | 13 |
| 14 | IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01 | 14 |
| 14.01 | DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE? | 14.01 |
| 14.02 | WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING? | 14.02 |
| 15 | DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS? | 15 |
| 16 | ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE? | 16 |
| 17 | REVENUE RELATED TO UNCOMPENSATED CARE | 17 |
| 17.01 | GROSS MEDICAID REVENUES | 11813715 17.01 |
| 18 | REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS | 18 |
| 19 | REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS) | 19 |
| 20 | RESTRICTED GRANTS | 20 |
| 21 | NON-RESTRICTED GRANTS | 21 |
| 22 | TOTAL GROSS UNCOMPENSATED CARE REVENUES | 11813715 22 |
| 23 | TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS | 23 |
| 24 | COST TO CHARGE RATIO | 0.219325 24 |
| 25 | TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST | 25 |
| 26 | TOTAL SCHIP CHARGES FROM YOUR RECORDS | 26 |
| 27 | TOTAL SCHIP COST | 27 |
| 28 | TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS | 33859597 28 |
| 29 | TOTAL GROSS MEDICAID COST | 7426256 29 |
| 30 | OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS) | 7960262 30 |
| 31 | UNCOMPENSATED CARE COST | 1745884 31 |
| 32 | TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL | 7426256 32 |

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

| COST CENTER | | SALARIES 1 | OTHER 2 | TOTAL 3 | RECLASSI- FICATIONS 4 | RECLASS. TRIAL BALANCE 5 | ADJUST- MENTS 6 | NET EXP FOR ALLOCATION 7 | |
|-------------------------------------|-----------------------------------------------------------------|---------------|------------|------------|-----------------------------|-----------------------------------|-----------------------|-----------------------------------|-------|
| GENERAL SERVICE COST CENTERS | | | | | | | | | |
| 1 | 0100 OLD CAP REL COSTS-BLDG & FIXT | | | | | | | | 1 |
| 2 | 0200 OLD CAP REL COSTS-MVBLE EQUIP | | | | | | | | 2 |
| 3 | 0300 NEW CAP REL COSTS-BLDG & FIXT | | 1754786 | 1754786 | | 1754786 | -21469 | 1733317 | 3 |
| 4 | 0400 NEW CAP REL COSTS-MVBLE EQUIP | | 1875847 | 1875847 | | 1875847 | -5979 | 1869868 | 4 |
| 5 | 0500 EMPLOYEE BENEFITS | 439409 | 6040266 | 6479675 | -59568 | 6420107 | -194203 | 6225904 | 5 |
| 6 | 0600 ADMINISTRATIVE & GENERAL | 3783054 | 25267616 | 29050670 | -921995 | 28128675 | -1590264 | 26538411 | 6 |
| 7 | 0700 MAINTENANCE & REPAIRS | 392094 | 233864 | 625958 | | 625958 | | 625958 | 7 |
| 8 | 0800 OPERATION OF PLANT | 453869 | 1645400 | 2099269 | | 2099269 | -836 | 2098433 | 8 |
| 9 | 0900 LAUNDRY & LINEN SERVICE | 54999 | 196926 | 251925 | | 251925 | | 251925 | 9 |
| 10 | 1000 HOUSEKEEPING | 527217 | 434685 | 961902 | | 961902 | | 961902 | 10 |
| 11 | 1100 DIETARY | 380673 | 590421 | 971094 | -267694 | 703400 | | 703400 | 11 |
| 12 | 1200 CAFETERIA | 55511 | 76975 | 132486 | 267694 | 400180 | -187692 | 212488 | 12 |
| 13 | 1300 MAINTENANCE OF PERSONNEL | | | | | | | | 13 |
| 14 | 1400 NURSING ADMINISTRATION | 662058 | 51114 | 713172 | | 713172 | -1409 | 711763 | 14 |
| 15 | 1500 CENTRAL SERVICES & SUPPLY | 261509 | 549077 | 810586 | -77178 | 733408 | | 733408 | 15 |
| 16 | 1600 PHARMACY | 887869 | 1885038 | 2772907 | -1757138 | 1015769 | | 1015769 | 16 |
| 17 | 1700 MEDICAL RECORDS & LIBRARY | 599786 | 199342 | 799128 | | 799128 | -24 | 799104 | 17 |
| 18 | 1800 SOCIAL SERVICE | 151463 | 973 | 152436 | | 152436 | | 152436 | 18 |
| 20 | 2000 NONPHYSICIAN ANESTHETISTS | | | | | | | | 20 |
| 21 | 2100 NURSING SCHOOL | | | | | | | | 21 |
| 22 | 2200 I&R SERVICES-SALARY & FRINGES A | | | | | | | | 22 |
| 23 | 2300 I&R SERVICES-OTHER PRGM COSTS A | | | | 66880 | 66880 | | 66880 | 23 |
| 24 | 2400 PARAMED ED PRGM-(SPECIFY) | | | | | | | | 24 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | | | | |
| 25 | 2500 ADULTS & PEDIATRICS | 4767270 | 953863 | 5721133 | -150047 | 5571086 | -30000 | 5541086 | 25 |
| 26 | 2600 INTENSIVE CARE UNIT | 2078722 | 526080 | 2604802 | -195876 | 2408926 | | 2408926 | 26 |
| 31 | 3100 SUBPROVIDER I | 361978 | 17613 | 379591 | 1683 | 381274 | | 381274 | 31 |
| 33 | 3300 NURSERY | 354842 | 9253 | 364095 | 25000 | 389095 | -25000 | 364095 | 33 |
| 34 | 3400 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS | 929521 | 79573 | 1009094 | -15690 | 993404 | | 993404 | 34 |
| 37 | 3700 OPERATING ROOM | 1350205 | 3319768 | 4669973 | -2644103 | 2025870 | | 2025870 | 37 |
| 38 | 3800 RECOVERY ROOM | 193168 | 58104 | 251272 | | 251272 | | 251272 | 38 |
| 39 | 3900 DELIVERY ROOM & LABOR ROOM | 610818 | 77433 | 688251 | -40423 | 647828 | -8806 | 639022 | 39 |
| 40 | 4000 ANESTHESIOLOGY | 18085 | 118231 | 136316 | 354000 | 490316 | | 490316 | 40 |
| 41 | 4100 RADIOLOGY-DIAGNOSTIC | 747388 | 189154 | 936542 | 8183 | 944725 | -270 | 944455 | 41 |
| 43 | 4300 RADIOISOTOPE | | 318216 | 318216 | 4303 | 322519 | -50 | 322469 | 43 |
| 43.01 | 3630 ULTRASOUND | 239374 | 26446 | 265820 | 6765 | 272585 | | 272585 | 43.01 |
| 43.02 | 3230 MRI-CT SCANS | 314650 | 274073 | 588723 | | 588723 | | 588723 | 43.02 |
| 44 | 4400 LABORATORY | 1171355 | 1694082 | 2865437 | 5830 | 2871267 | -7982 | 2863285 | 44 |
| 46.30 | 4650 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | | | 46.30 |
| 49 | 4900 RESPIRATORY THERAPY | 503504 | 147476 | 650980 | 279 | 651259 | | 651259 | 49 |
| 50 | 5000 PHYSICAL THERAPY | 722892 | 201240 | 924132 | | 924132 | -20049 | 904083 | 50 |
| 53 | 5300 ELECTROCARDIOLOGY | 176256 | 44099 | 220355 | 7422 | 227777 | | 227777 | 53 |
| 54 | 5400 ELECTROENCEPHALOGRAPHY | 39191 | 12509 | 51700 | 4152 | 55852 | | 55852 | 54 |
| 55 | 5500 MEDICAL SUPPLIES CHARGED TO PAT | | | | 4298564 | 4298564 | | 4298564 | 55 |
| 56 | 5600 DRUGS CHARGED TO PATIENTS | | | | 1757138 | 1757138 | | 1757138 | 56 |
| 56.01 | 5601 OUTPATIENT PHARMACY | 159694 | 727715 | 887409 | | 887409 | -28008 | 859401 | 56.01 |
| 59 | 3950 LITHOTRIPSY | | | | | | | | 59 |
| 59.01 | 3951 CARDIAC REHABILITATION | 73649 | 3236 | 76885 | | 76885 | | 76885 | 59.01 |
| 59.03 | 3120 CARDIAC CATHERIZATION LAB | 296559 | 1036376 | 1332935 | -932396 | 400539 | | 400539 | 59.03 |
| 59.05 | 3954 INPATIENT RENAL DIALYSIS | | | | 310037 | 310037 | | 310037 | 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 60 | 6000 CLINIC | | 1486 | 1486 | | 1486 | | 1486 | 60 |
| 60.01 | 6001 OUTPATIENT INFUSION PROCEDURES | | | | 1214 | 1214 | | 1214 | 60.01 |
| 60.02 | 6002 WOUND CARE | 119472 | 263727 | 383199 | 1279 | 384478 | -68826 | 315652 | 60.02 |
| 61 | 6100 EMERGENCY | 1222696 | 758528 | 1981224 | -135989 | 1845235 | -17374 | 1827861 | 61 |
| 62 | 6200 OBSERVATION BEDS (NON-DISTINCT) | | | | | | | | 62 |
| 63.50 | 6310 RHC | | | | | | | | 63.50 |
| 63.60 | 6320 FQHC | | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | | |
| 69.10 | 6910 CMHC | | | | | | | | 69.10 |
| 69.20 | 6920 OUTPATIENT PHYSICAL THERAPY | | | | | | | | 69.20 |
| 69.30 | 6930 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | | | 69.30 |
| 69.40 | 6940 OUTPATIENT SPEECH PATHOLOGY | | | | | | | | 69.40 |
| 71 | 7100 HOME HEALTH AGENCY | 884379 | 123556 | 1007935 | | 1007935 | | 1007935 | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | | | |
| 85.01 | 8510 PANCREAS ACQUISITION | | | | | | | | 85.01 |
| 85.02 | 8520 INTESTINAL ACQUISITION | | | | | | | | 85.02 |
| 85.03 | 8530 ISLET CELL ACQUISITION | | | | | | | | 85.03 |
| 93 | 9300 HOSPICE | 129610 | 43499 | 173109 | 12000 | 185109 | | 185109 | 93 |
| 95 | SUBTOTALS | 26114789 | 51827666 | 77942455 | -65674 | 77876781 | -2208241 | 75668540 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | | |
| 96 | 9600 GIFT, FLOWER, COFFEE SHOP & CAN | 16941 | 27816 | 44757 | | 44757 | | 44757 | 96 |
| 98 | 9800 PHYSICIANS' PRIVATE OFFICES | | | | 6106 | 6106 | | 6106 | 98 |

PROVIDER NO. 14-0008 GOTTLIEB MEMORIAL HOSPITAL
 PERIOD FROM 01/01/2008 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2008.05
 11/20/2008 17:37

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

| COST CENTER | | SALARIES | OTHER | TOTAL | RECLASSI- FICATIONS | RECLASS. TRIAL BALANCE | ADJUST- MENTS | NET EXP FOR ALLOCATION |
|-------------|-------------------------------------|----------|----------|----------|------------------------|------------------------------|------------------|------------------------------|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 98.01 | 9801 NON-EMPLOYEE CHILD CARE CENTER | | | | 59568 | 59568 | | 59568 98.01 |
| 99 | 9900 NONPAID WORKERS | 69285 | 15801 | 85086 | | 85086 | | 85086 99 |
| 101 | TOTAL | 26201015 | 51871283 | 78072298 | | 78072298 | -2208241 | 75864057 101 |

RECLASSIFICATIONS

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | INCREASE | | | | |
|---------------------------------------|------|-------------------------------|--------|--------|---------|-------|
| | | COST CENTER | LINE # | SALARY | | OTHER |
| | 1 | 2 | 3 | 4 | 5 | |
| 1 DRUGS SOLD TO PTS | A | DRUGS CHARGED TO PATIENTS | 56 | | 1757138 | 1 |
| 2 | | | | | | 2 |
| 3 PURCHASED SERVICES | B | INPATIENT RENAL DIALYSIS | 59.05 | | 309501 | 3 |
| 4 | B | | | | | 4 |
| 5 | | | | | | 5 |
| 6 SHARED DIETARY COST | C | CAFETERIA | 12 | 102658 | 165036 | 6 |
| 7 | | | | | | 7 |
| 8 NONEMP CHILD CARE | D | NON-EMPLOYEE CHILD CARE CENTE | 98.01 | 54182 | 5386 | 8 |
| 9 | | | | | | 9 |
| 10 HOUSE STAF PHYS. | F | HOSPICE | 93 | | 12000 | 10 |
| 11 | F | ANESTHESIOLOGY | 40 | | 354000 | 11 |
| 12 | F | OPERATING ROOM | 37 | | 186125 | 12 |
| 13 | F | NURSERY | 33 | | 25000 | 13 |
| 14 | F | ADULTS & PEDIATRICS | 25 | | 87374 | 14 |
| 15 | F | EMERGENCY | 61 | | 3000 | 15 |
| 16 | F | INTENSIVE CARE UNIT | 26 | | 3750 | 16 |
| 17 | | | | | | 17 |
| 18 APPROVED MED ED | G | I&R SERVICES-OTHER PRGM COSTS | 23 | | 66880 | 18 |
| 19 | | | | | | 19 |
| 20 PT TRANSPORT | H | CENTRAL SERVICES & SUPPLY | 15 | 44874 | 5320 | 20 |
| 21 | H | ADULTS & PEDIATRICS | 25 | 51140 | 6062 | 21 |
| 22 | H | INTENSIVE CARE UNIT | 26 | 9725 | 1153 | 22 |
| 23 | H | SUBPROVIDER I | 31 | 1505 | 178 | 23 |
| 24 | H | SKILLED NURSING FACILITY | 34 | 5831 | 691 | 24 |
| 25 | H | DELIVERY ROOM & LABOR ROOM | 39 | 4718 | 559 | 25 |
| 26 | H | RADIOLOGY-DIAGNOSTIC | 41 | 7316 | 867 | 26 |
| 27 | H | RADIOISOTOPE | 43 | 3847 | 456 | 27 |
| 28 | H | ULTRASOUND | 43.01 | 6048 | 717 | 28 |
| 29 | H | LABORATORY | 44 | 5212 | 618 | 29 |
| 30 | H | RESPIRATORY THERAPY | 49 | 249 | 30 | 30 |
| 31 | H | ELECTROCARDIOLOGY | 53 | 6635 | 787 | 31 |
| 32 | H | ELECTROENCEPHALOGRAPHY | 54 | 3712 | 440 | 32 |
| 33 | H | CARDIAC CATHETERIZATION LAB | 59.03 | 517 | 61 | 33 |
| 34 | H | INPATIENT RENAL DIALYSIS | 59.05 | 479 | 57 | 34 |
| 35 | H | OUTPATIENT INFUSION PROCEDURE | 60.01 | 1085 | 129 | 35 |
| 36 SUBTOTAL | | | | 309733 | 2993315 | 36 |

RECLASSIFICATIONS

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | COST CENTER | DECREASE | | | WKST A-7 REF. 10 |
|------------------------------------------|------|--------------------------|----------|--------|---------|------------------------|
| | | | LINE # | SALARY | OTHER | |
| 1 | 1 | 6 | 7 | 8 | 9 | |
| 1 DRUGS SOLD TO PTS | A | PHARMACY | 16 | | 1757138 | 1 |
| 2 | | | | | | 2 |
| 3 PURCHASED SERVICES | B | INTENSIVE CARE UNIT | 26 | | 117323 | 3 |
| 4 | B | ADULTS & PEDIATRICS | 25 | | 192178 | 4 |
| 5 | | | | | | 5 |
| 6 SHARED DIETARY COST | C | DIETARY | 11 | 102658 | 165036 | 6 |
| 7 | | | | | | 7 |
| 8 NONEMP CHILD CARE | D | EMPLOYEE BENEFITS | 5 | 54182 | 5386 | 8 |
| 9 | | | | | | 9 |
| 10 HOUSE STAF PHYS. | F | ADMINISTRATIVE & GENERAL | 6 | | 671249 | 10 |
| 11 | F | | | | | 11 |
| 12 | F | | | | | 12 |
| 13 | F | | | | | 13 |
| 14 | F | | | | | 14 |
| 15 | F | | | | | 15 |
| 16 | F | | | | | 16 |
| 17 | | | | | | 17 |
| 18 APPROVED MED ED | G | ADMINISTRATIVE & GENERAL | 6 | | 66880 | 18 |
| 19 | | | | | | 19 |
| 20 PT TRANSPORT | H | ADMINISTRATIVE & GENERAL | 6 | 164380 | 19486 | 20 |
| 21 | H | | | | | 21 |
| 22 | H | | | | | 22 |
| 23 | H | | | | | 23 |
| 24 | H | | | | | 24 |
| 25 | H | | | | | 25 |
| 26 | H | | | | | 26 |
| 27 | H | | | | | 27 |
| 28 | H | | | | | 28 |
| 29 | H | | | | | 29 |
| 30 | H | | | | | 30 |
| 31 | H | | | | | 31 |
| 32 | H | | | | | 32 |
| 33 | H | | | | | 33 |
| 34 | H | | | | | 34 |
| 35 | H | | | | | 35 |
| 36 SUBTOTAL | | | | 321220 | 2994676 | 36 |

RECLASSIFICATIONS

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | INCREASE | | | |
|---------------------------------------|------|-------------------------------|--------|--------|---------|
| | | COST CENTER | LINE # | SALARY | OTHER |
| | 1 | 2 | 3 | 4 | 5 |
| 1 | H | WOUND CARE | 60.02 | 1143 | 136 |
| 2 | H | EMERGENCY | 61 | 4884 | 579 |
| 3 | H | PHYSICIANS' PRIVATE OFFICES | 98 | 5460 | 646 |
| 4 | | | | | 4 |
| 5 FLOOR STOCK SUPPLIES | I | MEDICAL SUPPLIES CHARGED TO P | 55 | | 4298564 |
| 6 | I | | | | 6 |
| 7 | I | | | | 7 |
| 8 | I | | | | 8 |
| 9 | I | | | | 9 |
| 10 | I | | | | 10 |
| 11 | I | | | | 11 |
| 12 | I | | | | 12 |
| 13 | | | | | 13 |
| 14 BONUS | K | EMPLOYEE BENEFITS | 5 | 201476 | |
| 15 | K | OPERATION OF PLANT | 8 | 10 | |
| 16 | K | DIETARY | 11 | 50 | |
| 17 | K | CAFETERIA | 12 | 25 | |
| 18 | K | PHARMACY | 16 | 135 | |
| 19 | K | MEDICAL RECORDS & LIBRARY | 17 | 32 | |
| 20 | K | ADULTS & PEDIATRICS | 25 | 260 | |
| 21 | K | SKILLED NURSING FACILITY | 34 | 236 | |
| 22 | K | LABORATORY | 44 | 50 | |
| 23 | | | | | 23 |
| 24 | | | | | 24 |
| 25 | | | | | 25 |
| 26 | | | | | 26 |
| 27 | | | | | 27 |
| 28 | | | | | 28 |
| 29 | | | | | 29 |
| 30 | | | | | 30 |
| 31 | | | | | 31 |
| 32 | | | | | 32 |
| 33 | | | | | 33 |
| 34 | | | | | 34 |
| 35 | | | | | 35 |
| 36 TOTAL RECLASSIFICATIONS | | | | 523494 | 7293240 |

RECLASSIFICATIONS

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | DECREASE | | | WKST A-7 REF. 10 |
|------------------------------------------|------|----------------------------|-------------|----------------|------------------------|
| | | COST CENTER 6 | LINE # 7 | SALARY 8 | |
| 1 | H | | | | 1 |
| 2 | H | | | | 2 |
| 3 | H | | | | 3 |
| 4 | | | | | 4 |
| 5 FLOOR STOCK SUPPLIES | I | CENTRAL SERVICES & SUPPLY | 15 | | 5 |
| 6 | I | ADULTS & PEDIATRICS | 25 | | 6 |
| 7 | I | INTENSIVE CARE UNIT | 26 | | 7 |
| 8 | I | SKILLED NURSING FACILITY | 34 | | 8 |
| 9 | I | OPERATING ROOM | 37 | | 9 |
| 10 | I | DELIVERY ROOM & LABOR ROOM | 39 | | 10 |
| 11 | I | CARDIAC CATHERIZATION LAB | 59.03 | | 11 |
| 12 | I | EMERGENCY | 61 | | 12 |
| 13 | | | | | 13 |
| 14 BONUS | K | EMPLOYEE BENEFITS | 5 | | 9 14 |
| 15 | K | OPERATION OF PLANT | 8 | | 15 |
| 16 | K | DIETARY | 11 | | 16 |
| 17 | K | CAFETERIA | 12 | | 17 |
| 18 | K | PHARMACY | 16 | | 18 |
| 19 | K | MEDICAL RECORDS & LIBRARY | 17 | | 19 |
| 20 | K | ADULTS & PEDIATRICS | 25 | | 20 |
| 21 | K | SKILLED NURSING FACILITY | 34 | | 21 |
| 22 | K | LABORATORY | 44 | | 22 |
| 23 | | | | | 23 |
| 24 | | | | | 24 |
| 25 | | | | | 25 |
| 26 | | | | | 26 |
| 27 | | | | | 27 |
| 28 | | | | | 28 |
| 29 | | | | | 29 |
| 30 | | | | | 30 |
| 31 | | | | | 31 |
| 32 | | | | | 32 |
| 33 | | | | | 33 |
| 34 | | | | | 34 |
| 35 | | | | | 35 |
| 36 TOTAL RECLASSIFICATIONS | | | | 321220 7495514 | 36 |

ANALYSIS OF CHANGES DURING COST REPORTING
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

| DESCRIPTION | BEGINNING BALANCES 1 | ACQUISITIONS | | | DISPOSALS AND RETIREMENTS 5 | ENDING BALANCE 6 | FULLY DEPRECIATED ASSETS 7 | |
|--------------------------|----------------------------|---------------|---------------|------------|--------------------------------------|------------------------|-------------------------------------|---|
| | | PURCHASE 2 | DONATION 3 | TOTAL 4 | | | | |
| 1 LAND | 4293071 | | | | | 4293071 | | 1 |
| 2 LAND IMPROVEMENTS | 4878853 | 2900 | | 2900 | | 4881753 | | 2 |
| 3 BUILDINGS AND FIXTURES | 22451603 | | | | | 22451603 | | 3 |
| 4 BUILDING IMPROVEMENTS | | | | | | | | 4 |
| 5 FIXED EQUIPMENT | 85873558 | 2593971 | | 2593971 | | 88467529 | | 5 |
| 6 MOVABLE EQUIPMENT | 45476561 | 2379700 | | 2379700 | | 47856261 | | 6 |
| 7 SUBTOTAL | 162973646 | 4976571 | | 4976571 | | 167950217 | | 7 |
| 8 RECONCILING ITEMS | | | | | | | | 8 |
| 9 TOTAL | 162973646 | 4976571 | | 4976571 | | 167950217 | | 9 |

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

| DESCRIPTION | COMPUTATION OF RATIOS | | | | ALLOCATION OF | | OTHER CAPITAL | TOTAL |
|---------------------------------|-----------------------|--------------------|------------------------|---------|---------------|-------|---------------|-------|
| | GROSS ASSETS | CAPITALIZED LEASES | GROSS ASSETS FOR RATIO | RATIO | INSURANCE | TAXES | RELATED COSTS | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 1 OLD CAP REL COSTS-BLDG & FIXT | | | | .000000 | | | | 1 |
| 2 OLD CAP REL COSTS-MVBLE EQUIP | | | | .000000 | | | | 2 |
| 3 NEW CAP REL COSTS-BLDG & FIXT | | | | .000000 | | | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | | | | .000000 | | | | 4 |
| 5 TOTAL | | | | .000000 | | | | 5 |

| DESCRIPTION | SUMMARY OF OLD AND NEW CAPITAL | | | | | | | TOTAL |
|---------------------------------|--------------------------------|---------|----------|-----------|-------|-----------------------------|--|-----------|
| | DEPRECIATION | LEASE | INTEREST | INSURANCE | TAXES | OTHER CAPITAL-RELATED COSTS | | |
| | 9 | 10 | 11 | 12 | 13 | 14 | | |
| 1 OLD CAP REL COSTS-BLDG & FIXT | | | | | | | | 1 |
| 2 OLD CAP REL COSTS-MVBLE EQUIP | | | | | | | | 2 |
| 3 NEW CAP REL COSTS-BLDG & FIXT | | 1733317 | | | | | | 1733317 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | | 1869868 | | | | | | 1869868 4 |
| 5 TOTAL | | 3603185 | | | | | | 3603185 5 |

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

| DESCRIPTION | SUMMARY OF OLD AND NEW CAPITAL | | | | | | | TOTAL |
|---------------------------------|--------------------------------|---------|----------|-----------|-------|-----------------------------|--|-----------|
| | DEPRECIATION | LEASE | INTEREST | INSURANCE | TAXES | OTHER CAPITAL-RELATED COSTS | | |
| | 9 | 10 | 11 | 12 | 13 | 14 | | |
| 1 OLD CAP REL COSTS-BLDG & FIXT | | | | | | | | 1 |
| 2 OLD CAP REL COSTS-MVBLE EQUIP | | | | | | | | 2 |
| 3 NEW CAP REL COSTS-BLDG & FIXT | | 1754786 | | | | | | 1754786 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | | 1875847 | | | | | | 1875847 4 |
| 5 TOTAL | | 3630633 | | | | | | 3630633 5 |

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

| DESCRIPTION | BASIS | AMOUNT | EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED | | WKST A-7 REF |
|----------------------------------------------------------------------------------------|------------|----------|--------------------------------------------------------------------------------------|----------|-----------------|
| | | | COST CENTER | LINE NO. | |
| | 1 | 2 | 3 | 4 | 5 |
| 1 INVESTMENT INCOME-OLD BLDGS & FIXTURES | | | OLD CAP REL COSTS-BLDG & FIXT | 1 | 1 |
| 2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT | | | OLD CAP REL COSTS-MVBLE EQUIP | 2 | 2 |
| 3 INVESTMENT INCOME-NEW BLDGS & FIXTURES | | | NEW CAP REL COSTS-BLDG & FIXT | 3 | 3 |
| 4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT | | | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 4 |
| 5 INVESTMENT INCOME-OTHER | | | | | 5 |
| 6 TRADE, QUANTITY, AND TIME DISCOUNTS | | | | | 6 |
| 7 REFUNDS AND REBATES OF EXPENSES | | | | | 7 |
| 8 RENTAL OF PROVIDER SPACE BY SUPPLIERS | | | | | 8 |
| 9 TELEPHONE SERVICES (PAY STATIONS EXCL) | A | -93272 | ADMINISTRATIVE & GENERAL | 6 | 9 |
| 10 TELEVISION AND RADIO SERVICE | A | -836 | OPERATION OF PLANT | 8 | 10 |
| 11 PARKING LOT | | | | | 11 |
| 12 PROVIDER-BASED PHYSICIAN ADJUSTMENT | WKST | | | | |
| | A-8-2 | -158038 | | | 12 |
| 13 SALE OF SCRAP, WASTE, ETC. | | | | | 13 |
| 14 RELATED ORGANIZATION TRANSACTIONS | WKST | | | | |
| | A-8-1 | | | | 14 |
| 15 LAUNDRY AND LINEN SERVICE | | | | | 15 |
| 16 CAFETERIA - EMPLOYEES AND GUESTS | B | -182301 | CAFETERIA | 12 | 16 |
| 17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS | | | | | 17 |
| 18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS | | | | | 18 |
| 19 SALE OF DRUGS TO OTHER THAN PATIENTS | | | | | 19 |
| 20 SALE OF MEDICAL RECORDS AND ABSTRACTS | B | -24 | MEDICAL RECORDS & LIBRARY | 17 | 20 |
| 21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.) | | | | | 21 |
| 22 VENDING MACHINES | B | -5391 | CAFETERIA | 12 | 22 |
| 23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES | | | | | 23 |
| 24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT | | | | | 24 |
| 25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL | WKST | | RESPIRATORY THERAPY | 49 | 25 |
| 26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL | WKST | | PHYSICAL THERAPY | 50 | 26 |
| 27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION | WKST | | | | |
| | A-8-3 | | HOME HEALTH AGENCY | 71 | 27 |
| 28 UTIL REVIEW-PHYSICIANS' COMPENSATION | | | UTILIZATION REVIEW-SNF | 89 | 28 |
| 29 DEPRECIATION--OLD BUILDINGS & FIXTURES | | | OLD CAP REL COSTS-BLDG & FIXT | 1 | 29 |
| 30 DEPRECIATION--OLD MOVABLE EQUIPMENT | | | OLD CAP REL COSTS-MVBLE EQUIP | 2 | 30 |
| 31 DEPRECIATION--NEW BUILDINGS & FIXTURES | | | NEW CAP REL COSTS-BLDG & FIXT | 3 | 31 |
| 32 DEPRECIATION--NEW MOVABLE EQUIPMENT | | | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 32 |
| 33 NON-PHYSICIAN ANESTHETIST | | | NONPHYSICIAN ANESTHETISTS | 20 | 33 |
| 34 PHYSICIANS' ASSISTANT | | | | | 34 |
| 35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL | WKST | | | | |
| | WKST A-8-4 | | | | 35 |
| 36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL | WKST | | | | |
| | WKST A-8-4 | | | | 36 |
| 37 DIRECTOR PHYSICIAN DEVELOPMENT | A | -33365 | ADMINISTRATIVE & GENERAL | 6 | 37 |
| 37.01 RELATED FRINGE BENEFITS | A | -7593 | EMPLOYEE BENEFITS | 5 | 37.01 |
| 38 | | | | | 38 |
| 39 NURSING REVENUE | B | -1409 | NURSING ADMINISTRATION | 14 | 39 |
| 39.01 NEGATIVE SALVAGE VALUE | A | -1386 | NEW CAP REL COSTS-BLDG & FIXT | 3 | 9 39.01 |
| 39.03 PATIENT TV CAPITAL COSTS | A | -5979 | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 9 39.03 |
| 39.04 VOLUNTEER SALARIES (632.186) | A | -126203 | ADMINISTRATIVE & GENERAL | 6 | 39.04 |
| 39.07 MISC INCOME A&G | B | -10561 | ADMINISTRATIVE & GENERAL | 6 | 39.07 |
| 39.10 OUTSIDE SERVICES PT | B | -6837 | PHYSICAL THERAPY | 50 | 39.10 |
| 39.15 WEST TOWNS (958.729) | A | -270730 | ADMINISTRATIVE & GENERAL | 6 | 39.15 |
| 39.19 EMPLOYEE DAY CARE REVENUE | B | -168682 | EMPLOYEE BENEFITS | 5 | 39.19 |
| 39.20 PHYSICIAN EMPLOYEE BENEFITS | A | -15678 | EMPLOYEE BENEFITS | 5 | 39.20 |
| 39.22 INTEREST | A | -958548 | ADMINISTRATIVE & GENERAL | 6 | 39.22 |
| 39.23 DAY CARE DEPR ADDJ | A | -20083 | NEW CAP REL COSTS-BLDG & FIXT | 3 | 9 39.23 |
| 40 NON ALLOWABLE TAXES | A | -1542 | ADMINISTRATIVE & GENERAL | 6 | 40 |
| 41 RADIOLOGY | B | -270 | RADIOLOGY-DIAGNOSTIC | 41 | 41 |
| 42 AHA LOBBYING FEES | A | -4068 | ADMINISTRATIVE & GENERAL | 6 | 42 |
| 43 IHHS LOBBYING COST | A | -13818 | ADMINISTRATIVE & GENERAL | 6 | 43 |
| 44 | | | | | 44 |
| 45 ADVERTISING | A | -65257 | ADMINISTRATIVE & GENERAL | 6 | 45 |
| 46 | | | | | 46 |
| 46.01 MED STAFF CONTRIBUTION ADD BACK | A | 15000 | ADMINISTRATIVE & GENERAL | 6 | 46.01 |
| 47 | | | | | 47 |
| 48 | | | | | 48 |
| 48.02 INTERDEPT RENT CONFERENCE | A | -27900 | ADMINISTRATIVE & GENERAL | 6 | 48.02 |
| 48.03 INTERDEPT RENT AUDIOLOGY | A | -13212 | PHYSICAL THERAPY | 50 | 48.03 |
| 48.05 INTERDEPT RENT OP PHARMACY | A | -28008 | OUTPATIENT PHARMACY | 56.01 | 48.05 |
| 48.06 EMPLOYEE HEALTH CENTER | B | -2250 | EMPLOYEE BENEFITS | 5 | 48.06 |
| 49 | | | | | 49 |
| 50 TOTAL | | -2208241 | | | 50 |

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

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 (INCL IN WKST A, COL 5) | NET ADJ- USTMENTS | WKST A-7 REF |
|----------|-------------|---------------|--------------------------|--------------------------------|-------------------|--------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1 | | | | | | 1 |
| 2 | | | | | | 2 |
| 3 | | | | | | 3 |
| 4 | | | | | | 4 |
| 5 | TOTALS | | | | | 5 |

B. INTERRELATIONSHIP OF 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.

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

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

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE 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 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:

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

| WKST | A | COST CENTER/ PHYSICIAN IDENTIFIER | TOTAL REMUNERA- TION INCL FRINGES | PROFES- SIONAL COMPONENT | PROVIDER COMPONENT | RCE AMOUNT | PHYSICIAN/ PROVIDER COMPONENT HOURS | UNAD- JUSTED RCE LIMIT | PERCENT OF UNAD- JUSTED RCE LIMIT |
|-------------|-------|--------------------------------------|--------------------------------------------|--------------------------------|-----------------------|---------------|----------------------------------------------|---------------------------------|--------------------------------------------|
| LINE NO. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1 | 39 | DELIVERY ROOM & LABOR RO | 8806 | 8806 | | | | | |
| 2 | 43.02 | MRI-CT SCANS | | | | | | | |
| 3 | 60.02 | WOUND CARE | 68826 | 68826 | | | | | |
| 4 | 25 | ADULTS & PEDIATRICS | 30000 | 30000 | | | | | |
| 5 | 37 | OPERATING ROOM | | | | | | | |
| 6 | 61 | EMERGENCY | 17374 | 17374 | | | | | |
| 7 | 33 | NURSERY | 25000 | 25000 | | | | | |
| 8 | 44 | LABORATORY | 7982 | 7982 | | | | | |
| 9 | 43 | RADIOISOTOPE | 50 | 50 | | | | | |
| 101 | | TOTAL | 158038 | 158038 | | | | | |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | NET EXP FOR COST ALLOCATION 0 | NEW CAP- REL COSTS BLDG&FIXT 3 | NEW CAP- REL COSTS MOV EQUIP 4 | EMPLOYEE BENEFITS 5 | SUBTOTAL 5A | ADMINI- STRATIVE & GENERAL 6 | MAINTEN- ANCE AND REPAIRS 7 | OPERATION OF PLANT 8 | |
|---------------------------------------|----------------------------------------|-----------------------------------------|-----------------------------------------|---------------------------|----------------|---------------------------------------|--------------------------------------|-------------------------------|-------|
| GENERAL SERVICE COST CENTERS | | | | | | | | | |
| 1 OLD CAP REL COSTS-BLDG & FIXT | | | | | | | | | 1 |
| 2 OLD CAP REL COSTS-MVBLE EQUIP | | | | | | | | | 2 |
| 3 NEW CAP REL COSTS-BLDG & FIXT | 1733317 | 1733317 | | | | | | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | 1869868 | | 1869868 | | | | | | 4 |
| 5 EMPLOYEE BENEFITS | 6225904 | 12255 | 12031 | 6250190 | | | | | 5 |
| 6 ADMINISTRATIVE & GENERAL | 26538411 | 173294 | 421983 | 876081 | 28009769 | 28009769 | | | 6 |
| 7 MAINTENANCE & REPAIRS | 625958 | 8749 | 79406 | 94926 | 809039 | 473542 | 1282581 | | 7 |
| 8 OPERATION OF PLANT | 2098433 | 210046 | 121309 | 109884 | 2539672 | 1486506 | 204380 | 4230558 | 8 |
| 9 LAUNDRY & LINEN SERVICE | 251925 | 8399 | | 13315 | 273639 | 160165 | 471 | 26737 | 9 |
| 10 HOUSEKEEPING | 961902 | 7816 | 6242 | 127639 | 1103599 | 645952 | 139645 | 24880 | 10 |
| 11 DIETARY | 703400 | 44998 | 11401 | 67320 | 827119 | 484124 | 30974 | 143243 | 11 |
| 12 CAFETERIA | 212488 | 39681 | 4073 | 38299 | 294541 | 172399 | | 126318 | 12 |
| 13 MAINTENANCE OF PERSONNEL | | | | | | | | | 13 |
| 14 NURSING ADMINISTRATION | 711763 | 22533 | 8208 | 160284 | 902788 | 528414 | 1843 | 71729 | 14 |
| 15 CENTRAL SERVICES & SUPPLY | 733408 | 49148 | 20886 | 74175 | 877617 | 513682 | 39190 | 156456 | 15 |
| 16 PHARMACY | 1015769 | 18861 | 60857 | 214986 | 1310473 | 767038 | 2054 | 60041 | 16 |
| 17 MEDICAL RECORDS & LIBRARY | 799104 | 17167 | 2513 | 145216 | 964000 | 564243 | 1513 | 54647 | 17 |
| 18 SOCIAL SERVICE | 152436 | 10014 | 167 | 36669 | 199286 | 116645 | 31 | 31877 | 18 |
| 20 NONPHYSICIAN ANESTHETISTS | | | | | | | | | 20 |
| 21 NURSING SCHOOL | | | | | | | | | 21 |
| 22 I&R SERVICES-SALARY & FRINGES A | | | | | | | | | 22 |
| 23 I&R SERVICES-OTHER PRGM COSTS A | 66880 | | | | 66880 | 39146 | | | 23 |
| 24 PARAMED ED PRGM-(SPECIFY) | | | | | | | | | 24 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | | | | |
| 25 ADULTS & PEDIATRICS | 5541086 | 327260 | 16321 | 1166595 | 7051262 | 4127185 | 18407 | 1041778 | 25 |
| 26 INTENSIVE CARE UNIT | 2408926 | 67537 | 11559 | 505613 | 2993635 | 1752216 | 9861 | 214992 | 26 |
| 31 SUBPROVIDER I | 381274 | 23134 | 1309 | 87999 | 493716 | 288979 | 1081 | 73645 | 31 |
| 33 NURSERY | 364095 | 7945 | 2772 | 85907 | 460719 | 269665 | 873 | 25291 | 33 |
| 34 SKILLED NURSING FACILITY | 993404 | 73787 | 1431 | 226506 | 1295128 | 758057 | | 234889 | 34 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | | |
| 37 OPERATING ROOM | 2025870 | 156127 | 140994 | 326885 | 2649876 | 1551010 | 86859 | 497003 | 37 |
| 38 RECOVERY ROOM | 251272 | 9314 | 171 | 46766 | 307523 | 179998 | | 29649 | 38 |
| 39 DELIVERY ROOM & LABOR ROOM | 639022 | 34849 | 9492 | 149021 | 832384 | 487206 | 5898 | 110936 | 39 |
| 40 ANESTHESIOLOGY | 490316 | 2867 | 9079 | 4378 | 506640 | 296543 | 46403 | 9127 | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | 944455 | 61090 | 267490 | 182714 | 1455749 | 852070 | 199739 | 194470 | 41 |
| 43 RADIOISOTOPE | 322469 | 11678 | 119 | 931 | 335197 | 196195 | | 37174 | 43 |
| 43.01 ULTRASOUND | 272585 | 11751 | 41202 | 59417 | 384955 | 225320 | 27909 | 37409 | 43.01 |
| 43.02 MRI-CT SCANS | 588723 | 21900 | 180350 | 76177 | 867150 | 507555 | 196128 | 69716 | 43.02 |
| 44 LABORATORY | 2863285 | 60280 | 118836 | 284859 | 3327260 | 1947492 | 109521 | 191890 | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | 651259 | 6711 | 19287 | 121959 | 799216 | 467792 | 685 | 21362 | 49 |
| 50 PHYSICAL THERAPY | 904083 | 67021 | 7675 | 175012 | 1153791 | 675330 | 1720 | 213350 | 50 |
| 53 ELECTROCARDIOLOGY | 227777 | 12636 | 33979 | 44278 | 318670 | 186522 | 42645 | 40223 | 53 |
| 54 ELECTROENCEPHALOGRAPHY | 55852 | 6404 | | 10387 | 72643 | 42519 | 3614 | 20385 | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | 4298564 | | | | 4298564 | 2516010 | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | 1757138 | | | | 1757138 | 1028477 | | | 56 |
| 56.01 OUTPATIENT PHARMACY | 859401 | 12193 | 812 | 38662 | 911068 | 533261 | 1138 | 38816 | 56.01 |
| 59 LITHOTRIPSY | | | | | | | | | 59 |
| 59.01 CARDIAC REHABILITATION | 76885 | 22158 | 5650 | 17830 | 122523 | 71714 | 1725 | 70537 | 59.01 |
| 59.03 CARDIAC CATHERIZATION LAB | 400539 | 12666 | 152527 | 71922 | 637654 | 373228 | 46970 | 40321 | 59.03 |
| 59.05 INPATIENT RENAL DIALYSIS | 310037 | | | 116 | 310153 | 181537 | | | 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 60 CLINIC | 1486 | 565 | 2598 | | 4649 | 2721 | | 1798 | 60 |
| 60.01 OUTPATIENT INFUSION PROCEDURES | 1214 | | | 263 | 1477 | 865 | | | 60.01 |
| 60.02 WOUND CARE | 315652 | 84446 | 6597 | 29201 | 435896 | 255136 | 112 | 268818 | 60.02 |
| 61 EMERGENCY | 1827861 | | 82450 | 297197 | 2207508 | 1292085 | 54654 | | 61 |
| 62 OBSERVATION BEDS (NON-DISTINCT | | | | | | | | | 62 |
| 63.50 RHC | | | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | | |
| 69.10 CMHC | | | | | | | | | 69.10 |
| 69.20 OUTPATIENT PHYSICAL THERAPY | | | | | | | | | 69.20 |
| 69.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | | | | 69.30 |
| 69.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | | | | 69.40 |
| 71 HOME HEALTH AGENCY | 1007935 | | 7985 | 214108 | 1230028 | 719953 | 5058 | | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | | | | 85.03 |
| 93 HOSPICE | 185109 | | | 31379 | 216488 | 126713 | 432 | | 93 |
| 95 SUBTOTALS | 75668540 | 1717280 | 1869761 | 6214876 | 75617082 | 27865210 | 1281533 | 4179507 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | | |
| 96 GIFT, FLOWER, COFFEE SHOP & CAN | 44757 | 6336 | | 4101 | 55194 | 32306 | 1048 | 20170 | 96 |
| 98 PHYSICIANS' PRIVATE OFFICES | 6106 | 9701 | | 1322 | 17129 | 10026 | | 30881 | 98 |

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | NET EXP | NEW CAP- | NEW CAP- | EMPLOYEE | SUBTOTAL | ADMINI- | MAINTEN- | OPERATION |
|--------------------------------------|------------|-----------|-----------|----------|----------|-----------|----------|-------------|
| | FOR COST | REL COSTS | REL COSTS | BENEFITS | | STRATIVE | ANCE AND | OF |
| | ALLOCATION | BLDG&FIXT | MOV EQUIP | | | & GENERAL | REPAIRS | PLANT |
| | 0 | 3 | 4 | 5 | 5A | 6 | 7 | 8 |
| 98.01 NON-EMPLOYEE CHILD CARE CENTER | 59568 | | | 13117 | 72685 | 42544 | | 98.01 |
| 99 NONPAID WORKERS | 85086 | | 107 | 16774 | 101967 | 59683 | | 99 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | 102 |
| 103 TOTAL | 75864057 | 1733317 | 1869868 | 6250190 | 75864057 | 28009769 | 1282581 | 4230558 103 |

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | LAUNDRY AND LINEN SERVICE 9 | HOUSE- KEEPING 10 | DIETARY 11 | CAFETERIA 12 | NURSING ADMINI- STRATION 14 | CENTRAL SERVICES & SUPPLY 15 | PHARMACY 16 | MEDICAL RECORDS & LIBRARY 17 | |
|--------------------------------------|--------------------------------------|-------------------------|---------------|-----------------|--------------------------------------|---------------------------------------|----------------|---------------------------------------|-------|
| 98.01 NON-EMPLOYEE CHILD CARE CENTER | | 7601 | | 3614 | | | | | 98.01 |
| 99 NONPAID WORKERS | | | | | | | | | 99 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | | 102 |
| 103 TOTAL | 461012 | 1914076 | 1537019 | 638362 | 1524460 | 1629257 | 2189844 | 1624384 | 103 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | SOCIAL SERVICE | I/R-OTHER PROGRAM COSTS | SUBTOTAL | I&R COST & POST STEP-DOWN ADJS | TOTAL | |
|---------------------------------------|----------------|-------------------------|----------|--------------------------------|----------|-------|
| | 18 | 23 | 25 | 26 | 27 | |
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 OLD CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 2 OLD CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 3 NEW CAP REL COSTS-BLDG & FIXT | | | | | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | | | | | | 4 |
| 5 EMPLOYEE BENEFITS | | | | | | 5 |
| 6 ADMINISTRATIVE & GENERAL | | | | | | 6 |
| 7 MAINTENANCE & REPAIRS | | | | | | 7 |
| 8 OPERATION OF PLANT | | | | | | 8 |
| 9 LAUNDRY & LINEN SERVICE | | | | | | 9 |
| 10 HOUSEKEEPING | | | | | | 10 |
| 11 DIETARY | | | | | | 11 |
| 12 CAFETERIA | | | | | | 12 |
| 13 MAINTENANCE OF PERSONNEL | | | | | | 13 |
| 14 NURSING ADMINISTRATION | | | | | | 14 |
| 15 CENTRAL SERVICES & SUPPLY | | | | | | 15 |
| 16 PHARMACY | | | | | | 16 |
| 17 MEDICAL RECORDS & LIBRARY | | | | | | 17 |
| 18 SOCIAL SERVICE | 353309 | | | | | 18 |
| 20 NONPHYSICIAN ANESTHETISTS | | | | | | 20 |
| 21 NURSING SCHOOL | | | | | | 21 |
| 22 I&R SERVICES-SALARY & FRINGES A | | | | | | 22 |
| 23 I&R SERVICES-OTHER PRGM COSTS A | | 106026 | | | | 23 |
| 24 PARAMED ED PRGM-(SPECIFY) | | | | | | 24 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 25 ADULTS & PEDIATRICS | 224368 | 106 | 15589354 | -106 | 15589248 | 25 |
| 26 INTENSIVE CARE UNIT | 23167 | | 5678654 | | 5678654 | 26 |
| 31 SUBPROVIDER I | 13430 | | 1003241 | | 1003241 | 31 |
| 33 NURSERY | | | 833303 | | 833303 | 33 |
| 34 SKILLED NURSING FACILITY | 72626 | | 3158383 | | 3158383 | 34 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 37 OPERATING ROOM | | | 6220928 | | 6220928 | 37 |
| 38 RECOVERY ROOM | | | 579345 | | 579345 | 38 |
| 39 DELIVERY ROOM & LABOR ROOM | | | 1614177 | | 1614177 | 39 |
| 40 ANESTHESIOLOGY | | | 944524 | | 944524 | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | | 2844325 | | 2844325 | 41 |
| 43 RADIOISOTOPE | | | 913946 | | 913946 | 43 |
| 43.01 ULTRASOUND | | | 700571 | | 700571 | 43.01 |
| 43.02 MRI-CT SCANS | | | 1758998 | | 1758998 | 43.02 |
| 44 LABORATORY | | | 5843034 | | 5843034 | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | | | 1432212 | | 1432212 | 49 |
| 50 PHYSICAL THERAPY | | | 2221270 | | 2221270 | 50 |
| 53 ELECTROCARDIOLOGY | | | 659095 | | 659095 | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | 146264 | | 146264 | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | | | 6887308 | | 6887308 | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | | 3070066 | | 3070066 | 56 |
| 56.01 OUTPATIENT PHARMACY | | | 3123508 | | 3123508 | 56.01 |
| 59 LITHOTRIPSY | | | | | | 59 |
| 59.01 CARDIAC REHABILITATION | | | 296519 | | 296519 | 59.01 |
| 59.03 CARDIAC CATHERIZATION LAB | | | 1464028 | | 1464028 | 59.03 |
| 59.05 INPATIENT RENAL DIALYSIS | | | 491690 | | 491690 | 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 60 CLINIC | | | 10588 | | 10588 | 60 |
| 60.01 OUTPATIENT INFUSION PROCEDURES | | | 2342 | | 2342 | 60.01 |
| 60.02 WOUND CARE | | | 982969 | | 982969 | 60.02 |
| 61 EMERGENCY | 19718 | 105920 | 4368614 | -105920 | 4262694 | 61 |
| 62 OBSERVATION BEDS (NON-DISTINCT | | | | | | 62 |
| 63.50 RHC | | | | | | 63.50 |
| 63.60 FQHC | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 69.10 CMHC | | | | | | 69.10 |
| 69.20 OUTPATIENT PHYSICAL THERAPY | | | | | | 69.20 |
| 69.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | 69.30 |
| 69.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | 69.40 |
| 71 HOME HEALTH AGENCY | | | 2179662 | | 2179662 | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | 85.03 |
| 93 HOSPICE | | | 388984 | | 388984 | 93 |
| 95 SUBTOTALS | 353309 | 106026 | 75407902 | -106026 | 75301876 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 96 GIFT, FLOWER, COFFEE SHOP & CAN | | | 110025 | | 110025 | 96 |
| 98 PHYSICIANS' PRIVATE OFFICES | | | 58036 | | 58036 | 98 |

PROVIDER NO. 14-0008 GOTTlieb MEMORIAL HOSPITAL
PERIOD FROM 01/01/2008 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2008.05
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

| COST CENTER DESCRIPTION | SOCIAL SERVICE | I/R-OTHER PROGRAM COSTS | SUBTOTAL | I&R COST & POST STEP-DOWN ADJS | TOTAL | |
|--------------------------------------|----------------|-------------------------|----------|--------------------------------|----------|-------|
| | 18 | 23 | 25 | 26 | 27 | |
| 98.01 NON-EMPLOYEE CHILD CARE CENTER | | | 126444 | | 126444 | 98.01 |
| 99 NONPAID WORKERS | | | 161650 | | 161650 | 99 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | 102 |
| 103 TOTAL | 353309 | 106026 | 75864057 | -106026 | 75758031 | 103 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | DIR ASSGND CAP-REL COSTS 0 | NEW CAP- REL COSTS BLDG&FIXT 3 | NEW CAP- REL COSTS MOV EQUIP 4 | CAP REL COST TO BE ALLOC 4A | EMPLOYEE BENEFITS 5 | ADMINI- STRATIVE & GENERAL 6 | MAINTEN- ANCE AND REPAIRS 7 | OPERATION OF PLANT 8 | |
|---------------------------------------|-------------------------------------|-----------------------------------------|-----------------------------------------|--------------------------------------|---------------------------|---------------------------------------|--------------------------------------|-------------------------------|-------|
| GENERAL SERVICE COST CENTERS | | | | | | | | | |
| 1 OLD CAP REL COSTS-BLDG & FIXT | | | | | | | | | 1 |
| 2 OLD CAP REL COSTS-MVBLE EQUIP | | | | | | | | | 2 |
| 3 NEW CAP REL COSTS-BLDG & FIXT | | | | | | | | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | | | | | | | | | 4 |
| 5 EMPLOYEE BENEFITS | | 12255 | 12031 | 24286 | 24286 | | | | 5 |
| 6 ADMINISTRATIVE & GENERAL | 29469 | 173294 | 421983 | 624746 | 3405 | 628151 | | | 6 |
| 7 MAINTENANCE & REPAIRS | 1495 | 8749 | 79406 | 89650 | 369 | 10619 | 100638 | | 7 |
| 8 OPERATION OF PLANT | 689 | 210046 | 121309 | 332044 | 427 | 33336 | 16037 | 381844 | 8 |
| 9 LAUNDRY & LINEN SERVICE | | 8399 | | 8399 | 52 | 3592 | 37 | 2413 | 9 |
| 10 HOUSEKEEPING | 14560 | 7816 | 6242 | 28618 | 496 | 14486 | 10957 | 2246 | 10 |
| 11 DIETARY | | 44998 | 11401 | 56399 | 262 | 10857 | 2430 | 12929 | 11 |
| 12 CAFETERIA | | 39681 | 4073 | 43754 | 149 | 3866 | | 11401 | 12 |
| 13 MAINTENANCE OF PERSONNEL | | | | | | | | | 13 |
| 14 NURSING ADMINISTRATION | | 22533 | 8208 | 30741 | 623 | 11850 | 145 | 6474 | 14 |
| 15 CENTRAL SERVICES & SUPPLY | 206129 | 49148 | 20886 | 276163 | 288 | 11520 | 3075 | 14121 | 15 |
| 16 PHARMACY | 9541 | 18861 | 60857 | 89259 | 836 | 17201 | 161 | 5419 | 16 |
| 17 MEDICAL RECORDS & LIBRARY | | 17167 | 2513 | 19680 | 564 | 12653 | 119 | 4932 | 17 |
| 18 SOCIAL SERVICE | | 10014 | 167 | 10181 | 143 | 2616 | 2 | 2877 | 18 |
| 20 NONPHYSICIAN ANESTHETISTS | | | | | | | | | 20 |
| 21 NURSING SCHOOL | | | | | | | | | 21 |
| 22 I&R SERVICES-SALARY & FRINGES A | | | | | | | | | 22 |
| 23 I&R SERVICES-OTHER PRGM COSTS A | | | | | | 878 | | | 23 |
| 24 PARAMED ED PRGM-(SPECIFY) | | | | | | | | | 24 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | | | | |
| 25 ADULTS & PEDIATRICS | 74787 | 327260 | 16321 | 418368 | 4529 | 92569 | 1444 | 94031 | 25 |
| 26 INTENSIVE CARE UNIT | 10241 | 67537 | 11559 | 89337 | 1965 | 39294 | 774 | 19405 | 26 |
| 31 SUBPROVIDER I | | 23134 | 1309 | 24443 | 342 | 6481 | 85 | 6647 | 31 |
| 33 NURSERY | 1728 | 7945 | 2772 | 12445 | 334 | 6047 | 68 | 2283 | 33 |
| 34 SKILLED NURSING FACILITY | 10106 | 73787 | 1431 | 85324 | 880 | 17000 | | 21201 | 34 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | | |
| 37 OPERATING ROOM | 79165 | 156127 | 140994 | 376286 | 1271 | 34782 | 6815 | 44859 | 37 |
| 38 RECOVERY ROOM | 5490 | 9314 | 171 | 14975 | 182 | 4037 | | 2676 | 38 |
| 39 DELIVERY ROOM & LABOR ROOM | 7484 | 34849 | 9492 | 51825 | 579 | 10926 | 463 | 10013 | 39 |
| 40 ANESTHESIOLOGY | 5916 | 2867 | 9079 | 17862 | 17 | 6650 | 3641 | 824 | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 61090 | 267490 | 328580 | 710 | 19108 | 15673 | 17553 | 41 |
| 43 RADIOISOTOPE | | 11678 | 119 | 11797 | 4 | 4400 | | 3355 | 43 |
| 43.01 ULTRASOUND | | 11751 | 41202 | 52953 | 231 | 5053 | 2190 | 3376 | 43.01 |
| 43.02 MRI-CT SCANS | | 21900 | 180350 | 202250 | 296 | 11382 | 15389 | 6292 | 43.02 |
| 44 LABORATORY | | 60280 | 118836 | 179116 | 1107 | 43674 | 8594 | 17320 | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | 28833 | 6711 | 19287 | 54831 | 474 | 10491 | 54 | 1928 | 49 |
| 50 PHYSICAL THERAPY | | 67021 | 7675 | 74696 | 680 | 15145 | 135 | 19257 | 50 |
| 53 ELECTROCARDIOLOGY | | 12636 | 33979 | 46615 | 172 | 4183 | 3346 | 3630 | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | 6404 | | 6404 | 40 | 954 | 284 | 1840 | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | | | | | | 56423 | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | | 23064 | | | 56 |
| 56.01 OUTPATIENT PHARMACY | | 12193 | 812 | 13005 | 150 | 11959 | 89 | 3503 | 56.01 |
| 59 LITHOTRIPSY | | | | | | | | | 59 |
| 59.01 CARDIAC REHABILITATION | | 22158 | 5650 | 27808 | 69 | 1608 | 135 | 6367 | 59.01 |
| 59.03 CARDIAC CATHERIZATION LAB | 9822 | 12666 | 152527 | 175015 | 280 | 8370 | 3686 | 3639 | 59.03 |
| 59.05 INPATIENT RENAL DIALYSIS | | | | | | 4071 | | | 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 60 CLINIC | | 565 | 2598 | 3163 | | 61 | | 162 | 60 |
| 60.01 OUTPATIENT INFUSION PROCEDURES | | | | | 1 | 19 | | | 60.01 |
| 60.02 WOUND CARE | | 84446 | 6597 | 91043 | 113 | 5722 | 9 | 24263 | 60.02 |
| 61 EMERGENCY | 15870 | | 82450 | 98320 | 1155 | 28976 | 4288 | | 61 |
| 62 OBSERVATION BEDS (NON-DISTINCT | | | | | | | | | 62 |
| 63.50 RHC | | | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | | |
| 69.10 CMHC | | | | | | | | | 69.10 |
| 69.20 OUTPATIENT PHYSICAL THERAPY | | | | | | | | | 69.20 |
| 69.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | | | | 69.30 |
| 69.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | | | | 69.40 |
| 71 HOME HEALTH AGENCY | | | 7985 | 7985 | 832 | 16145 | 397 | | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | | | | 85.03 |
| 93 HOSPICE | 16837 | | | 16837 | 122 | 2842 | 34 | | 93 |
| 95 SUBTOTALS | 528162 | 1717280 | 1869761 | 4115203 | 24149 | 624910 | 100556 | 377236 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | | |
| 96 GIFT, FLOWER, COFFEE SHOP & CAN | | 6336 | | 6336 | 16 | 724 | 82 | 1821 | 96 |
| 98 PHYSICIANS' PRIVATE OFFICES | | 9701 | | 9701 | 5 | 225 | | 2787 | 98 |

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | DIR ASSGND CAP-REL COSTS 0 | NEW CAP- REL COSTS BLDG&FIXT 3 | NEW CAP- REL COSTS MOV EQUIP 4 | CAP REL COST TO BE ALLOC 4A | EMPLOYEE BENEFITS 5 | ADMINI- STRATIVE & GENERAL 6 | MAINTEN- ANCE AND REPAIRS 7 | OPERATION OF PLANT 8 |
|--------------------------------------|-------------------------------------|-----------------------------------------|-----------------------------------------|--------------------------------------|---------------------------|---------------------------------------|--------------------------------------|-------------------------------|
| 98.01 NON-EMPLOYEE CHILD CARE CENTER | | | | | 51 | 954 | | 98.01 |
| 99 NONPAID WORKERS | | | 107 | 107 | 65 | 1338 | | 99 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | 102 |
| 103 TOTAL | 528162 | 1733317 | 1869868 | 4131347 | 24286 | 628151 | 100638 | 381844 103 |

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | LAUNDRY AND LINEN SERVICE 9 | HOUSE- KEEPING 10 | DIETARY 11 | CAFETERIA 12 | NURSING ADMINI- STRATION 14 | CENTRAL SERVICES & SUPPLY 15 | PHARMACY 16 | MEDICAL RECORDS & LIBRARY 17 | |
|--------------------------------------|--------------------------------------|-------------------------|---------------|-----------------|--------------------------------------|---------------------------------------|----------------|---------------------------------------|-------|
| 98.01 NON-EMPLOYEE CHILD CARE CENTER | | 226 | | 343 | | | | | 98.01 |
| 99 NONPAID WORKERS | | | | | | | | | 99 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | | 102 |
| 103 TOTAL | 14493 | 56803 | 84407 | 60509 | 51437 | 307292 | 116462 | 40865 | 103 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | SOCIAL SERVICE | I/R-OTHER PROGRAM COSTS | SUBTOTAL | I&R COST & POST STEP-DOWN ADJS | TOTAL | |
|---------------------------------------|----------------|-------------------------|----------|--------------------------------|---------|-------|
| | 18 | 23 | 25 | 26 | 27 | |
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 OLD CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 2 OLD CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 3 NEW CAP REL COSTS-BLDG & FIXT | | | | | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | | | | | | 4 |
| 5 EMPLOYEE BENEFITS | | | | | | 5 |
| 6 ADMINISTRATIVE & GENERAL | | | | | | 6 |
| 7 MAINTENANCE & REPAIRS | | | | | | 7 |
| 8 OPERATION OF PLANT | | | | | | 8 |
| 9 LAUNDRY & LINEN SERVICE | | | | | | 9 |
| 10 HOUSEKEEPING | | | | | | 10 |
| 11 DIETARY | | | | | | 11 |
| 12 CAFETERIA | | | | | | 12 |
| 13 MAINTENANCE OF PERSONNEL | | | | | | 13 |
| 14 NURSING ADMINISTRATION | | | | | | 14 |
| 15 CENTRAL SERVICES & SUPPLY | | | | | | 15 |
| 16 PHARMACY | | | | | | 16 |
| 17 MEDICAL RECORDS & LIBRARY | | | | | | 17 |
| 18 SOCIAL SERVICE | 16340 | | | | | 18 |
| 20 NONPHYSICIAN ANESTHETISTS | | | | | | 20 |
| 21 NURSING SCHOOL | | | | | | 21 |
| 22 I&R SERVICES-SALARY & FRINGES A | | | | | | 22 |
| 23 I&R SERVICES-OTHER PRGM COSTS A | | 878 | | | | 23 |
| 24 PARAMED ED PRGM-(SPECIFY) | | | | | | 24 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 25 ADULTS & PEDIATRICS | 10377 | | 773043 | | 773043 | 25 |
| 26 INTENSIVE CARE UNIT | 1071 | | 193263 | | 193263 | 26 |
| 31 SUBPROVIDER I | 621 | | 46067 | | 46067 | 31 |
| 33 NURSERY | | | 24581 | | 24581 | 33 |
| 34 SKILLED NURSING FACILITY | 3359 | | 164965 | | 164965 | 34 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 37 OPERATING ROOM | | | 611591 | | 611591 | 37 |
| 38 RECOVERY ROOM | | | 25458 | | 25458 | 38 |
| 39 DELIVERY ROOM & LABOR ROOM | | | 85725 | | 85725 | 39 |
| 40 ANESTHESIOLOGY | | | 38617 | | 38617 | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | | 390090 | | 390090 | 41 |
| 43 RADIOISOTOPE | | | 37160 | | 37160 | 43 |
| 43.01 ULTRASOUND | | | 65360 | | 65360 | 43.01 |
| 43.02 MRI-CT SCANS | | | 246697 | | 246697 | 43.02 |
| 44 LABORATORY | | | 261348 | | 261348 | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | | | 78046 | | 78046 | 49 |
| 50 PHYSICAL THERAPY | | | 119546 | | 119546 | 50 |
| 53 ELECTROCARDIOLOGY | | | 61432 | | 61432 | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | 10052 | | 10052 | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | | | 58253 | | 58253 | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | | 30219 | | 30219 | 56 |
| 56.01 OUTPATIENT PHARMACY | | | 120131 | | 120131 | 56.01 |
| 59 LITHOTRIPSY | | | | | | 59 |
| 59.01 CARDIAC REHABILITATION | | | 37119 | | 37119 | 59.01 |
| 59.03 CARDIAC CATHERIZATION LAB | | | 249982 | | 249982 | 59.03 |
| 59.05 INPATIENT RENAL DIALYSIS | | | 4071 | | 4071 | 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 60 CLINIC | | | 3562 | | 3562 | 60 |
| 60.01 OUTPATIENT INFUSION PROCEDURES | | | 20 | | 20 | 60.01 |
| 60.02 WOUND CARE | | | 124672 | | 124672 | 60.02 |
| 61 EMERGENCY | 912 | | 186436 | | 186436 | 61 |
| 62 OBSERVATION BEDS (NON-DISTINCT) | | | | | | 62 |
| 63.50 RHC | | | | | | 63.50 |
| 63.60 FQHC | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 69.10 CMHC | | | | | | 69.10 |
| 69.20 OUTPATIENT PHYSICAL THERAPY | | | | | | 69.20 |
| 69.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | 69.30 |
| 69.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | 69.40 |
| 71 HOME HEALTH AGENCY | | | 35809 | | 35809 | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | 85.03 |
| 93 HOSPICE | | | 22249 | | 22249 | 93 |
| 95 SUBTOTALS | 16340 | | 4105564 | | 4105564 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 96 GIFT, FLOWER, COFFEE SHOP & CAN | | | 9103 | | 9103 | 96 |
| 98 PHYSICIANS' PRIVATE OFFICES | | | 12718 | | 12718 | 98 |

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

| COST CENTER DESCRIPTION | SOCIAL SERVICE | I/R-OTHER PROGRAM COSTS | SUBTOTAL | I&R COST & POST STEP-DOWN ADJS | TOTAL | |
|--------------------------------------|----------------|-------------------------|----------|--------------------------------|---------|-------|
| | 18 | 23 | 25 | 26 | 27 | |
| 98.01 NON-EMPLOYEE CHILD CARE CENTER | | | 1574 | | 1574 | 98.01 |
| 99 NONPAID WORKERS | | | 1510 | | 1510 | 99 |
| 101 CROSS FOOT ADJUSTMENTS | | 878 | 878 | | 878 | 101 |
| 102 NEGATIVE COST CENTER | | | | | | 102 |
| 103 TOTAL | 16340 | 878 | 4131347 | | 4131347 | 103 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET | NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE) | EMPLOYEE BENEFITS GROSS SALARIES | RECON- CILIATION 6A | ADMINI- STRATIVE & GENERAL ACCUM COST | MAINTEN- ANCE AND REPAIRS MAINT REQS | OPERATION OF PLANT SQUARE FEET | 8 |
|-------------------------------------|------------------------------------------------------|---------------------------------------------------------|-------------------------------------------|---------------------------|---------------------------------------------------|--------------------------------------------------|--------------------------------------------|-------|
| | 3 | 4 | 5 | | 6 | 7 | | |
| GENERAL SERVICE COST CENTERS | | | | | | | | |
| 1 | | | | | | | | 1 |
| 2 | | | | | | | | 2 |
| 3 | 282312 | | | | | | | 3 |
| 4 | | 1841668 | | | | | | 4 |
| 5 | 1996 | 11850 | 25816586 | | | | | 5 |
| 6 | 28225 | 415617 | 3618674 | -28009769 | 47854288 | | | 6 |
| 7 | 1425 | 78208 | 392094 | | 809039 | 855288 | | 7 |
| 8 | 34211 | 119480 | 453879 | | 2539672 | 136288 | 216455 | 8 |
| 9 | 1368 | | 54999 | | 273639 | 314 | 1368 | 9 |
| 10 | 1273 | 6148 | 527217 | | 1103599 | 93122 | 1273 | 10 |
| 11 | 7329 | 11229 | 278065 | | 827119 | 20655 | 7329 | 11 |
| 12 | 6463 | 4012 | 158194 | | 294541 | | 6463 | 12 |
| 13 | | | | | | | | 13 |
| 14 | 3670 | 8084 | 662058 | | 902788 | 1229 | 3670 | 14 |
| 15 | 8005 | 20571 | 306383 | | 877617 | 26134 | 8005 | 15 |
| 16 | 3072 | 59939 | 888004 | | 1310473 | 1370 | 3072 | 16 |
| 17 | 2796 | 2475 | 599818 | | 964000 | 1009 | 2796 | 17 |
| 18 | 1631 | 164 | 151463 | | 199286 | 21 | 1631 | 18 |
| 20 | | | | | | | | 20 |
| 21 | | | | | | | | 21 |
| 22 | | | | | | | | 22 |
| 23 | | | | | 66880 | | | 23 |
| 24 | | | | | | | | 24 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | | | |
| 25 | 53302 | 16075 | 4818670 | | 7051262 | 12275 | 53302 | 25 |
| 26 | 11000 | 11385 | 2088447 | | 2993635 | 6576 | 11000 | 26 |
| 31 | 3768 | 1289 | 363483 | | 493716 | 721 | 3768 | 31 |
| 33 | 1294 | 2730 | 354842 | | 460719 | 582 | 1294 | 33 |
| 34 | 12018 | 1409 | 935588 | | 1295128 | | 12018 | 34 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 37 | 25429 | 138868 | 1350205 | | 2649876 | 57922 | 25429 | 37 |
| 38 | 1517 | 168 | 193168 | | 307523 | | 1517 | 38 |
| 39 | 5676 | 9349 | 615536 | | 832384 | 3933 | 5676 | 39 |
| 40 | 467 | 8942 | 18085 | | 506640 | 30944 | 467 | 40 |
| 41 | 9950 | 263456 | 754704 | | 1455749 | 133196 | 9950 | 41 |
| 43 | 1902 | 117 | 3847 | | 335197 | | 1902 | 43 |
| 43.01 | 1914 | 40581 | 245422 | | 384955 | 18611 | 1914 | 43.01 |
| 43.02 | 3567 | 177630 | 314650 | | 867150 | 130788 | 3567 | 43.02 |
| 44 | 9818 | 117044 | 1176617 | | 3327260 | 73034 | 9818 | 44 |
| 46.30 | | | | | | | | 46.30 |
| 49 | 1093 | 18996 | 503753 | | 799216 | 457 | 1093 | 49 |
| 50 | 10916 | 7559 | 722892 | | 1153791 | 1147 | 10916 | 50 |
| 53 | 2058 | 33467 | 182891 | | 318670 | 28438 | 2058 | 53 |
| 54 | 1043 | | 42903 | | 72643 | 2410 | 1043 | 54 |
| 55 | | | | | 4298564 | | | 55 |
| 56 | | | | | 1757138 | | | 56 |
| 56.01 | 1986 | 800 | 159694 | | 911068 | 759 | 1986 | 56.01 |
| 59 | | | | | | | | 59 |
| 59.01 | 3609 | 5565 | 73649 | | 122523 | 1150 | 3609 | 59.01 |
| 59.03 | 2063 | 150227 | 297076 | | 637654 | 31322 | 2063 | 59.03 |
| 59.05 | | | 479 | | 310153 | | | 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 60 | 92 | 2559 | | | 4649 | | 92 | 60 |
| 60.01 | | | 1085 | | 1477 | | | 60.01 |
| 60.02 | 13754 | 6498 | 120615 | | 435896 | 75 | 13754 | 60.02 |
| 61 | | 81207 | 1227580 | | 2207508 | 36446 | | 61 |
| 62 | | | | | | | | 62 |
| 63.50 | | | | | | | | 63.50 |
| 63.60 | | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 69.10 | | | | | | | | 69.10 |
| 69.20 | | | | | | | | 69.20 |
| 69.30 | | | | | | | | 69.30 |
| 69.40 | | | | | | | | 69.40 |
| 71 | | 7865 | 884379 | | 1230028 | 3373 | | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | | |
| 85.01 | | | | | | | | 85.01 |
| 85.02 | | | | | | | | 85.02 |
| 85.03 | | | | | | | | 85.03 |
| 93 | | | 129610 | | 216488 | 288 | | 93 |
| 95 | 279700 | 1841563 | 25670718 | -28009769 | 47607313 | 854589 | 213843 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | |
| 96 | 1032 | | 16941 | | 55194 | 699 | 1032 | 96 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | NEW CAP- | NEW CAP- | EMPLOYEE | RECON- | ADMINI- | MAINTEN- | OPERATION | |
|-------------------------------------|-----------|-----------|----------|-----------|-----------|----------|-----------|-------|
| | REL COSTS | REL COSTS | BENEFITS | | STRATIVE | ANCE AND | OF | |
| | BLDG&FIXT | MOV EQUIP | GROSS | CILIATION | & GENERAL | REPAIRS | PLANT | |
| | SQUARE | (DOLLAR | SALARIES | | ACCUM | MAINT | SQUARE | |
| | FEET | VALUE) | | | COST | REQS | FEET | |
| | 3 | 4 | 5 | 6A | 6 | 7 | 8 | |
| 98 PHYSICIANS' PRIVATE OFFICES | 1580 | | 5460 | | 17129 | | 1580 | 98 |
| 98.01 NON-EMPLOYEE CHILD CARE CENTE | | | 54182 | | 72685 | | | 98.01 |
| 99 NONPAID WORKERS | | 105 | 69285 | | 101967 | | | 99 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | 102 |
| 103 COST TO BE ALLOC PER B PT I | 1733317 | 1869868 | 6250190 | | 28009769 | 1282581 | 4230558 | 103 |
| 104 UNIT COST MULT-WS B PT I | | 1.015312 | | | | 1.499590 | | 104 |
| 104 UNIT COST MULT-WS B PT I | 6.139721 | | .242100 | | .585314 | | 19.544746 | 104 |
| 105 COST TO BE ALLOC PER B PT II | | | | | | | | 105 |
| 106 UNIT COST MULT-WS B PT II | | | | | | | | 106 |
| 106 UNIT COST MULT-WS B PT II | | | | | | | | 106 |
| 107 COST TO BE ALLOC PER B PT III | | | 24286 | | 628151 | 100638 | 381844 | 107 |
| 108 UNIT COST MULT-WS B PT III | | | | | | .117666 | | 108 |
| 108 UNIT COST MULT-WS B PT III | | | .000941 | | .013126 | | 1.764080 | 108 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 9 | HOUSE-KEEPING (HOURS OF SERVICE) 10 | DIETARY (MEALS SERVED) 11 | CAFETERIA (FTES SERVED) 12 | NURSING ADMINISTRATION (DIRECT NRSG HRS) 14 | CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 15 | PHARMACY (COSTED REQUIS) 16 | MEDICAL RECORDS & LIBRARY (TIME SPENT) 17 |
|-------------------------------------|-------------------------------------------------|-------------------------------------|---------------------------|----------------------------|---------------------------------------------|----------------------------------------------|-----------------------------|-------------------------------------------|
| GENERAL SERVICE COST CENTERS | | | | | | | | |
| 1 | | | | | | | | 1 |
| 2 | | | | | | | | 2 |
| 3 | | | | | | | | 3 |
| 4 | | | | | | | | 4 |
| 5 | | | | | | | | 5 |
| 6 | | | | | | | | 6 |
| 7 | | | | | | | | 7 |
| 8 | | | | | | | | 8 |
| 9 | 304088 | | | | | | | 9 |
| 10 | | 26693 | | | | | | 10 |
| 11 | 48 | 718 | 80262 | | | | | 11 |
| 12 | | 629 | | 62535 | | | | 12 |
| 13 | | | | | | | | 13 |
| 14 | 55 | 55 | | 1534 | 37096 | | | 14 |
| 15 | | 404 | | 1307 | | 2775954 | | 15 |
| 16 | 76 | 320 | | 2323 | | 5902 | 860272 | 16 |
| 17 | | 187 | | 2603 | | | | 17 |
| 18 | | | | 533 | | 49 | | 18 |
| 20 | | | | | | | | 20 |
| 21 | | | | | | | | 21 |
| 22 | | | | | | | | 22 |
| 23 | | | | | | | | 23 |
| 24 | | | | | | | | 24 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | | | |
| 25 | 131338 | 10430 | 51648 | 15428 | 15428 | 235323 | 468 | 920 25 |
| 26 | 23642 | 1120 | 9297 | 4614 | 4614 | 138619 | 1356 | 245 26 |
| 31 | 10909 | | 4290 | 1464 | | 5493 | 9 | 55 31 |
| 33 | 1521 | 245 | | 861 | 861 | 4843 | | 35 33 |
| 34 | 38213 | 2240 | 15027 | 3617 | 3617 | 37840 | 55 | 296 34 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 37 | 85998 | 2628 | | 3963 | 3963 | 1097570 | 3792 | 923 37 |
| 38 | | 254 | | 425 | 425 | 15501 | 36 | 46 38 |
| 39 | 3117 | 513 | | 1598 | 1598 | 57862 | | 72 39 |
| 40 | | 37 | | 102 | 102 | 74243 | 3084 | 94 40 |
| 41 | 90 | 667 | | 2666 | | 27443 | 1987 | 163 41 |
| 43 | | 265 | | | | 3555 | 118980 | 76 43 |
| 43.01 | 122 | 55 | | 527 | | 5551 | 35 | 43 43.01 |
| 43.02 | 170 | 293 | | 789 | | 77121 | 730 | 149 43.02 |
| 44 | | 981 | | 4625 | | 12673 | 29 | 503 44 |
| 46.30 | | | | | | | | 46.30 |
| 49 | | 131 | | 1727 | | 45426 | 14550 | 186 49 |
| 50 | | 1492 | | 2216 | | 32460 | 90 | 100 50 |
| 53 | | 284 | | 656 | | 11464 | 567 | 127 53 |
| 54 | | 29 | | 165 | | 2327 | | 7 54 |
| 55 | | | | | | | | 258 55 |
| 56 | | | | | | | | 1009 56 |
| 56.01 | | | | 487 | | 50834 | 630290 | 56.01 |
| 59 | | | | | | | | 59 |
| 59.01 | | 368 | | 206 | | 1163 | | 3 59.01 |
| 59.03 | 490 | | | 726 | | 510919 | 3560 | 173 59.03 |
| 59.05 | | | | | | | | 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 60 | | | | | | 1459 | | 2 60 |
| 60.01 | | | | | | | | 60.01 |
| 60.02 | 991 | | | 403 | | 27184 | 564 | 60.02 |
| 61 | 7308 | 952 | | 3712 | 3712 | 271490 | 71308 | 277 61 |
| 62 | | | | | | | | 62 |
| 63.50 | | | | | | | | 63.50 |
| 63.60 | | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 69.10 | | | | | | | | 69.10 |
| 69.20 | | | | | | | | 69.20 |
| 69.30 | | | | | | | | 69.30 |
| 69.40 | | | | | | | | 69.40 |
| 71 | | 1234 | | 2424 | 2424 | 18767 | 300 | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | | |
| 85.01 | | | | | | | | 85.01 |
| 85.02 | | | | | | | | 85.02 |
| 85.03 | | | | | | | | 85.03 |
| 93 | | 56 | | 352 | 352 | 2873 | 8482 | 93 |
| 95 | 304088 | 26587 | 80262 | 62053 | 37096 | 2775954 | 860272 | 5762 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | |
| 96 | | | | 128 | | | | 96 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 9 | HOUSE-KEEPING (HOURS OF SERVICE) 10 | DIETARY (MEALS SERVED) 11 | CAFETERIA (FTES SERVED) 12 | NURSING ADMINISTRATION (DIRECT NRSNG HRS) 14 | CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 15 | PHARMACY (COSTED REQUIS) 16 | MEDICAL RECORDS & LIBRARY (TIME SPENT) 17 | |
|-------------------------------------|-------------------------------------------------|-------------------------------------|---------------------------|----------------------------|----------------------------------------------|----------------------------------------------|-----------------------------|-------------------------------------------|-------|
| 98 PHYSICIANS' PRIVATE OFFICES | | | | | | | | | 98 |
| 98.01 NON-EMPLOYEE CHILD CARE CENTE | | 106 | | 354 | | | | | 98.01 |
| 99 NONPAID WORKERS | | | | | | | | | 99 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | | 102 |
| 103 COST TO BE ALLOC PER B PT I | 461012 | 1914076 | 1537019 | 638362 | 1524460 | 1629257 | 2189844 | 1624384 | 103 |
| 104 UNIT COST MULT-WS B PT I | 1.516048 | | 19.150021 | | 41.094997 | | 2.545525 | | 104 |
| 104 UNIT COST MULT-WS B PT I | | 71.707039 | | 10.208075 | | .586918 | | 281.913225 | 104 |
| 105 COST TO BE ALLOC PER B PT II | | | | | | | | | 105 |
| 106 UNIT COST MULT-WS B PT II | | | | | | | | | 106 |
| 106 UNIT COST MULT-WS B PT II | | | | | | | | | 106 |
| 107 COST TO BE ALLOC PER B PT III | 14493 | 56803 | 84407 | 60509 | 51437 | 307292 | 116462 | 40865 | 107 |
| 108 UNIT COST MULT-WS B PT III | .047661 | | 1.051643 | | 1.386592 | | .135378 | | 108 |
| 108 UNIT COST MULT-WS B PT III | | 2.128011 | | .967602 | | .110698 | | 7.092156 | 108 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | SOCIAL SERVICE | I/R-SALARY AND FRINGES (ASSIGNED TIME) | I/R-OTHER PROGRAM COSTS (ASSIGNED TIME) | |
|-------------------------------------|--------------------|----------------------------------------|-----------------------------------------|-------|
| | (TIME SPENT) 18 | (TIME) 22 | (TIME) 23 | |
| GENERAL SERVICE COST CENTERS | | | | |
| 1 | | | | 1 |
| 2 | | | | 2 |
| 3 | | | | 3 |
| 4 | | | | 4 |
| 5 | | | | 5 |
| 6 | | | | 6 |
| 7 | | | | 7 |
| 8 | | | | 8 |
| 9 | | | | 9 |
| 10 | | | | 10 |
| 11 | | | | 11 |
| 12 | | | | 12 |
| 13 | | | | 13 |
| 14 | | | | 14 |
| 15 | | | | 15 |
| 16 | | | | 16 |
| 17 | | | | 17 |
| 18 | 8708 | | | 18 |
| 20 | | | | 20 |
| 21 | | | | 21 |
| 22 | | 1000 | | 22 |
| 23 | | | 1000 | 23 |
| 24 | | | | 24 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | |
| 25 | 5530 | 1 | 1 | 25 |
| 26 | 571 | | | 26 |
| 31 | 331 | | | 31 |
| 33 | | | | 33 |
| 34 | 1790 | | | 34 |
| ANCILLARY SERVICE COST CENTERS | | | | |
| 37 | | | | 37 |
| 38 | | | | 38 |
| 39 | | | | 39 |
| 40 | | | | 40 |
| 41 | | | | 41 |
| 43 | | | | 43 |
| 43.01 | | | | 43.01 |
| 43.02 | | | | 43.02 |
| 44 | | | | 44 |
| 46.30 | | | | 46.30 |
| 49 | | | | 49 |
| 50 | | | | 50 |
| 53 | | | | 53 |
| 54 | | | | 54 |
| 55 | | | | 55 |
| 56 | | | | 56 |
| 56.01 | | | | 56.01 |
| 59 | | | | 59 |
| 59.01 | | | | 59.01 |
| 59.03 | | | | 59.03 |
| 59.05 | | | | 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | | |
| 60 | | | | 60 |
| 60.01 | | | | 60.01 |
| 60.02 | | | | 60.02 |
| 61 | 486 | 999 | 999 | 61 |
| 62 | | | | 62 |
| 63.50 | | | | 63.50 |
| 63.60 | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | |
| 69.10 | | | | 69.10 |
| 69.20 | | | | 69.20 |
| 69.30 | | | | 69.30 |
| 69.40 | | | | 69.40 |
| 71 | | | | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | |
| 85.01 | | | | 85.01 |
| 85.02 | | | | 85.02 |
| 85.03 | | | | 85.03 |
| 93 | | | | 93 |
| 95 | 8708 | 1000 | 1000 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | |
| 96 | | | | 96 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | SOCIAL | I/R-SALARY | I/R-OTHER | |
|-------------------------------------|-----------|------------|------------|-------|
| | SERVICE | AND | PROGRAM | |
| | (TIME | FRINGES | COSTS | |
| | SPENT) | (ASSIGNED | (ASSIGNED | |
| | 18 | TIME) | TIME) | |
| | | 22 | 23 | |
| 98 PHYSICIANS' PRIVATE OFFICES | | | | 98 |
| 98.01 NON-EMPLOYEE CHILD CARE CENTE | | | | 98.01 |
| 99 NONPAID WORKERS | | | | 99 |
| 101 CROSS FOOT ADJUSTMENTS | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | 102 |
| 103 COST TO BE ALLOC PER B PT I | 353309 | | 106026 | 103 |
| 104 UNIT COST MULT-WS B PT I | 40.572921 | | 106.026000 | 104 |
| 104 UNIT COST MULT-WS B PT I | | | | 104 |
| 105 COST TO BE ALLOC PER B PT II | | | | 105 |
| 106 UNIT COST MULT-WS B PT II | | | | 106 |
| 106 UNIT COST MULT-WS B PT II | | | | 106 |
| 107 COST TO BE ALLOC PER B PT III | 16340 | | 878 | 107 |
| 108 UNIT COST MULT-WS B PT III | 1.876435 | | .878000 | 108 |
| 108 UNIT COST MULT-WS B PT III | | | | 108 |

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

| COST CENTER DESCRIPTION | TOTAL COST | THERAPY | TOTAL | RCE | TOTAL | |
|-------------------------------------|----------------------------------|---------------------|----------|--------------|----------|-------|
| | (FROM WKST B, PART I, COL 27) | LIMIT ADJUSTMENT | COSTS | DISALLOWANCE | COSTS | |
| | 1 | 2 | 3 | 4 | 5 | |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 25 ADULTS & PEDIATRICS | 15589248 | | 15589248 | | 15589248 | 25 |
| 26 INTENSIVE CARE UNIT | 5678654 | | 5678654 | | 5678654 | 26 |
| 31 SUBPROVIDER I | 1003241 | | 1003241 | | 1003241 | 31 |
| 33 NURSERY | 833303 | | 833303 | | 833303 | 33 |
| 34 SKILLED NURSING FACILITY | 3158383 | | 3158383 | | 3158383 | 34 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 37 OPERATING ROOM | 6220928 | | 6220928 | | 6220928 | 37 |
| 38 RECOVERY ROOM | 579345 | | 579345 | | 579345 | 38 |
| 39 DELIVERY ROOM & LABOR ROOM | 1614177 | | 1614177 | | 1614177 | 39 |
| 40 ANESTHESIOLOGY | 944524 | | 944524 | | 944524 | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | 2844325 | | 2844325 | | 2844325 | 41 |
| 43 RADIOISOTOPE | 913946 | | 913946 | | 913946 | 43 |
| 43.01 ULTRASOUND | 700571 | | 700571 | | 700571 | 43.01 |
| 43.02 MRI-CT SCANS | 1758998 | | 1758998 | | 1758998 | 43.02 |
| 44 LABORATORY | 5843034 | | 5843034 | | 5843034 | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMI | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | 1432212 | | 1432212 | | 1432212 | 49 |
| 50 PHYSICAL THERAPY | 2221270 | | 2221270 | | 2221270 | 50 |
| 53 ELECTROCARDIOLOGY | 659095 | | 659095 | | 659095 | 53 |
| 54 ELECTROENCEPHALOGRAPHY | 146264 | | 146264 | | 146264 | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO | 6887308 | | 6887308 | | 6887308 | 55 |
| 56 DRUGS CHARGED TO PATIENTS | 3070066 | | 3070066 | | 3070066 | 56 |
| 56.01 OUTPATIENT PHARMACY | 3123508 | | 3123508 | | 3123508 | 56.01 |
| 59 LITHOTRIPSY | | | | | | 59 |
| 59.01 CARDIAC REHABILITATION | 296519 | | 296519 | | 296519 | 59.01 |
| 59.03 CARDIAC CATHERIZATION LAB | 1464028 | | 1464028 | | 1464028 | 59.03 |
| 59.05 INPATIENT RENAL DIALYSIS | 491690 | | 491690 | | 491690 | 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 60 CLINIC | 10588 | | 10588 | | 10588 | 60 |
| 60.01 OUTPATIENT INFUSION PROCEDU | 2342 | | 2342 | | 2342 | 60.01 |
| 60.02 WOUND CARE | 982969 | | 982969 | | 982969 | 60.02 |
| 61 EMERGENCY | 4262694 | | 4262694 | | 4262694 | 61 |
| 62 OBSERVATION BEDS (NON-DISTI | 501295 | | 501295 | | 501295 | 62 |
| 63.50 RHC | | | | | | 63.50 |
| 63.60 FQHC | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 101 SUBTOTAL | 73234525 | | 73234525 | | 73234525 | 101 |
| 102 LESS OBSERVATION BEDS | 501295 | | 501295 | | 501295 | 102 |
| 103 TOTAL | 72733230 | | 72733230 | | 72733230 | 103 |

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

| COST CENTER DESCRIPTION | ----- CHARGES ----- | | | COST OR OTHER RATIO 9 | TEFRA INPATIENT RATIO 10 | PPS INPATIENT RATIO 11 |
|-------------------------------------|---------------------|-----------------|------------|--------------------------------|-----------------------------------|---------------------------------|
| | INPATIENT 6 | OUTPATIENT 7 | TOTAL 8 | | | |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 25 ADULTS & PEDIATRICS | 39392161 | | 39392161 | | | 25 |
| 26 INTENSIVE CARE UNIT | 11478638 | | 11478638 | | | 26 |
| 31 SUBPROVIDER I | 2757040 | | 2757040 | | | 31 |
| 33 NURSERY | 906325 | | 906325 | | | 33 |
| 34 SKILLED NURSING FACILITY | 3340946 | | 3340946 | | | 34 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 37 OPERATING ROOM | 5366125 | 6499599 | 11865724 | .524277 | .524277 | .524277 37 |
| 38 RECOVERY ROOM | 2131054 | 1861954 | 3993008 | .145090 | .145090 | .145090 38 |
| 39 DELIVERY ROOM & LABOR ROOM | 1736866 | 165812 | 1902678 | .848371 | .848371 | .848371 39 |
| 40 ANESTHESIOLOGY | 3670311 | 2811571 | 6481882 | .145718 | .145718 | .145718 40 |
| 41 RADIOLOGY-DIAGNOSTIC | 3285164 | 5703128 | 8988292 | .316448 | .316448 | .316448 41 |
| 43 RADIOISOTOPE | 1339165 | 1995844 | 3335009 | .274046 | .274046 | .274046 43 |
| 43.01 ULTRASOUND | 1781257 | 3454621 | 5235878 | .133802 | .133802 | .133802 43.01 |
| 43.02 MRI-CT SCANS | 8761364 | 15136594 | 23897958 | .073605 | .073605 | .073605 43.02 |
| 44 LABORATORY | 23008542 | 13814761 | 36823303 | .158678 | .158678 | .158678 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMI | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | 10661627 | 993504 | 11655131 | .122883 | .122883 | .122883 49 |
| 50 PHYSICAL THERAPY | 4382932 | 3371377 | 7754309 | .286456 | .286456 | .286456 50 |
| 53 ELECTROCARDIOLOGY | 6148402 | 4213504 | 10361906 | .063608 | .063608 | .063608 53 |
| 54 ELECTROENCEPHALOGRAPHY | 223128 | 452614 | 675742 | .216449 | .216449 | .216449 54 |
| 55 MEDICAL SUPPLIES CHARGED TO | 36104191 | 11885825 | 47990016 | .143515 | .143515 | .143515 55 |
| 56 DRUGS CHARGED TO PATIENTS | 51336715 | 5669663 | 57006378 | .053855 | .053855 | .053855 56 |
| 56.01 OUTPATIENT PHARMACY | 489 | 915285 | 915774 | 3.410785 | 3.410785 | 3.410785 56.01 |
| 59 LITHOTRIPSY | | | | | | 59 |
| 59.01 CARDIAC REHABILITATION | 291 | 285967 | 286258 | 1.035845 | 1.035845 | 1.035845 59.01 |
| 59.03 CARDIAC CATHERIZATION LAB | 7460424 | 1137211 | 8597635 | .170283 | .170283 | .170283 59.03 |
| 59.05 INPATIENT RENAL DIALYSIS | 2874775 | 5640 | 2880415 | .170701 | .170701 | .170701 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 60 CLINIC | 1452 | 98190 | 99642 | .106260 | .106260 | .106260 60 |
| 60.01 OUTPATIENT INFUSION PROCEDU | | 102983 | 102983 | .022742 | .022742 | .022742 60.01 |
| 60.02 WOUND CARE | 59442 | 1752142 | 1811584 | .542602 | .542602 | .542602 60.02 |
| 61 EMERGENCY | 8430731 | 10968994 | 19399725 | .219730 | .219730 | .219730 61 |
| 62 OBSERVATION BEDS (NON-DISTI | 83565 | 1602588 | 1686153 | .297301 | .297301 | .297301 62 |
| 63.50 RHC | | | | | | 63.50 |
| 63.60 FQHC | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 101 SUBTOTAL | 236723122 | 94899371 | 331622493 | | | 101 |
| 102 LESS OBSERVATION BEDS | | | | | | 102 |
| 103 TOTAL | 236723122 | 94899371 | 331622493 | | | 103 |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

| COST CENTER DESCRIPTION | ----- OLD CAPITAL ----- | | | ----- NEW CAPITAL ----- | | | |
|---------------------------------|-------------------------|----------------------|------------------------------|-------------------------|----------------------|------------------------------|-----|
| | CAPITAL RELATED COST | SWING-BED ADJUSTMENT | REDUCED CAPITAL RELATED COST | CAPITAL RELATED COST | SWING-BED ADJUSTMENT | REDUCED CAPITAL RELATED COST | |
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| INPAT ROUTINE SERV COST CTRS | | | | | | | |
| 25 ADULTS & PEDIATRICS | | | | 773043 | | 773043 | 25 |
| 26 INTENSIVE CARE UNIT | | | | 193263 | | 193263 | 26 |
| 27 CORONARY CARE UNIT | | | | | | | 27 |
| 28 BURN INTENSIVE CARE UNIT | | | | | | | 28 |
| 29 SURGICAL INTENSIVE CARE UNIT | | | | | | | 29 |
| 30 OTHER SPECIAL CARE (SPECIFY) | | | | | | | 30 |
| 31 SUBPROVIDER I | | | | 46067 | | 46067 | 31 |
| 33 NURSERY | | | | 24581 | | 24581 | 33 |
| 101 TOTAL | | | | 1036954 | | 1036954 | 101 |

| COST CENTER DESCRIPTION | ---- OLD CAPITAL ---- | | | ---- NEW CAPITAL ---- | | | |
|---------------------------------|-----------------------|------------------------|----------|--------------------------------|----------|--------------------------------|-----|
| | TOTAL PATIENT DAYS | INPATIENT PROGRAM DAYS | PER DIEM | INPATIENT PROGRAM CAPITAL COST | PER DIEM | INPATIENT PROGRAM CAPITAL COST | |
| | 7 | 8 | 9 | 10 | 11 | 12 | |
| INPAT ROUTINE SERV COST CTRS | | | | | | | |
| 25 ADULTS & PEDIATRICS | 17788 | 9660 | | | 43.46 | 419824 | 25 |
| 26 INTENSIVE CARE UNIT | 3099 | 1796 | | | 62.36 | 111999 | 26 |
| 27 CORONARY CARE UNIT | | | | | | | 27 |
| 28 BURN INTENSIVE CARE UNIT | | | | | | | 28 |
| 29 SURGICAL INTENSIVE CARE UNIT | | | | | | | 29 |
| 30 OTHER SPECIAL CARE (SPECIFY) | | | | | | | 30 |
| 31 SUBPROVIDER I | 1430 | 1248 | | | 32.21 | 40198 | 31 |
| 33 NURSERY | 598 | | | | 41.11 | | 33 |
| 101 TOTAL | 22915 | 12704 | | | | 572021 | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0008) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

| COST CENTER DESCRIPTION | OLD | NEW | TOTAL | INPATIENT PROGRAM CHARGES | ---- OLD CAPITAL ---- | | ---- NEW CAPITAL ---- | |
|-------------------------------------|----------------------|----------------------|-----------|---------------------------|--------------------------|---------------|--------------------------|---------------|
| | CAPITAL RELATED COST | CAPITAL RELATED COST | | | RATIO OF COST TO CHARGES | CAPITAL COSTS | RATIO OF COST TO CHARGES | CAPITAL COSTS |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 37 OPERATING ROOM | | 611591 | 11865724 | 3445627 | | | .051543 | 177598 37 |
| 38 RECOVERY ROOM | | 25458 | 3993008 | 632895 | | | .006376 | 4035 38 |
| 39 DELIVERY ROOM & LABOR ROOM | | 85725 | 1902678 | | | | .045055 | 39 |
| 40 ANESTHESIOLOGY | | 38617 | 6481882 | 964117 | | | .005958 | 5744 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 390090 | 8988292 | 2831579 | | | .043400 | 122891 41 |
| 43 RADIOISOTOPE | | 37160 | 3335009 | 707760 | | | .011142 | 7886 43 |
| 43.01 ULTRASOUND | | 65360 | 5235878 | 539045 | | | .012483 | 6729 43.01 |
| 43.02 MRI-CT SCANS | | 246697 | 23897958 | 4485305 | | | .010323 | 46302 43.02 |
| 44 LABORATORY | | 261348 | 36823303 | 12394171 | | | .007097 | 87961 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | | 78046 | 11655131 | 3223792 | | | .006696 | 21587 49 |
| 50 PHYSICAL THERAPY | | 119546 | 7754309 | 1354914 | | | .015417 | 20889 50 |
| 53 ELECTROCARDIOLOGY | | 61432 | 10361906 | 3374064 | | | .005929 | 20005 53 |
| 54 ELECTROENCEPHALOGRAPHY | | 10052 | 675742 | 119693 | | | .014875 | 1780 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 58253 | 47990016 | 20170287 | | | .001214 | 24487 55 |
| 56 DRUGS CHARGED TO PATIENTS | | 30219 | 57006378 | 25052756 | | | .000530 | 13278 56 |
| 56.01 OUTPATIENT PHARMACY | | 120131 | 915774 | | | | .131180 | 56.01 |
| 59 LITHOTRIPSY | | | | | | | | 59 |
| 59.01 CARDIAC REHABILITATION | | 37119 | 286258 | | | | .129670 | 59.01 |
| 59.03 CARDIAC CATHERIZATION LAB | | 249982 | 8597635 | 4009813 | | | .029076 | 116589 59.03 |
| 59.05 INPATIENT RENAL DIALYSIS | | 4071 | 2880415 | | | | .001413 | 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 60 CLINIC | | 3562 | 99642 | | | | .035748 | 60 |
| 60.01 OUTPATIENT INFUSION PROCEDURE | | 20 | 102983 | | | | .000194 | 60.01 |
| 60.02 WOUND CARE | | 124672 | 1811584 | 1485 | | | .068819 | 102 60.02 |
| 61 EMERGENCY | | 186436 | 19399725 | 4116682 | | | .009610 | 39561 61 |
| 62 OBSERVATION BEDS (NON-DISTINC | | 24858 | 1686153 | | | | .014742 | 62 |
| 63.50 RHC | | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 101 TOTAL | | 2870445 | 273747383 | 87423985 | | | | 717424 101 |

PROVIDER NO. 14-0008 GOTTLIEB MEMORIAL HOSPITAL
 PERIOD FROM 01/01/2008 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
 11/20/2008 17:37

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

| COST CENTER DESCRIPTION | NONPHYSICIAN | MEDICAL | SWING-BED | TOTAL COSTS | TOTAL | PER DIEM | INPATIENT | INPATIENT |
|---------------------------------|------------------|----------------|-------------------|-------------|--------------|----------|--------------|-------------------------|
| | ANESTHETIST COST | EDUCATION COST | ADJUSTMENT AMOUNT | | PATIENT DAYS | | PROGRAM DAYS | PROGRAM PASS THRU COSTS |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| INPAT ROUTINE SERV COST CTRS | | | | | | | | |
| 25 ADULTS & PEDIATRICS | | | | | 17788 | | 9660 | 25 |
| 26 INTENSIVE CARE UNIT | | | | | 3099 | | 1796 | 26 |
| 27 CORONARY CARE UNIT | | | | | | | | 27 |
| 28 BURN INTENSIVE CARE UNIT | | | | | | | | 28 |
| 29 SURGICAL INTENSIVE CARE UNIT | | | | | | | | 29 |
| 30 OTHER SPECIAL CARE (SPECIFY) | | | | | | | | 30 |
| 31 SUBPROVIDER I | | | | | 1430 | | 1248 | 31 |
| 33 NURSERY | | | | | 598 | | | 33 |
| 34 SKILLED NURSING FACILITY | | | | | 5009 | | 3772 | 34 |
| 35 NURSING FACILITY | | | | | | | | 35 |
| 101 TOTAL | | | | | 27924 | | 16476 | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0008) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT | | | N/A | N/A | N/A | TOTAL COSTS |
|-------------------------------------|-------------------------------|-------------------------------|------------------------|------|------|------|-------------|
| | NONPHYSICIAN ANESTHETIST COST | NONPHYSICIAN ANESTHETIST COST | MEDICAL EDUCATION COST | | | | |
| | 1 | 1.01 | 2 | 2.01 | 2.02 | 2.03 | 3 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | | | | | | | 37 |
| 38 RECOVERY ROOM | | | | | | | 38 |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | | | 39 |
| 40 ANESTHESIOLOGY | | | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | | 41 |
| 43 RADIOISOTOPE | | | | | | | 43 |
| 43.01 ULTRASOUND | | | | | | | 43.01 |
| 43.02 MRI-CT SCANS | | | | | | | 43.02 |
| 44 LABORATORY | | | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | | | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | | | 50 |
| 53 ELECTROCARDIOLOGY | | | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | | | 56 |
| 56.01 OUTPATIENT PHARMACY | | | | | | | 56.01 |
| 59 LITHOTRIPSY | | | | | | | 59 |
| 59.01 CARDIAC REHABILITATION | | | | | | | 59.01 |
| 59.03 CARDIAC CATHERIZATION LAB | | | | | | | 59.03 |
| 59.05 INPATIENT RENAL DIALYSIS | | | | | | | 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | | | | | | 60 |
| 60.01 OUTPATIENT INFUSION PROCEDURE | | | | | | | 60.01 |
| 60.02 WOUND CARE | | | | | | | 60.02 |
| 61 EMERGENCY | | | | | | | 61 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | | | | | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0008) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT | TOTAL | RATIO OF | OUTPATIENT | INPATIENT | INPATIENT | OUTPATIENT |
|-------------------------------------|--------------|-----------|----------|---------------|-----------|--------------|---------------|
| | PASS THROUGH | | COST TO | RATIO OF COST | PROGRAM | PROGRAM | |
| | COSTS | CHARGES | CHARGES | TO CHARGES | CHARGES | PASS THROUGH | PROGRAM |
| | 3.01 | 4 | 5 | 5.01 | 6 | 7 | 8 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | | 11865724 | | | 3445627 | | 1614410 37 |
| 38 RECOVERY ROOM | | 3993008 | | | 632895 | | 770175 38 |
| 39 DELIVERY ROOM & LABOR ROOM | | 1902678 | | | | | |
| 40 ANESTHESIOLOGY | | 6481882 | | | 964117 | | 515862 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 8988292 | | | 2831579 | | 1653713 41 |
| 43 RADIOISOTOPE | | 3335009 | | | 707760 | | 825459 43 |
| 43.01 ULTRASOUND | | 5235878 | | | 539045 | | 319154 43.01 |
| 43.02 MRI-CT SCANS | | 23897958 | | | 4485305 | | 4275239 43.02 |
| 44 LABORATORY | | 36823303 | | | 12394171 | | 675884 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | |
| 49 RESPIRATORY THERAPY | | 11655131 | | | 3223792 | | 269425 49 |
| 50 PHYSICAL THERAPY | | 7754309 | | | 1354914 | | 46070 50 |
| 53 ELECTROCARDIOLOGY | | 10361906 | | | 3374064 | | 1385242 53 |
| 54 ELECTROENCEPHALOGRAPHY | | 675742 | | | 119693 | | 35686 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 47990016 | | | 20170287 | | 3852231 55 |
| 56 DRUGS CHARGED TO PATIENTS | | 57006378 | | | 25052756 | | 2051977 56 |
| 56.01 OUTPATIENT PHARMACY | | 915774 | | | | | |
| 59 LITHOTRIPSY | | | | | | | |
| 59.01 CARDIAC REHABILITATION | | 286258 | | | | | |
| 59.03 CARDIAC CATHETERIZATION LAB | | 8597635 | | | | | |
| 59.05 INPATIENT RENAL DIALYSIS | | 2880415 | | | 4009813 | | 847728 59.03 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | 99642 | | | | | 10057 60 |
| 60.01 OUTPATIENT INFUSION PROCEDURE | | 102983 | | | | | |
| 60.02 WOUND CARE | | 1811584 | | | 1485 | | 158953 60.02 |
| 61 EMERGENCY | | 19399725 | | | 4116682 | | 2281606 61 |
| 62 OBSERVATION BEDS (NON-DISTINC | | 1686153 | | | | | 534656 62 |
| 63.50 RHC | | | | | | | |
| 63.60 FQHC | | | | | | | |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | 273747383 | | | 87423985 | | 22123527 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0008) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT PROGRAM CHARGES | OUTPATIENT PROGRAM CHARGES | OUTPATIENT PROGRAM PASS THROUGH COSTS | OUTPATIENT PROGRAM PASS THROUGH COSTS | OUTPATIENT PROGRAM PASS THROUGH COSTS |
|-------------------------------------|----------------------------|----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| | 8.01 | 8.02 | 9 | 9.01 | 9.02 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 37 OPERATING ROOM | | | | | 37 |
| 38 RECOVERY ROOM | | | | | 38 |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | 39 |
| 40 ANESTHESIOLOGY | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | 41 |
| 43 RADIOISOTOPE | | | | | 43 |
| 43.01 ULTRASOUND | | | | | 43.01 |
| 43.02 MRI-CT SCANS | | | | | 43.02 |
| 44 LABORATORY | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | 50 |
| 53 ELECTROCARDIOLOGY | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | 56 |
| 56.01 OUTPATIENT PHARMACY | | | | | 56.01 |
| 59 LITHOTRIPSY | | | | | 59 |
| 59.01 CARDIAC REHABILITATION | | | | | 59.01 |
| 59.03 CARDIAC CATHERIZATION LAB | | | | | 59.03 |
| 59.05 INPATIENT RENAL DIALYSIS | | | | | 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 60 CLINIC | | | | | 60 |
| 60.01 OUTPATIENT INFUSION PROCEDURE | | | | | 60.01 |
| 60.02 WOUND CARE | | | | | 60.02 |
| 61 EMERGENCY | | | | | 61 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | 62 |
| 63.50 RHC | | | | | 63.50 |
| 63.60 FQHC | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 101 TOTAL | | | | | 101 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0008) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

| COST CENTER DESCRIPTION | COST TO CHARGE RATIO FROM WORKSHEET C, | | | ----- PROGRAM CHARGES ----- | | |
|---------------------------------------------|----------------------------------------|--------------------------|---------------------------|-----------------------------------------------------|------------------------------|----------------------------------------|
| | PART II COL. 8 1 | PART I COL. 9 1.01 | PART II COL. 9 1.02 | OUTPATIENT AMBULATORY SURGICAL CENTER 2 | OUTPATIENT RADIOLOGY 3 | OTHER OUTPATIENT DIAGNOSTIC 4 |
| 37 ANCILLARY SERVICE COST CENTERS | | | | | | |
| 38 OPERATING ROOM | .524277 | .524277 | .524277 | | | 37 |
| 39 RECOVERY ROOM | .145090 | .145090 | .145090 | | | 38 |
| 40 DELIVERY ROOM & LABOR ROOM | .848371 | .848371 | .848371 | | | 39 |
| 41 ANESTHESIOLOGY | .145718 | .145718 | .145718 | | | 40 |
| 42 RADIOLOGY-DIAGNOSTIC | .316448 | .316448 | .316448 | | | 41 |
| 43 RADIOISOTOPE | .274046 | .274046 | .274046 | | | 43 |
| 43.01 ULTRASOUND | .133802 | .133802 | .133802 | | | 43.01 |
| 43.02 MRI-CT SCANS | .073605 | .073605 | .073605 | | | 43.02 |
| 44 LABORATORY | .158678 | .158678 | .158678 | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | .122883 | .122883 | .122883 | | | 49 |
| 50 PHYSICAL THERAPY | .286456 | .286456 | .286456 | | | 50 |
| 53 ELECTROCARDIOLOGY | .063608 | .063608 | .063608 | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | .216449 | .216449 | .216449 | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | .143515 | .143515 | .143515 | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | .053855 | .053855 | .053855 | | | 56 |
| 56.01 OUTPATIENT PHARMACY | 3.410785 | 3.410785 | 3.410785 | | | 56.01 |
| 59 LITHOTRIPS | | | | | | 59 |
| 59.01 CARDIAC REHABILITATION | 1.035845 | 1.035845 | 1.035845 | | | 59.01 |
| 59.03 CARDIAC CATHETERIZATION LAB | .170283 | .170283 | .170283 | | | 59.03 |
| 59.05 INPATIENT RENAL DIALYSIS | .170701 | .170701 | .170701 | | | 59.05 |
| 60 OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 60 CLINIC | .106260 | .106260 | .106260 | | | 60 |
| 60.01 OUTPATIENT INFUSION PROCEDURES | .022742 | .022742 | .022742 | | | 60.01 |
| 60.02 WOUND CARE | .542602 | .542602 | .542602 | | | 60.02 |
| 61 EMERGENCY | .219730 | .219730 | .219730 | | | 61 |
| 62 OBSERVATION BEDS (NON-DISTINCT | .297301 | .297301 | .297301 | | | 62 |
| 63.50 RHC | | | | | | 63.50 |
| 63.60 FQHC | | | | | | 63.60 |
| 65.01 OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 65.01 AMBULANCE SERVICES (2ND PERIOD) | | | | | | 65.01 |
| 65.02 AMBULANCE SERVICES (3RD PERIOD) | | | | | | 65.02 |
| 65.03 AMBULANCE SERVICES (4TH PERIOD) | | | | | | 65.03 |
| 101 SUBTOTAL | | | | | | 101 |
| 102 CRNA CHARGES | | | | | | 102 |
| 103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS | | | | | | 103 |
| 104 NET CHARGES | | | | | | 104 |

PART VI - VACCINE COST APPORTIONMENT

| | | |
|--------------------------------------------------------|---------|------|
| 1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES | .053855 | 1 |
| 2 PROGRAM VACCINE CHARGES | 9710 | 2 |
| 2.01 PROGRAM VACCINE CHARGES | | 2.01 |
| 3 PROGRAM COSTS | 523 | 3 |
| 3.01 PROGRAM COSTS | | 3.01 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0008) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

| COST CENTER DESCRIPTION | PROGRAM CHARGES | | | | | PROGRAM COST | | |
|--------------------------------------|-----------------|-----------------------------|-------------------------|-----------------------------|-----------------------------|---------------------------------------|----------------------|-----------------------|
| | ALL OTHER (1) | PPS SER-VICES (SEE INSTRU.) | ALL OTHER (SEE INSTRU.) | PPS SER-VICES (SEE INSTRU.) | PPS SER-VICES (SEE INSTRU.) | OUTPATIENT AMBULATORY SURGICAL CENTER | OUTPATIENT RADIOLOGY | OUTPATIENT DIAGNOSTIC |
| | 5 | 5.01 | 5.02 | 5.03 | 5.04 | 6 | 7 | 8 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 37 OPERATING ROOM | | 1614410 | | | | | | 37 |
| 38 RECOVERY ROOM | | 770175 | | | | | | 38 |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | | | | 39 |
| 40 ANESTHESIOLOGY | | 515862 | | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 1653713 | | | | | | 41 |
| 43 RADIOISOTOPE | | 825459 | | | | | | 43 |
| 43.01 ULTRASOUND | | 319154 | | | | | | 43.01 |
| 43.02 MRI-CT SCANS | | 4275239 | | | | | | 43.02 |
| 44 LABORATORY | | 675884 | | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN C | | | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | | 269425 | | | | | | 49 |
| 50 PHYSICAL THERAPY | | 46070 | | | | | | 50 |
| 53 ELECTROCARDIOLOGY | | 1385242 | | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | 35686 | | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PA | | 3852231 | | | | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | 2051977 | | | | | | 56 |
| 56.01 OUTPATIENT PHARMACY | | | | | | | | 56.01 |
| 59 LITHOTRIPSY | | | | | | | | 59 |
| 59.01 CARDIAC REHABILITATION | | | | | | | | 59.01 |
| 59.03 CARDIAC CATHERIZATION LAB | | 847728 | | | | | | 59.03 |
| 59.05 INPATIENT RENAL DIALYSIS | | | | | | | | 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 60 CLINIC | | 10057 | | | | | | 60 |
| 60.01 OUTPATIENT INFUSION PROCEDURES | | | | | | | | 60.01 |
| 60.02 WOUND CARE | | 158953 | | | | | | 60.02 |
| 61 EMERGENCY | | 2281606 | | | | | | 61 |
| 62 OBSERVATION BEDS (NON-DISTINCT | | 534656 | | | | | | 62 |
| 63.50 RHC | | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 65.01 AMBULANCE SERVICES (2ND PERIOD | | | | | | | | 65.01 |
| 65.02 AMBULANCE SERVICES (3RD PERIOD | | | | | | | | 65.02 |
| 65.03 AMBULANCE SERVICES (4TH PERIOD | | | | | | | | 65.03 |
| 101 SUBTOTAL | | 22123527 | | | | | | 101 |
| 102 CRNA CHARGES | | | | | | | | 102 |
| 103 PBP CLINIC LAB | | | | | | | | 103 |
| 104 NET CHARGES | | 22123527 | | | | | | 104 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0008) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

| COST CENTER DESCRIPTION | PROGRAM COST | | | | HOSPITAL | HOSPITAL | |
|---------------------------------------------|------------------------------|---------------------------------------------|------------------------------------------|---------------------------------------------|---------------------------------------------|-------------------------------------------|--------------------------------------------|
| | ALL OTHER (COLS 1x5) 9 | PPS SERVICES (COLUMNS 1.01x5.01) 9.01 | ALL OTHER (COLUMNS 1.01x5.02) 9.02 | PPS SERVICES (COLUMNS 1.01x5.03) 9.03 | PPS SERVICES (COLUMNS 1.01x5.04) 9.04 | I/P PART B CHARGES (SEE INSTRU.) 10 | I/P PART B COST (COLUMNS 1.02x10) 11 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | | 846398 | | | | | 37 |
| 38 RECOVERY ROOM | | 111745 | | | | | 38 |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | | | 39 |
| 40 ANESTHESIOLOGY | | 75170 | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 523314 | | | | | 41 |
| 43 RADIOISOTOPE | | 226214 | | | | | 43 |
| 43.01 ULTRASOUND | | 42703 | | | | | 43.01 |
| 43.02 MRI-CT SCANS | | 314679 | | | | | 43.02 |
| 44 LABORATORY | | 107248 | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | | 33108 | | | | | 49 |
| 50 PHYSICAL THERAPY | | 13197 | | | | | 50 |
| 53 ELECTROCARDIOLOGY | | 88112 | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | 7724 | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | | 552853 | | | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | 110509 | | | | | 56 |
| 56.01 OUTPATIENT PHARMACY | | | | | | | 56.01 |
| 59 LITHOTRIPSY | | | | | | | 59 |
| 59.01 CARDIAC REHABILITATION | | | | | | | 59.01 |
| 59.03 CARDIAC CATHERIZATION LAB | | 144354 | | | | | 59.03 |
| 59.05 INPATIENT RENAL DIALYSIS | | | | | | | 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | 1069 | | | | | 60 |
| 60.01 OUTPATIENT INFUSION PROCEDURES | | | | | | | 60.01 |
| 60.02 WOUND CARE | | 86248 | | | | | 60.02 |
| 61 EMERGENCY | | 501337 | | | | | 61 |
| 62 OBSERVATION BEDS (NON-DISTINCT | | 158954 | | | | | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 65.01 AMBULANCE SERVICES (2ND PERIOD) | | | | | | | 65.01 |
| 65.02 AMBULANCE SERVICES (3RD PERIOD) | | | | | | | 65.02 |
| 65.03 AMBULANCE SERVICES (4TH PERIOD) | | | | | | | 65.03 |
| 101 SUBTOTAL | | 3944936 | | | | | 101 |
| 102 CRNA CHARGES | | | | | | | 102 |
| 103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS | | | | | | | 103 |
| 104 NET CHARGES | | 3944936 | | | | | 104 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S008) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

| COST CENTER DESCRIPTION | OLD | NEW | TOTAL | INPATIENT PROGRAM CHARGES | ---- OLD CAPITAL ---- | | ---- NEW CAPITAL ---- | |
|-------------------------------------|----------------------------|----------------------------|-----------|---------------------------------|--------------------------------|------------------|--------------------------------|------------------|
| | CAPITAL RELATED COST | CAPITAL RELATED COST | | | RATIO OF COST TO CHARGES | CAPITAL COSTS | RATIO OF COST TO CHARGES | CAPITAL COSTS |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 37 OPERATING ROOM | | 611591 | 11865724 | | | | .051543 | 37 |
| 38 RECOVERY ROOM | | 25458 | 3993008 | 1104 | | | .006376 | 7 38 |
| 39 DELIVERY ROOM & LABOR ROOM | | 85725 | 1902678 | | | | .045055 | 39 |
| 40 ANESTHESIOLOGY | | 38617 | 6481882 | | | | .005958 | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 390090 | 8988292 | 15790 | | | .043400 | 685 41 |
| 43 RADIOISOTOPE | | 37160 | 3335009 | | | | .011142 | 43 |
| 43.01 ULTRASOUND | | 65360 | 5235878 | 6023 | | | .012483 | 75 43.01 |
| 43.02 MRI-CT SCANS | | 246697 | 23897958 | 93462 | | | .010323 | 965 43.02 |
| 44 LABORATORY | | 261348 | 36823303 | 173972 | | | .007097 | 1235 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | | 78046 | 11655131 | 13965 | | | .006696 | 94 49 |
| 50 PHYSICAL THERAPY | | 119546 | 7754309 | 105521 | | | .015417 | 1627 50 |
| 53 ELECTROCARDIOLOGY | | 61432 | 10361906 | 6966 | | | .005929 | 41 53 |
| 54 ELECTROENCEPHALOGRAPHY | | 10052 | 675742 | 11071 | | | .014875 | 165 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 58253 | 47990016 | 22400 | | | .001214 | 27 55 |
| 56 DRUGS CHARGED TO PATIENTS | | 30219 | 57006378 | 705867 | | | .000530 | 374 56 |
| 56.01 OUTPATIENT PHARMACY | | 120131 | 915774 | | | | .131180 | 56.01 |
| 59 LITHOTRIPSY | | | | | | | | 59 |
| 59.01 CARDIAC REHABILITATION | | 37119 | 286258 | | | | .129670 | 59.01 |
| 59.03 CARDIAC CATHERIZATION LAB | | 249982 | 8597635 | 1492 | | | .029076 | 43 59.03 |
| 59.05 INPATIENT RENAL DIALYSIS | | 4071 | 2880415 | | | | .001413 | 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 60 CLINIC | | 3562 | 99642 | | | | .035748 | 60 |
| 60.01 OUTPATIENT INFUSION PROCEDURE | | 20 | 102983 | | | | .000194 | 60.01 |
| 60.02 WOUND CARE | | 124672 | 1811584 | | | | .068819 | 60.02 |
| 61 EMERGENCY | | 186436 | 19399725 | 9873 | | | .009610 | 95 61 |
| 62 OBSERVATION BEDS (NON-DISTINC | | 24858 | 1686153 | | | | .014742 | 62 |
| 63.50 RHC | | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 101 TOTAL | | 2870445 | 273747383 | 1167506 | | | | 5433 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S008) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT | | | N/A | N/A | N/A | TOTAL COSTS |
|-------------------------------------|-------------------------------|-------------------------------|------------------------|------|------|------|-------------|
| | NONPHYSICIAN ANESTHETIST COST | NONPHYSICIAN ANESTHETIST COST | MEDICAL EDUCATION COST | | | | |
| | 1 | 1.01 | 2 | 2.01 | 2.02 | 2.03 | 3 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | | | | | | | 37 |
| 38 RECOVERY ROOM | | | | | | | 38 |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | | | 39 |
| 40 ANESTHESIOLOGY | | | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | | 41 |
| 43 RADIOISOTOPE | | | | | | | 43 |
| 43.01 ULTRASOUND | | | | | | | 43.01 |
| 43.02 MRI-CT SCANS | | | | | | | 43.02 |
| 44 LABORATORY | | | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | | | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | | | 50 |
| 53 ELECTROCARDIOLOGY | | | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | | | 56 |
| 56.01 OUTPATIENT PHARMACY | | | | | | | 56.01 |
| 59 LITHOTRIPSY | | | | | | | 59 |
| 59.01 CARDIAC REHABILITATION | | | | | | | 59.01 |
| 59.03 CARDIAC CATHERIZATION LAB | | | | | | | 59.03 |
| 59.05 INPATIENT RENAL DIALYSIS | | | | | | | 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | | | | | | 60 |
| 60.01 OUTPATIENT INFUSION PROCEDURE | | | | | | | 60.01 |
| 60.02 WOUND CARE | | | | | | | 60.02 |
| 61 EMERGENCY | | | | | | | 61 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | | | | | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S008) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT | TOTAL | RATIO OF | OUTPATIENT | INPATIENT | INPATIENT | OUTPATIENT |
|-------------------------------------|--------------|-----------|----------|---------------|-----------|--------------|------------|
| | PASS THROUGH | | COST TO | RATIO OF COST | PROGRAM | PROGRAM | |
| | COSTS | CHARGES | CHARGES | TO CHARGES | CHARGES | PASS THROUGH | PROGRAM |
| | 3.01 | 4 | 5 | 5.01 | 6 | 7 | 8 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | | 11865724 | | | | | 37 |
| 38 RECOVERY ROOM | | 3993008 | | | 1104 | | 38 |
| 39 DELIVERY ROOM & LABOR ROOM | | 1902678 | | | | | 39 |
| 40 ANESTHESIOLOGY | | 6481882 | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 8988292 | | | 15790 | | 41 |
| 43 RADIOISOTOPE | | 3335009 | | | | | 43 |
| 43.01 ULTRASOUND | | 5235878 | | | 6023 | | 43.01 |
| 43.02 MRI-CT SCANS | | 23897958 | | | 93462 | | 43.02 |
| 44 LABORATORY | | 36823303 | | | 173972 | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | | 11655131 | | | 13965 | | 49 |
| 50 PHYSICAL THERAPY | | 7754309 | | | 105521 | | 50 |
| 53 ELECTROCARDIOLOGY | | 10361906 | | | 6966 | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | 675742 | | | 11071 | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 47990016 | | | 22400 | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | 57006378 | | | 705867 | | 56 |
| 56.01 OUTPATIENT PHARMACY | | 915774 | | | | | 56.01 |
| 59 LITHOTRIPSY | | | | | | | 59 |
| 59.01 CARDIAC REHABILITATION | | 286258 | | | | | 59.01 |
| 59.03 CARDIAC CATHERIZATION LAB | | 8597635 | | | 1492 | | 59.03 |
| 59.05 INPATIENT RENAL DIALYSIS | | 2880415 | | | | | 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | 99642 | | | | | 60 |
| 60.01 OUTPATIENT INFUSION PROCEDURE | | 102983 | | | | | 60.01 |
| 60.02 WOUND CARE | | 1811584 | | | | | 60.02 |
| 61 EMERGENCY | | 19399725 | | | 9873 | | 61 |
| 62 OBSERVATION BEDS (NON-DISTINC | | 1686153 | | | | | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | 273747383 | | | 1167506 | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S008) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT PROGRAM CHARGES | OUTPATIENT PROGRAM CHARGES | OUTPATIENT PROGRAM PASS THROUGH COSTS | OUTPATIENT PROGRAM PASS THROUGH COSTS | OUTPATIENT PROGRAM PASS THROUGH COSTS |
|-------------------------------------|----------------------------|----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| | 8.01 | 8.02 | 9 | 9.01 | 9.02 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 37 OPERATING ROOM | | | | | 37 |
| 38 RECOVERY ROOM | | | | | 38 |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | 39 |
| 40 ANESTHESIOLOGY | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | 41 |
| 43 RADIOISOTOPE | | | | | 43 |
| 43.01 ULTRASOUND | | | | | 43.01 |
| 43.02 MRI-CT SCANS | | | | | 43.02 |
| 44 LABORATORY | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | 50 |
| 53 ELECTROCARDIOLOGY | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | 56 |
| 56.01 OUTPATIENT PHARMACY | | | | | 56.01 |
| 59 LITHOTRIPSY | | | | | 59 |
| 59.01 CARDIAC REHABILITATION | | | | | 59.01 |
| 59.03 CARDIAC CATHERIZATION LAB | | | | | 59.03 |
| 59.05 INPATIENT RENAL DIALYSIS | | | | | 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 60 CLINIC | | | | | 60 |
| 60.01 OUTPATIENT INFUSION PROCEDURE | | | | | 60.01 |
| 60.02 WOUND CARE | | | | | 60.02 |
| 61 EMERGENCY | | | | | 61 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | 62 |
| 63.50 RHC | | | | | 63.50 |
| 63.60 FQHC | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 101 TOTAL | | | | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5526) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT | | | N/A | N/A | N/A | TOTAL COSTS |
|-------------------------------------|-------------------------------|-------------------------------|------------------------|------|------|------|-------------|
| | NONPHYSICIAN ANESTHETIST COST | NONPHYSICIAN ANESTHETIST COST | MEDICAL EDUCATION COST | | | | |
| | 1 | 1.01 | 2 | 2.01 | 2.02 | 2.03 | 3 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | | | | | | | 37 |
| 38 RECOVERY ROOM | | | | | | | 38 |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | | | 39 |
| 40 ANESTHESIOLOGY | | | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | | 41 |
| 43 RADIOISOTOPE | | | | | | | 43 |
| 43.01 ULTRASOUND | | | | | | | 43.01 |
| 43.02 MRI-CT SCANS | | | | | | | 43.02 |
| 44 LABORATORY | | | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | | | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | | | 50 |
| 53 ELECTROCARDIOLOGY | | | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | | | 56 |
| 56.01 OUTPATIENT PHARMACY | | | | | | | 56.01 |
| 59 LITHOTRIPSY | | | | | | | 59 |
| 59.01 CARDIAC REHABILITATION | | | | | | | 59.01 |
| 59.03 CARDIAC CATHERIZATION LAB | | | | | | | 59.03 |
| 59.05 INPATIENT RENAL DIALYSIS | | | | | | | 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | | | | | | 60 |
| 60.01 OUTPATIENT INFUSION PROCEDURE | | | | | | | 60.01 |
| 60.02 WOUND CARE | | | | | | | 60.02 |
| 61 EMERGENCY | | | | | | | 61 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | | | | | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5526) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF []
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT | TOTAL | RATIO OF | OUTPATIENT | INPATIENT | INPATIENT | OUTPATIENT |
|-------------------------------------|--------------|-----------|----------|---------------|-----------|--------------|------------|
| | PASS THROUGH | | COST TO | RATIO OF COST | PROGRAM | PROGRAM | PROGRAM |
| | COSTS | CHARGES | CHARGES | TO CHARGES | CHARGES | PASS THROUGH | PROGRAM |
| | 3.01 | 4 | 5 | 5.01 | 6 | 7 | 8 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | | 11865724 | | | | | 37 |
| 38 RECOVERY ROOM | | 3993008 | | | | | 38 |
| 39 DELIVERY ROOM & LABOR ROOM | | 1902678 | | | | | 39 |
| 40 ANESTHESIOLOGY | | 6481882 | | | 14342 | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 8988292 | | | 95486 | | 41 |
| 43 RADIOISOTOPE | | 3335009 | | | 20471 | | 43 |
| 43.01 ULTRASOUND | | 5235878 | | | 20794 | | 43.01 |
| 43.02 MRI-CT SCANS | | 23897958 | | | | | 43.02 |
| 44 LABORATORY | | 36823303 | | | 972440 | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | | 11655131 | | | 171521 | | 49 |
| 50 PHYSICAL THERAPY | | 7754309 | | | 1777769 | | 50 |
| 53 ELECTROCARDIOLOGY | | 10361906 | | | 56757 | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | 675742 | | | 10123 | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 47990016 | | | 1472725 | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | 57006378 | | | 2973791 | | 56 |
| 56.01 OUTPATIENT PHARMACY | | 915774 | | | | | 56.01 |
| 59 LITHOTRIPSY | | | | | | | 59 |
| 59.01 CARDIAC REHABILITATION | | 286258 | | | | | 59.01 |
| 59.03 CARDIAC CATHERIZATION LAB | | 8597635 | | | 25553 | | 59.03 |
| 59.05 INPATIENT RENAL DIALYSIS | | 2880415 | | | | | 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | 99642 | | | | | 60 |
| 60.01 OUTPATIENT INFUSION PROCEDURE | | 102983 | | | | | 60.01 |
| 60.02 WOUND CARE | | 1811584 | | | | | 60.02 |
| 61 EMERGENCY | | 19399725 | | | | | 61 |
| 62 OBSERVATION BEDS (NON-DISTINC | | 1686153 | | | | | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | 273747383 | | | 7611772 | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

| | | | | | | | | |
|------------|------|------------------|-----|----------|------|---------------|-----|-------|
| CHECK | [] | TITLE V | [] | HOSPITAL | [] | SUB IV | [] | PPS |
| APPLICABLE | [XX] | TITLE XVIII-PT A | [] | SUB I | [XX] | SNF (14-5526) | [] | TEFRA |
| BOXES | [] | TITLE XIX | [] | SUB II | [] | NF | | |
| | | | [] | SUB III | [] | ICF/MR | | |

| COST CENTER DESCRIPTION | OUTPATIENT PROGRAM CHARGES 8.01 | OUTPATIENT PROGRAM CHARGES 8.02 | OUTPATIENT PROGRAM PASS THROUGH COSTS 9 | OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01 | OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02 |
|-------------------------------------|------------------------------------------|------------------------------------------|-----------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 37 OPERATING ROOM | | | | | 37 |
| 38 RECOVERY ROOM | | | | | 38 |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | 39 |
| 40 ANESTHESIOLOGY | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | 41 |
| 43 RADIOISOTOPE | | | | | 43 |
| 43.01 ULTRASOUND | | | | | 43.01 |
| 43.02 MRI-CT SCANS | | | | | 43.02 |
| 44 LABORATORY | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | 50 |
| 53 ELECTROCARDIOLOGY | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | 56 |
| 56.01 OUTPATIENT PHARMACY | | | | | 56.01 |
| 59 LITHOTRIPSY | | | | | 59 |
| 59.01 CARDIAC REHABILITATION | | | | | 59.01 |
| 59.03 CARDIAC CATHETERIZATION LAB | | | | | 59.03 |
| 59.05 INPATIENT RENAL DIALYSIS | | | | | 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 60 CLINIC | | | | | 60 |
| 60.01 OUTPATIENT INFUSION PROCEDURE | | | | | 60.01 |
| 60.02 WOUND CARE | | | | | 60.02 |
| 61 EMERGENCY | | | | | 61 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | 62 |
| 63.50 RHC | | | | | 63.50 |
| 63.60 FQHC | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 101 TOTAL | | | | | 101 |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] TITLE XIX

| COST CENTER DESCRIPTION | ----- OLD CAPITAL ----- | | | ----- NEW CAPITAL ----- | | | |
|---------------------------------|-------------------------|----------------------|------------------------------|-------------------------|----------------------|------------------------------|-----|
| | CAPITAL RELATED COST | SWING-BED ADJUSTMENT | REDUCED CAPITAL RELATED COST | CAPITAL RELATED COST | SWING-BED ADJUSTMENT | REDUCED CAPITAL RELATED COST | |
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| INPAT ROUTINE SERV COST CTRS | | | | | | | |
| 25 ADULTS & PEDIATRICS | | | | 773043 | | 773043 | 25 |
| 26 INTENSIVE CARE UNIT | | | | 193263 | | 193263 | 26 |
| 27 CORONARY CARE UNIT | | | | | | | 27 |
| 28 BURN INTENSIVE CARE UNIT | | | | | | | 28 |
| 29 SURGICAL INTENSIVE CARE UNIT | | | | | | | 29 |
| 30 OTHER SPECIAL CARE (SPECIFY) | | | | | | | 30 |
| 31 SUBPROVIDER I | | | | 46067 | | 46067 | 31 |
| 33 NURSERY | | | | 24581 | | 24581 | 33 |
| 101 TOTAL | | | | 1036954 | | 1036954 | 101 |

| COST CENTER DESCRIPTION | ---- OLD CAPITAL ---- | | | ---- NEW CAPITAL ---- | | | |
|---------------------------------|-----------------------|------------------------|----------|--------------------------------|----------|--------------------------------|-----|
| | TOTAL PATIENT DAYS | INPATIENT PROGRAM DAYS | PER DIEM | INPATIENT PROGRAM CAPITAL COST | PER DIEM | INPATIENT PROGRAM CAPITAL COST | |
| | 7 | 8 | 9 | 10 | 11 | 12 | |
| INPAT ROUTINE SERV COST CTRS | | | | | | | |
| 25 ADULTS & PEDIATRICS | 17788 | 1626 | | | 43.46 | 70666 | 25 |
| 26 INTENSIVE CARE UNIT | 3099 | 373 | | | 62.36 | 23260 | 26 |
| 27 CORONARY CARE UNIT | | | | | | | 27 |
| 28 BURN INTENSIVE CARE UNIT | | | | | | | 28 |
| 29 SURGICAL INTENSIVE CARE UNIT | | | | | | | 29 |
| 30 OTHER SPECIAL CARE (SPECIFY) | | | | | | | 30 |
| 31 SUBPROVIDER I | 1430 | 6 | | | 32.21 | 193 | 31 |
| 33 NURSERY | 598 | 311 | | | 41.11 | 12785 | 33 |
| 101 TOTAL | 22915 | 2316 | | | | 106904 | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0008) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

| COST CENTER DESCRIPTION | OLD | NEW | TOTAL | INPATIENT PROGRAM CHARGES | ---- OLD CAPITAL ---- | | ---- NEW CAPITAL ---- | |
|-------------------------------------|---------------------------------|---------------------------------|-----------|---------------------------------|-------------------------------------|-----------------------|-------------------------------------|-----------------------|
| | CAPITAL RELATED COST 1 | CAPITAL RELATED COST 2 | | | RATIO OF COST TO CHARGES 5 | CAPITAL COSTS 6 | RATIO OF COST TO CHARGES 7 | CAPITAL COSTS 8 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 37 OPERATING ROOM | | 611591 | 11865724 | | | .051543 | | 37 |
| 38 RECOVERY ROOM | | 25458 | 3993008 | | | .006376 | | 38 |
| 39 DELIVERY ROOM & LABOR ROOM | | 85725 | 1902678 | | | .045055 | | 39 |
| 40 ANESTHESIOLOGY | | 38617 | 6481882 | | | .005958 | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 390090 | 8988292 | | | .043400 | | 41 |
| 43 RADIOISOTOPE | | 37160 | 3335009 | | | .011142 | | 43 |
| 43.01 ULTRASOUND | | 65360 | 5235878 | | | .012483 | | 43.01 |
| 43.02 MRI-CT SCANS | | 246697 | 23897958 | | | .010323 | | 43.02 |
| 44 LABORATORY | | 261348 | 36823303 | | | .007097 | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | | 78046 | 11655131 | | | .006696 | | 49 |
| 50 PHYSICAL THERAPY | | 119546 | 7754309 | | | .015417 | | 50 |
| 53 ELECTROCARDIOLOGY | | 61432 | 10361906 | | | .005929 | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | 10052 | 675742 | | | .014875 | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 58253 | 47990016 | | | .001214 | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | 30219 | 57006378 | | | .000530 | | 56 |
| 56.01 OUTPATIENT PHARMACY | | 120131 | 915774 | | | .131180 | | 56.01 |
| 59 LITHOTRIPSY | | | | | | | | 59 |
| 59.01 CARDIAC REHABILITATION | | 37119 | 286258 | | | .129670 | | 59.01 |
| 59.03 CARDIAC CATHERIZATION LAB | | 249982 | 8597635 | | | .029076 | | 59.03 |
| 59.05 INPATIENT RENAL DIALYSIS | | 4071 | 2880415 | | | .001413 | | 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 60 CLINIC | | 3562 | 99642 | | | .035748 | | 60 |
| 60.01 OUTPATIENT INFUSION PROCEDURE | | 20 | 102983 | | | .000194 | | 60.01 |
| 60.02 WOUND CARE | | 124672 | 1811584 | | | .068819 | | 60.02 |
| 61 EMERGENCY | | 186436 | 19399725 | | | .009610 | | 61 |
| 62 OBSERVATION BEDS (NON-DISTINC | | 24858 | 1686153 | | | .014742 | | 62 |
| 63.50 RHC | | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 101 TOTAL | | 2870445 | 273747383 | | | | | 101 |

PROVIDER NO. 14-0008 GOTTLIEB MEMORIAL HOSPITAL
 PERIOD FROM 01/01/2008 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
 11/20/2008 17:37

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] TITLE XIX

| COST CENTER DESCRIPTION | NONPHYSICIAN | MEDICAL | SWING-BED | TOTAL COSTS | TOTAL | PER DIEM | INPATIENT | INPATIENT |
|---------------------------------|------------------|----------------|-------------------|-------------|--------------|----------|--------------|-------------------------|
| | ANESTHETIST COST | EDUCATION COST | ADJUSTMENT AMOUNT | | PATIENT DAYS | | PROGRAM DAYS | PROGRAM PASS THRU COSTS |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| INPAT ROUTINE SERV COST CTRS | | | | | | | | |
| 25 ADULTS & PEDIATRICS | | | | | 17788 | | 1626 | 25 |
| 26 INTENSIVE CARE UNIT | | | | | 3099 | | 373 | 26 |
| 27 CORONARY CARE UNIT | | | | | | | | 27 |
| 28 BURN INTENSIVE CARE UNIT | | | | | | | | 28 |
| 29 SURGICAL INTENSIVE CARE UNIT | | | | | | | | 29 |
| 30 OTHER SPECIAL CARE (SPECIFY) | | | | | | | | 30 |
| 31 SUBPROVIDER I | | | | | 1430 | | 6 | 31 |
| 33 NURSERY | | | | | 598 | | 311 | 33 |
| 34 SKILLED NURSING FACILITY | | | | | 5009 | | | 34 |
| 35 NURSING FACILITY | | | | | | | | 35 |
| 101 TOTAL | | | | | 27924 | | 2316 | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0008) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT | | | N/A | N/A | N/A | TOTAL COSTS |
|-------------------------------------|-------------------------------|-------------------------------|------------------------|------|------|------|-------------|
| | NONPHYSICIAN ANESTHETIST COST | NONPHYSICIAN ANESTHETIST COST | MEDICAL EDUCATION COST | | | | |
| | 1 | 1.01 | 2 | 2.01 | 2.02 | 2.03 | 3 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | | | | | | | 37 |
| 38 RECOVERY ROOM | | | | | | | 38 |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | | | 39 |
| 40 ANESTHESIOLOGY | | | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | | 41 |
| 43 RADIOISOTOPE | | | | | | | 43 |
| 43.01 ULTRASOUND | | | | | | | 43.01 |
| 43.02 MRI-CT SCANS | | | | | | | 43.02 |
| 44 LABORATORY | | | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | | | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | | | 50 |
| 53 ELECTROCARDIOLOGY | | | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | | | 56 |
| 56.01 OUTPATIENT PHARMACY | | | | | | | 56.01 |
| 59 LITHOTRIPSY | | | | | | | 59 |
| 59.01 CARDIAC REHABILITATION | | | | | | | 59.01 |
| 59.03 CARDIAC CATHERIZATION LAB | | | | | | | 59.03 |
| 59.05 INPATIENT RENAL DIALYSIS | | | | | | | 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | | | | | | 60 |
| 60.01 OUTPATIENT INFUSION PROCEDURE | | | | | | | 60.01 |
| 60.02 WOUND CARE | | | | | | | 60.02 |
| 61 EMERGENCY | | | | | | | 61 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | | | | | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0008) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT | TOTAL CHARGES | RATIO OF | OUTPATIENT | INPATIENT | INPATIENT | OUTPATIENT |
|-------------------------------------|--------------------|---------------|-----------------|--------------------------|-----------------|-----------------|------------|
| | PASS THROUGH COSTS | | COST TO CHARGES | RATIO OF COST TO CHARGES | PROGRAM CHARGES | PROGRAM CHARGES | |
| | 3.01 | 4 | 5 | 5.01 | 6 | 7 | 8 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | | 11865724 | | | | | 37 |
| 38 RECOVERY ROOM | | 3993008 | | | | | 38 |
| 39 DELIVERY ROOM & LABOR ROOM | | 1902678 | | | | | 39 |
| 40 ANESTHESIOLOGY | | 6481882 | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 8988292 | | | | | 41 |
| 43 RADIOISOTOPE | | 3335009 | | | | | 43 |
| 43.01 ULTRASOUND | | 5235878 | | | | | 43.01 |
| 43.02 MRI-CT SCANS | | 23897958 | | | | | 43.02 |
| 44 LABORATORY | | 36823303 | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | | 11655131 | | | | | 49 |
| 50 PHYSICAL THERAPY | | 7754309 | | | | | 50 |
| 53 ELECTROCARDIOLOGY | | 10361906 | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | 675742 | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 47990016 | | | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | 57006378 | | | | | 56 |
| 56.01 OUTPATIENT PHARMACY | | 915774 | | | | | 56.01 |
| 59 LITHOTRIPSY | | | | | | | 59 |
| 59.01 CARDIAC REHABILITATION | | 286258 | | | | | 59.01 |
| 59.03 CARDIAC CATHERIZATION LAB | | 8597635 | | | | | 59.03 |
| 59.05 INPATIENT RENAL DIALYSIS | | 2880415 | | | | | 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | 99642 | | | | | 60 |
| 60.01 OUTPATIENT INFUSION PROCEDURE | | 102983 | | | | | 60.01 |
| 60.02 WOUND CARE | | 1811584 | | | | | 60.02 |
| 61 EMERGENCY | | 19399725 | | | | | 61 |
| 62 OBSERVATION BEDS (NON-DISTINC | | 1686153 | | | | | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | 273747383 | | | | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0008) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT PROGRAM CHARGES | OUTPATIENT PROGRAM CHARGES | OUTPATIENT PROGRAM PASS THROUGH COSTS | OUTPATIENT PROGRAM PASS THROUGH COSTS | OUTPATIENT PROGRAM PASS THROUGH COSTS |
|-------------------------------------|----------------------------|----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| | 8.01 | 8.02 | 9 | 9.01 | 9.02 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 37 OPERATING ROOM | | | | | 37 |
| 38 RECOVERY ROOM | | | | | 38 |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | 39 |
| 40 ANESTHESIOLOGY | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | 41 |
| 43 RADIOISOTOPE | | | | | 43 |
| 43.01 ULTRASOUND | | | | | 43.01 |
| 43.02 MRI-CT SCANS | | | | | 43.02 |
| 44 LABORATORY | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | 50 |
| 53 ELECTROCARDIOLOGY | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | 56 |
| 56.01 OUTPATIENT PHARMACY | | | | | 56.01 |
| 59 LITHOTRIPSY | | | | | 59 |
| 59.01 CARDIAC REHABILITATION | | | | | 59.01 |
| 59.03 CARDIAC CATHERIZATION LAB | | | | | 59.03 |
| 59.05 INPATIENT RENAL DIALYSIS | | | | | 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 60 CLINIC | | | | | 60 |
| 60.01 OUTPATIENT INFUSION PROCEDURE | | | | | 60.01 |
| 60.02 WOUND CARE | | | | | 60.02 |
| 61 EMERGENCY | | | | | 61 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | 62 |
| 63.50 RHC | | | | | 63.50 |
| 63.60 FQHC | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 101 TOTAL | | | | | 101 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

| INPATIENT DAYS | HOSPITAL | SUB I | SUB II | SUB III | SUB IV | SNF | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|--------|---------|--------|--------------------|----|
| | (PPS) (14-0008) | (PPS) (14-S008) | | | | (PPS) (14-5526) | |
| | 1 | 1 | 1 | 1 | 1 | 1 | |
| 1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN) | 17788 | 1430 | | | | 5009 | 1 |
| 2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS) | 17788 | 1430 | | | | 5009 | 2 |
| 3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | | | | | | | 3 |
| 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 17788 | 1430 | | | | 5009 | 4 |
| 5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 5 |
| 6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 6 |
| 7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 7 |
| 8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 8 |
| 9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 9660 | 1248 | | | | 3772 | 9 |
| 10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 10 |
| 11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 11 |
| 12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 12 |
| 13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 13 |
| 14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | | | | | | | 14 |
| 15 TOTAL NURSERY DAYS | | | | | | | 15 |
| 16 TITLE V OR XIX NURSERY DAYS | | | | | | | 16 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

| | HOSPITAL (PPS) (14-0008) | SUB I (PPS) (14-S008) | SUB II | SUB III | SUB IV | SNF (PPS) (14-5526) | |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------|--------|---------|--------|---------------------------|----|
| SWING-BED ADJUSTMENT | 1 | 1 | 1 | 1 | 1 | 1 | |
| 17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 17 |
| 18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 18 |
| 19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 19 |
| 20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 20 |
| 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | 15589248 | 1003241 | | | | 3158383 | 21 |
| 22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 22 |
| 23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 23 |
| 24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 24 |
| 25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 25 |
| 26 TOTAL SWING-BED COST | | | | | | | 26 |
| 27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 15589248 | 1003241 | | | | 3158383 | 27 |
| PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | | | | | | |
| 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 18939183 | 2406144 | | | | 2501613 | 28 |
| 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | | | | | | | 29 |
| 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 18939183 | | | | | 2501613 | 30 |
| 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | .823121 | .416950 | | | | 1.262539 | 31 |
| 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE | | | | | | | 32 |
| 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 1064.72 | | | | | 499.42 | 33 |
| 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL | | | | | | | 34 |
| 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL | | | | | | | 35 |
| 36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT | | | | | | | 36 |
| 37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL | 15589248 | 1003241 | | | | 3158383 | 37 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

| | HOSPITAL (PPS) (14-0008) | SUB I (PPS) (14-S008) | SUB II | SUB III | SUB IV | |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------|--------------------------|----------------------|----------------------|----|
| PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS | 1 | 1 | 1 | 1 | 1 | |
| 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM | 876.39 | 701.57 | | | | 38 |
| 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 8465927 | 875559 | | | | 39 |
| 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM | | | | | | 40 |
| 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 8465927 | 875559 | | | | 41 |
| | TOTAL I/P COST 1 | TOTAL I/P DAYS 2 | AVERAGE PER DIEM 3 | PROGRAM DAYS 4 | PROGRAM COST 5 | |
| 42 NURSERY (TITLES V AND XIX ONLY) | | | | | | 42 |
| 43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS | | | | | | |
| 44 INTENSIVE CARE UNIT | 5678654 | 3099 | 1832.41 | 1796 | 3291008 | 43 |
| 45 CORONARY CARE UNIT | | | | | | 44 |
| 46 BURN INTENSIVE CARE UNIT | | | | | | 45 |
| 47 SURGICAL INTENSIVE CARE UNIT | | | | | | 46 |
| 47 OTHER SPECIAL CARE (SPECIFY) | | | | | | 47 |
| | HOSPITAL (PPS) (14-0008) | SUB I (PPS) (14-S008) | SUB II | SUB III | SUB IV | |
| 48 PROGRAM INPATIENT ANCILLARY SERVICE COST | 12354653 | 118882 | | | | 48 |
| 49 TOTAL PROGRAM INPATIENT COSTS | 24111588 | 994441 | | | | 49 |
| PASS THROUGH COST ADJUSTMENTS | | | | | | |
| 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES | 531823 | 40198 | | | | 50 |
| 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES | 717424 | 5433 | | | | 51 |
| 52 TOTAL PROGRAM EXCLUDABLE COST | 1249247 | 45631 | | | | 52 |
| 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS | 22862341 | 948810 | | | | 53 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

| | HOSPITAL (PPS) (14-0008) | SUB I (PPS) (14-S008) | SUB II | SUB III | SUB IV | |
|------------------------------------------|--------------------------------|-----------------------------|--------|---------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TARGET AMOUNT AND LIMITATION COMPUTATION | | | | | | |
| 54 | 1 | 1 | 1 | 1 | 1 | 54 |
| 54 | | | | | | PROGRAM DISCHARGES |
| 55 | | | | | | TARGET AMOUNT PER DISCHARGE |
| 56 | | | | | | TARGET AMOUNT |
| 57 | | | | | | DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT |
| 58 | | | | | | BONUS PAYMENT |
| 58.01 | | | | | | LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET |
| 58.02 | | | | | | LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET |
| 58.03 | | | | | | IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT |
| 58.04 | | | | | | RELIEF PAYMENT |
| 59 | | | | | | ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT |
| 59.01 | | | | | | ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY) |
| 59.02 | | | | | | PROGRAM DISCHARGES PRIOR TO JULY 1 |
| 59.03 | | | | | | PROGRAM DISCHARGES AFTER JULY 1 |
| 59.04 | | | | | | PROGRAM DISCHARGES (SEE INSTRUCTIONS) |
| 59.05 | | | | | | REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1 |
| 59.06 | | | | | | REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 |
| 59.07 | | | | | | REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY) |
| 59.08 | | | | | | REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.) |
| PROGRAM INPATIENT ROUTINE SWING BED COST | | | | | | |
| 60 | | | | | | MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD |
| 61 | | | | | | MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD |
| 62 | | | | | | TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS |
| 63 | | | | | | TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD |
| 64 | | | | | | TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD |
| 65 | | | | | | TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS |

PROVIDER NO. 14-0008 GOTTlieb MEMORIAL HOSPITAL
PERIOD FROM 01/01/2008 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
11/20/2008 17:37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

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

| | SNF (PPS) (14-5526) | |
|-------------------------------------------------------------------|---------------------------|----|
| 66 SNF/NF/ICF/MR ROUTINE SERVICE COST | 3158383 | 66 |
| 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM | 630.54 | 67 |
| 68 PROGRAM ROUTINE SERVICE COST | 2378397 | 68 |
| 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM | | 69 |
| 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS | 2378397 | 70 |
| 71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS | 164965 | 71 |
| 72 PER DIEM CAPITAL RELATED COSTS | 32.93 | 72 |
| 73 PROGRAM CAPITAL RELATED COSTS | 124212 | 73 |
| 74 INPATIENT ROUTINE SERVICE COST | 2254185 | 74 |
| 75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS | | 75 |
| 76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT | 2254185 | 76 |
| 77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION | | 77 |
| 78 INPATIENT ROUTINE SERVICE COST LIMITATION | | 78 |
| 79 REASONABLE INPATIENT ROUTINE SERVICE COSTS | 2378397 | 79 |
| 80 PROGRAM INPATIENT ANCILLARY SERVICES | 1106997 | 80 |
| 81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION | | 81 |
| 82 TOTAL PROGRAM INPATIENT OPERATING COSTS | 3485394 | 82 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS)
 (14-0008)(14-S008)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

| | | |
|-----------------------------------------------------|--------|----|
| 83 TOTAL OBSERVATION BEDS | 572 | 83 |
| 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 876.39 | 84 |
| 85 OBSERVATION BED COST | 501295 | 85 |

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

| | COST 1 | ROUTINE COST (FROM LINE 27) 2 | COLUMN 1 DIVIDED BY COLUMN 2 3 | TOTAL OBSERVATION BED COST (FROM LINE 85) 4 | OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5 | |
|------------------------------|-----------|----------------------------------------|-----------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|----|
| 86 OLD CAPITAL-RELATED COST | | 15589248 | | 501295 | | 86 |
| 87 NEW CAPITAL-RELATED COST | 773043 | 15589248 | .049588 | 501295 | 24858 | 87 |
| 88 NON PHYSICIAN ANESTHETIST | | 15589248 | | 501295 | | 88 |
| 89 MEDICAL EDUCATION | | 15589248 | | 501295 | | 89 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

| | HOSPITAL (OTHER) (14-0008) | SUB I | SUB II | SUB III | SUB IV | NF |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------|--------|---------|--------|----|
| INPATIENT DAYS | 1 | 1 | 1 | 1 | 1 | 1 |
| 1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN) | 17788 | | | | | 1 |
| 2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS) | 17788 | | | | | 2 |
| 3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | | | | | | 3 |
| 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 17788 | | | | | 4 |
| 5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 5 |
| 6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 6 |
| 7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 7 |
| 8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 8 |
| 9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 1626 | | | | | 9 |
| 10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 10 |
| 11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 11 |
| 12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 12 |
| 13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 13 |
| 14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | | | | | | 14 |
| 15 TOTAL NURSERY DAYS | 598 | | | | | 15 |
| 16 TITLE V OR XIX NURSERY DAYS | 311 | | | | | 16 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

| | HOSPITAL (OTHER) (14-0008) | SUB I | SUB II | SUB III | SUB IV | NF | |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------|-------|--------|---------|--------|----|----|
| SWING-BED ADJUSTMENT | 1 | 1 | 1 | 1 | 1 | 1 | |
| 17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 17 |
| 18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 18 |
| 19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 19 |
| 20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 20 |
| 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | 15589248 | | | | | | 21 |
| 22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 22 |
| 23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 23 |
| 24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 24 |
| 25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 25 |
| 26 TOTAL SWING-BED COST | | | | | | | 26 |
| 27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 15589248 | | | | | | 27 |
| PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | | | | | | |
| 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 18939183 | | | | | | 28 |
| 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | | | | | | | 29 |
| 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 18939183 | | | | | | 30 |
| 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | .823121 | | | | | | 31 |
| 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE | | | | | | | 32 |
| 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 1064.72 | | | | | | 33 |
| 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL | | | | | | | 34 |
| 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL | | | | | | | 35 |
| 36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT | | | | | | | 36 |
| 37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL | 15589248 | | | | | | 37 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

| | | HOSPITAL (OTHER) (14-0008) | SUB I | SUB II | SUB III | SUB IV | | |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------|--------------------------|----------------------|----------------------|--|----|
| PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS | | 1 | 1 | 1 | 1 | 1 | | |
| 38 | ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM | 876.39 | | | | | | 38 |
| 39 | PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 1425010 | | | | | | 39 |
| 40 | MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM | | | | | | | 40 |
| 41 | TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 1425010 | | | | | | 41 |
| | | TOTAL I/P COST 1 | TOTAL I/P DAYS 2 | AVERAGE PER DIEM 3 | PROGRAM DAYS 4 | PROGRAM COST 5 | | |
| 42 | NURSERY (TITLES V AND XIX ONLY) | 833303 | 598 | 1393.48 | 311 | 433372 | | 42 |
| 43 | INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS | | | | | | | |
| 44 | INTENSIVE CARE UNIT | 5678654 | 3099 | 1832.41 | 373 | 683489 | | 43 |
| 44 | CORONARY CARE UNIT | | | | | | | 44 |
| 45 | BURN INTENSIVE CARE UNIT | | | | | | | 45 |
| 46 | SURGICAL INTENSIVE CARE UNIT | | | | | | | 46 |
| 47 | OTHER SPECIAL CARE (SPECIFY) | | | | | | | 47 |
| | | HOSPITAL (OTHER) (14-0008) | SUB I | SUB II | SUB III | SUB IV | | |
| | | 1 | 1 | 1 | 1 | 1 | | |
| 48 | PROGRAM INPATIENT ANCILLARY SERVICE COST | | | | | | | 48 |
| 49 | TOTAL PROGRAM INPATIENT COSTS | 2541871 | | | | | | 49 |
| PASS THROUGH COST ADJUSTMENTS | | | | | | | | |
| 50 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES | 106711 | | | | | | 50 |
| 51 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES | | | | | | | 51 |
| 52 | TOTAL PROGRAM EXCLUDABLE COST | 106711 | | | | | | 52 |
| 53 | TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS | | | | | | | 53 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

| | HOSPITAL (OTHER) (14-0008) | SUB I | SUB II | SUB III | SUB IV | |
|------------------------------------------|----------------------------------|-------|--------|---------|--------|-------|
| TARGET AMOUNT AND LIMITATION COMPUTATION | | | | | | |
| 54 | 1 | 1 | 1 | 1 | 1 | 54 |
| 55 | | 1 | | | | 55 |
| 56 | | | | | | 56 |
| 57 | | | | | | 57 |
| 58 | | | | | | 58 |
| 58.01 | | | | | | 58.01 |
| 58.02 | | | | | | 58.02 |
| 58.03 | | | | | | 58.03 |
| 58.04 | | | | | | 58.04 |
| 59 | | | | | | 59 |
| 59.01 | | | | | | 59.01 |
| 59.02 | | | | | | 59.02 |
| 59.03 | | | | | | 59.03 |
| 59.04 | | | | | | 59.04 |
| 59.05 | | | | | | 59.05 |
| 59.06 | | | | | | 59.06 |
| 59.07 | | | | | | 59.07 |
| 59.08 | | | | | | 59.08 |
| PROGRAM INPATIENT ROUTINE SWING BED COST | | | | | | |
| 60 | | | | | | 60 |
| 61 | | | | | | 61 |
| 62 | | | | | | 62 |
| 63 | | | | | | 63 |
| 64 | | | | | | 64 |
| 65 | | | | | | 65 |

PROVIDER NO. 14-0008 GOTTlieb MEMORIAL HOSPITAL
PERIOD FROM 01/01/2008 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
11/20/2008 17:37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY NF

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

PROVIDER NO. 14-0008 GOTTlieb MEMORIAL HOSPITAL
PERIOD FROM 01/01/2008 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
11/20/2008 17:37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

| HOSPITAL (OTHER) (14-0008) | SUB I | SUB II | SUB III | SUB IV |
|----------------------------------|-------|--------|---------|--------|
| 1 | 1 | 1 | 1 | 1 |

PART IV - COMPUTATION OF OBSERVATION BED COST

| | | |
|-----------------------------------------------------|--------|----|
| 83 TOTAL OBSERVATION BEDS | 572 | 83 |
| 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 876.39 | 84 |
| 85 OBSERVATION BED COST | 501295 | 85 |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

| | | | |
|------------------------------------------------------|--------------------------------------------------------|----------------------------------|-----------------------------------------|
| <input type="checkbox"/> TITLE V | <input checked="" type="checkbox"/> HOSPITAL (14-0008) | <input type="checkbox"/> SNF | <input checked="" type="checkbox"/> PPS |
| <input checked="" type="checkbox"/> TITLE XVIII-PT A | <input type="checkbox"/> SUB I | <input type="checkbox"/> NF | <input type="checkbox"/> TEFRA |
| <input type="checkbox"/> TITLE XIX | <input type="checkbox"/> SUB II | <input type="checkbox"/> S/B-SNF | <input type="checkbox"/> OTHER |
| | <input type="checkbox"/> SUB III | <input type="checkbox"/> S/B-NF | |
| | <input type="checkbox"/> SUB IV | <input type="checkbox"/> ICF/MR | |

| COST CENTER DESCRIPTION | RATIO OF COST | INPATIENT | INPATIENT | |
|-----------------------------------------------|---------------|-----------------|---------------|-------|
| | TO CHARGES | PROGRAM CHARGES | PROGRAM COSTS | |
| | 1 | 2 | 3 | |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | |
| 25 ADULTS & PEDIATRICS | | 18939183 | | 25 |
| 26 INTENSIVE CARE UNIT | | 6483560 | | 26 |
| 31 SUBPROVIDER I | | | | 31 |
| ANCILLARY SERVICE COST CENTERS | | | | |
| 37 OPERATING ROOM | .524277 | 3445627 | 1806463 | 37 |
| 38 RECOVERY ROOM | .145090 | 632895 | 91827 | 38 |
| 39 DELIVERY ROOM & LABOR ROOM | .848371 | | | 39 |
| 40 ANESTHESIOLOGY | .145718 | 964117 | 140489 | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | .316448 | 2831579 | 896048 | 41 |
| 43 RADIOISOTOPE | .274046 | 707760 | 193959 | 43 |
| 43.01 ULTRASOUND | .133802 | 539045 | 72125 | 43.01 |
| 43.02 MRI-CT SCANS | .073605 | 4485305 | 330141 | 43.02 |
| 44 LABORATORY | .158678 | 12394171 | 1966682 | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | 46.30 |
| 49 RESPIRATORY THERAPY | .122883 | 3223792 | 396149 | 49 |
| 50 PHYSICAL THERAPY | .286456 | 1354914 | 388123 | 50 |
| 53 ELECTROCARDIOLOGY | .063608 | 3374064 | 214617 | 53 |
| 54 ELECTROENCEPHALOGRAPHY | .216449 | 119693 | 25907 | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | .143515 | 20170287 | 2894739 | 55 |
| 56 DRUGS CHARGED TO PATIENTS | .053855 | 25052756 | 1349216 | 56 |
| 56.01 OUTPATIENT PHARMACY | 3.410785 | | | 56.01 |
| 59 LITHOTRIPSY | | | | 59 |
| 59.01 CARDIAC REHABILITATION | 1.035845 | | | 59.01 |
| 59.03 CARDIAC CATHERIZATION LAB | .170283 | 4009813 | 682803 | 59.03 |
| 59.05 INPATIENT RENAL DIALYSIS | .170701 | | | 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | | |
| 60 CLINIC | .106260 | | | 60 |
| 60.01 OUTPATIENT INFUSION PROCEDURES | .022742 | | | 60.01 |
| 60.02 WOUND CARE | .542602 | 1485 | 806 | 60.02 |
| 61 EMERGENCY | .219730 | 4116682 | 904559 | 61 |
| 62 OBSERVATION BEDS (NON-DISTINCT | .297301 | | | 62 |
| OTHER REIMBURSABLE COST CENTERS | | | | |
| 63.50 RHC | | | | 63.50 |
| 63.60 FQHC | | | | 63.60 |
| 101 TOTAL | | 87423985 | 12354653 | 101 |
| 102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | | 102 |
| 103 NET CHARGES | | 87423985 | | 103 |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

| | | | |
|------------------------------------------------------|-----------------------------------------------------|----------------------------------|-----------------------------------------|
| <input type="checkbox"/> TITLE V | <input type="checkbox"/> HOSPITAL | <input type="checkbox"/> SNF | <input checked="" type="checkbox"/> PPS |
| <input checked="" type="checkbox"/> TITLE XVIII-PT A | <input checked="" type="checkbox"/> SUB I (14-S008) | <input type="checkbox"/> NF | <input type="checkbox"/> TEFRA |
| <input type="checkbox"/> TITLE XIX | <input type="checkbox"/> SUB II | <input type="checkbox"/> S/B-SNF | <input type="checkbox"/> OTHER |
| | <input type="checkbox"/> SUB III | <input type="checkbox"/> S/B-NF | |
| | <input type="checkbox"/> SUB IV | <input type="checkbox"/> ICF/MR | |

| COST CENTER DESCRIPTION | RATIO OF COST | INPATIENT | INPATIENT | |
|----------------------------------------------------------------------|---------------|-----------------|---------------|-------|
| | TO CHARGES | PROGRAM CHARGES | PROGRAM COSTS | |
| | 1 | 2 | 3 | |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | |
| 25 ADULTS & PEDIATRICS | | | | 25 |
| 26 INTENSIVE CARE UNIT | | | | 26 |
| 31 SUBPROVIDER I | | 2406144 | | 31 |
| ANCILLARY SERVICE COST CENTERS | | | | |
| 37 OPERATING ROOM | .524277 | | | 37 |
| 38 RECOVERY ROOM | .145090 | 1104 | 160 | 38 |
| 39 DELIVERY ROOM & LABOR ROOM | .848371 | | | 39 |
| 40 ANESTHESIOLOGY | .145718 | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | .316448 | 15790 | 4997 | 41 |
| 43 RADIOISOTOPE | .274046 | | | 43 |
| 43.01 ULTRASOUND | .133802 | 6023 | 806 | 43.01 |
| 43.02 MRI-CT SCANS | .073605 | 93462 | 6879 | 43.02 |
| 44 LABORATORY | .158678 | 173972 | 27606 | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | 46.30 |
| 49 RESPIRATORY THERAPY | .122883 | 13965 | 1716 | 49 |
| 50 PHYSICAL THERAPY | .286456 | 105521 | 30227 | 50 |
| 53 ELECTROCARDIOLOGY | .063608 | 6966 | 443 | 53 |
| 54 ELECTROENCEPHALOGRAPHY | .216449 | 11071 | 2396 | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | .143515 | 22400 | 3215 | 55 |
| 56 DRUGS CHARGED TO PATIENTS | .053855 | 705867 | 38014 | 56 |
| 56.01 OUTPATIENT PHARMACY | 3.410785 | | | 56.01 |
| 59 LITHOTRIPSY | | | | 59 |
| 59.01 CARDIAC REHABILITATION | 1.035845 | | | 59.01 |
| 59.03 CARDIAC CATHERIZATION LAB | .170283 | 1492 | 254 | 59.03 |
| 59.05 INPATIENT RENAL DIALYSIS | .170701 | | | 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | | |
| 60 CLINIC | .106260 | | | 60 |
| 60.01 OUTPATIENT INFUSION PROCEDURES | .022742 | | | 60.01 |
| 60.02 WOUND CARE | .542602 | | | 60.02 |
| 61 EMERGENCY | .219730 | 9873 | 2169 | 61 |
| 62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS | .297301 | | | 62 |
| 63.50 RHC | | | | 63.50 |
| 63.60 FQHC | | | | 63.60 |
| 101 TOTAL | | 1167506 | 118882 | 101 |
| 102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | | 102 |
| 103 NET CHARGES | | 1167506 | | 103 |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

| | | | |
|------------------------------------------------------|-----------------------------------|---------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> TITLE V | <input type="checkbox"/> HOSPITAL | <input checked="" type="checkbox"/> SNF (14-5526) | <input checked="" type="checkbox"/> PPS |
| <input checked="" type="checkbox"/> TITLE XVIII-PT A | <input type="checkbox"/> SUB I | <input type="checkbox"/> NF | <input type="checkbox"/> TEFRA |
| <input type="checkbox"/> TITLE XIX | <input type="checkbox"/> SUB II | <input type="checkbox"/> S/B-SNF | <input type="checkbox"/> OTHER |
| | <input type="checkbox"/> SUB III | <input type="checkbox"/> S/B-NF | |
| | <input type="checkbox"/> SUB IV | <input type="checkbox"/> ICF/MR | |

| COST CENTER DESCRIPTION | RATIO OF COST | INPATIENT | INPATIENT | |
|----------------------------------------------------------------------|---------------|-----------------|---------------|-------|
| | TO CHARGES | PROGRAM CHARGES | PROGRAM COSTS | |
| | 1 | 2 | 3 | |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | |
| 25 ADULTS & PEDIATRICS | | | | 25 |
| 26 INTENSIVE CARE UNIT | | | | 26 |
| 31 SUBPROVIDER I | | | | 31 |
| ANCILLARY SERVICE COST CENTERS | | | | |
| 37 OPERATING ROOM | .524277 | | | 37 |
| 38 RECOVERY ROOM | .145090 | | | 38 |
| 39 DELIVERY ROOM & LABOR ROOM | .848371 | | | 39 |
| 40 ANESTHESIOLOGY | .145718 | 14342 | 2090 | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | .316448 | 95486 | 30216 | 41 |
| 43 RADIOISOTOPE | .274046 | 20471 | 5610 | 43 |
| 43.01 ULTRASOUND | .133802 | 20794 | 2782 | 43.01 |
| 43.02 MRI-CT SCANS | .073605 | | | 43.02 |
| 44 LABORATORY | .158678 | 972440 | 154305 | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | 46.30 |
| 49 RESPIRATORY THERAPY | .122883 | 171521 | 21077 | 49 |
| 50 PHYSICAL THERAPY | .286456 | 1777769 | 509253 | 50 |
| 53 ELECTROCARDIOLOGY | .063608 | 56757 | 3610 | 53 |
| 54 ELECTROENCEPHALOGRAPHY | .216449 | 10123 | 2191 | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | .143515 | 1472725 | 211358 | 55 |
| 56 DRUGS CHARGED TO PATIENTS | .053855 | 2973791 | 160154 | 56 |
| 56.01 OUTPATIENT PHARMACY | 3.410785 | | | 56.01 |
| 59 LITHOTRIPSY | | | | 59 |
| 59.01 CARDIAC REHABILITATION | 1.035845 | | | 59.01 |
| 59.03 CARDIAC CATHERIZATION LAB | .170283 | 25553 | 4351 | 59.03 |
| 59.05 INPATIENT RENAL DIALYSIS | .170701 | | | 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | | |
| 60 CLINIC | .106260 | | | 60 |
| 60.01 OUTPATIENT INFUSION PROCEDURES | .022742 | | | 60.01 |
| 60.02 WOUND CARE | .542602 | | | 60.02 |
| 61 EMERGENCY | .219730 | | | 61 |
| 62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS | .297301 | | | 62 |
| 63.50 RHC | | | | 63.50 |
| 63.60 FQHC | | | | 63.60 |
| 101 TOTAL | | 7611772 | 1106997 | 101 |
| 102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | | 102 |
| 103 NET CHARGES | | 7611772 | | 103 |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

| | | | |
|-----------------------------------------------|--------------------------------------------------------|----------------------------------|-------------------------------------------|
| <input type="checkbox"/> TITLE V | <input checked="" type="checkbox"/> HOSPITAL (14-0008) | <input type="checkbox"/> SNF | <input type="checkbox"/> PPS |
| <input type="checkbox"/> TITLE XVIII-PT A | <input type="checkbox"/> SUB I | <input type="checkbox"/> NF | <input type="checkbox"/> TEFRA |
| <input checked="" type="checkbox"/> TITLE XIX | <input type="checkbox"/> SUB II | <input type="checkbox"/> S/B-SNF | <input checked="" type="checkbox"/> OTHER |
| | <input type="checkbox"/> SUB III | <input type="checkbox"/> S/B-NF | |
| | <input type="checkbox"/> SUB IV | <input type="checkbox"/> ICF/MR | |

| COST CENTER DESCRIPTION | RATIO OF COST | INPATIENT | INPATIENT |
|----------------------------------------------------------------------|---------------|-----------------|---------------|
| | TO CHARGES | PROGRAM CHARGES | PROGRAM COSTS |
| | 1 | 2 | 3 |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | |
| 25 ADULTS & PEDIATRICS | | | 25 |
| 26 INTENSIVE CARE UNIT | | | 26 |
| 31 SUBPROVIDER I | | | 31 |
| ANCILLARY SERVICE COST CENTERS | | | |
| 37 OPERATING ROOM | .524277 | | 37 |
| 38 RECOVERY ROOM | .145090 | | 38 |
| 39 DELIVERY ROOM & LABOR ROOM | .848371 | | 39 |
| 40 ANESTHESIOLOGY | .145718 | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | .316448 | | 41 |
| 43 RADIOISOTOPE | .274046 | | 43 |
| 43.01 ULTRASOUND | .133802 | | 43.01 |
| 43.02 MRI-CT SCANS | .073605 | | 43.02 |
| 44 LABORATORY | .158678 | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | 46.30 |
| 49 RESPIRATORY THERAPY | .122883 | | 49 |
| 50 PHYSICAL THERAPY | .286456 | | 50 |
| 53 ELECTROCARDIOLOGY | .063608 | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | .216449 | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | .143515 | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | .053855 | | 56 |
| 56.01 OUTPATIENT PHARMACY | 3.410785 | | 56.01 |
| 59 LITHOTRIPSY | | | 59 |
| 59.01 CARDIAC REHABILITATION | 1.035845 | | 59.01 |
| 59.03 CARDIAC CATHERIZATION LAB | .170283 | | 59.03 |
| 59.05 INPATIENT RENAL DIALYSIS | .170701 | | 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | |
| 60 CLINIC | .106260 | | 60 |
| 60.01 OUTPATIENT INFUSION PROCEDURES | .022742 | | 60.01 |
| 60.02 WOUND CARE | .542602 | | 60.02 |
| 61 EMERGENCY | .219730 | | 61 |
| 62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS | .297301 | | 62 |
| 63.50 RHC | | | 63.50 |
| 63.60 FQHC | | | 63.60 |
| 101 TOTAL | | | 101 |
| 102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | 102 |
| 103 NET CHARGES | | | 103 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

| | HOSPITAL (14-0008) | SUB I | SUB II | SUB III | SUB IV | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------|--------|---------|--------|------|
| DRG AMOUNT | | | | | | |
| 1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1 | 13914403 | | | | | 1 |
| 1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1 | | | | | | 1.01 |
| 1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS | | | | | | 1.02 |
| 1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1 | 1577530 | | | | | 1.03 |
| 1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1 | | | | | | 1.04 |
| 1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1 | | | | | | 1.05 |
| 1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED | | | | | | 1.06 |
| 1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001 | | | | | | 1.07 |
| 1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001 | | | | | | 1.08 |
| 2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997 | | | | | | 2 |
| 2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT | 948418 | | | | | 2.01 |
| 3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD | 168.03 | | | | | 3 |
| 3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I | | | | | | 3.01 |
| 3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE | | | | | | 3.02 |
| 3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT | | | | | | 3.03 |
| 3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996 | 2.54 | | | | | 3.04 |
| 3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) | | | | | | 3.05 |
| 3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI, LN.15][PLUS LN.3.06] | | | | | | 3.06 |
| 3.07 SUM OF LINES 3.04-3.06 | | 0.00 | 0.00 | | 2.54 | 3.07 |
| 3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS | | 1.00 | | | | 3.08 |
| 3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1 | | | | | | 3.09 |
| 3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1 | | | | | | 3.10 |
| 3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09 | | | | | | 3.11 |
| 3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10 | | | | | | 3.12 |
| 3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS | | | | | | 3.13 |
| 3.14 CURRENT YEAR ALLOWABLE FTE | | 1.00 | | | | 3.14 |
| 3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE.. | | 0.96 | | | | 3.15 |
| 3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS | | 1.00 | | | | 3.16 |
| 3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO | | 0.99 | | | | 3.17 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

| | HOSPITAL (14-0008) | SUB I | SUB II | SUB III | SUB IV | |
|-------|-----------------------------------------------------------------------------------------------------------------------|------------|--------|---------|--------|-------|
| 3.18 | CURRENT YEAR RESIDENT TO BED RATIO | 0.005892 | | | | 3.18 |
| 3.19 | PRIOR YEAR RESIDENT TO BED RATIO | 0.005743 | | | | 3.19 |
| 3.20 | FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 | 0.005743 | | | | 3.20 |
| 3.21 | IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1 | 48567 | | | | 3.21 |
| 3.22 | IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1 | | | | | 3.22 |
| 3.23 | IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23] | | | | | 3.23 |
| 3.24 | SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT | 48567 0 | 48567 | | | 3.24 |
| 4 | PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS | | | | | 4 |
| 4.01 | PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS | | | | | 4.01 |
| 4.02 | SUM OF 4 AND 4.01 | | | | | 4.02 |
| 4.03 | ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE | | | | | 4.03 |
| 4.04 | DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES | | | | | 4.04 |
| 5 | TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317 | | | | | 5 |
| 5.01 | TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317 | | | | | 5.01 |
| 5.02 | DIVIDE LINE 5.01 BY LINE 5 | | | | | 5.02 |
| 5.03 | TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317 | | | | | 5.03 |
| 5.04 | RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK | | | | | 5.04 |
| 5.05 | AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS | | | | | 5.05 |
| 5.06 | TOTAL ADDITIONAL PAYMENT | | | | | 5.06 |
| 6 | SUBTOTAL | 14911388 | | | | 6 |
| 7 | HOSPITAL SPECIFIC PAYMENTS | | | | | 7 |
| 7.01 | HOSPITAL SPECIFIC PAYMENTS (1996 HSR) | | | | | 7.01 |
| 8 | TOTAL PAYMENT FOR INPATIENT OPERATING COSTS | 14911388 | | | | 8 |
| 9 | PAYMENT FOR INPATIENT PROGRAM CAPITAL | 1273706 | | | | 9 |
| 10 | EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL | | | | | 10 |
| 11 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENT | 20599 | | | | 11 |
| 11.01 | NURSING AND ALLIED HEALTH MANAGED CARE | | | | | 11.01 |
| 11.02 | ADD-ON PAYMENT FOR NEW TECHNOLOGIES | | | | | 11.02 |
| 12 | NET ORGAN ACQUISITION COST | | | | | 12 |
| 13 | COST OF TEACHING PHYSICIANS | | | | | 13 |
| 14 | ROUTINE SERVICE OTHER PASS THROUGH COSTS | | | | | 14 |
| 15 | ANCILLARY SERVICE OTHER PASS THROUGH COSTS | | | | | 15 |
| 16 | TOTAL | 16205693 | | | | 16 |
| 17 | PRIMARY PAYER PAYMENTS | 5499 | | | | 17 |
| 18 | TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES | 16200194 | | | | 18 |
| 19 | DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES | 1259552 | | | | 19 |
| 20 | COINSURANCE BILLED TO PROGRAM BENEFICIARIES | 159736 | | | | 20 |
| 21 | REIMBURSABLE BAD DEBTS | 529230 | | | | 21 |
| 21.01 | REDUCED PROGRAM REIMBURSABLE BAD DEBTS | 370461 | | | | 21.01 |
| 21.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | 175701 | | | | 21.02 |
| 22 | SUBTOTAL | 15151367 | | | | 22 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

| | HOSPITAL (14-0008) | SUB I | SUB II | SUB III | SUB IV | |
|-------|-----------------------|-------|--------|---------|--------|-------|
| 23 | | | | | | 23 |
| | | | | | | |
| 24 | | | | | | 24 |
| 25 | | | | | | 25 |
| 26 | 15151367 | | | | | 26 |
| 27 | | | | | | 27 |
| 28 | 14787281 | | | | | 28 |
| 28.01 | | | | | | 28.01 |
| 29 | 364086 | | | | | 29 |
| 30 | | | | | | 30 |
| | | | | | | |
| | | | | | | |
| 50 | | | | | | 50 |
| 51 | | | | | | 51 |
| 52 | | | | | | 52 |
| 53 | | | | | | 53 |
| 54 | | | | | | 54 |
| 55 | | | | | | 55 |
| 56 | | | | | | 56 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | HOSPITAL (14-0008) 1 | HOSPITAL (14-0008) 1.01 | HOSPITAL (14-0008) 1.02 | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------|-------------------------------|-------|
| 1 MEDICAL AND OTHER SERVICES | 523 | | | 1 |
| 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000 | 3944936 | | | 1.01 |
| 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS | 3131048 | | | 1.02 |
| 1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO | | | | 1.03 |
| 1.04 LINE 1.01 TIMES LINE 1.03 | | | | 1.04 |
| 1.05 LINE 1.02 DIVIDED BY LINE 1.04 | | | | 1.05 |
| 1.06 TRANSITIONAL CORRIDOR PAYMENT | | | | 1.06 |
| 1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101 | | | | 1.07 |
| 2 INTERNS AND RESIDENTS | | | | 2 |
| 3 ORGAN ACQUISITIONS | | | | 3 |
| 4 COST OF TEACHING PHYSICIANS | | | | 4 |
| 5 TOTAL COST | 523 | | | 5 |
| COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES | | | | |
| 6 ANCILLARY SERVICE CHARGES | 9710 | | | 6 |
| 7 INTERNS AND RESIDENTS SERVICE CHARGES | | | | 7 |
| 8 ORGAN ACQUISITION CHARGES | | | | 8 |
| 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS | | | | 9 |
| 10 TOTAL REASONABLE CHARGES | 9710 | | | 10 |
| CUSTOMARY CHARGES | | | | |
| 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | | | | 11 |
| 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) | | | | 12 |
| 13 RATIO OF LINE 11 TO LINE 12 | | | | 13 |
| 14 TOTAL CUSTOMARY CHARGES | 9710 | | | 14 |
| 15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST | 9187 | | | 15 |
| 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | | | 16 |
| 17 LESSER OF COST OR CHARGES | 523 | | | 17 |
| 17.01 TOTAL PPS PAYMENTS | 3131048 | | | 17.01 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | HOSPITAL (14-0008) 1 | HOSPITAL (14-0008) 1.01 | HOSPITAL (14-0008) 1.02 |
|-------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------|-------------------------------|
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | |
| 18 DEDUCTIBLES AND COINSURANCE | | | 18 |
| 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01 | 906306 | | 18.01 |
| 19 SUBTOTAL | 2225265 | | 19 |
| 20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E | | | 20 |
| 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | 2958 | | 21 |
| 22 ESRD DIRECT MEDICAL EDUCATION COSTS | | | 22 |
| 23 SUBTOTAL | 2228223 | | 23 |
| 24 PRIMARY PAYER PAYMENTS | | | 24 |
| 25 SUBTOTAL | 2228223 | | 25 |
| REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | | | |
| 26 COMPOSITE RATE ESRD | | | 26 |
| 27 BAD DEBTS | 189607 | | 27 |
| 27.01 REDUCED REIMBURSABLE BAD DEBTS | 132725 | | 27.01 |
| 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | 121737 | | 27.02 |
| 28 SUBTOTAL | 2360948 | | 28 |
| 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | | | 29 |
| 30 OTHER ADJUSTMENTS | | | 30 |
| 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT) | | | 30.99 |
| 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | | 31 |
| 32 SUBTOTAL | 2360948 | | 32 |
| 33 SEQUESTRATION ADJUSTMENT | | | 33 |
| 34 INTERIM PAYMENTS | 2227714 | | 34 |
| 34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY) | | | 34.01 |
| 35 BALANCE DUE PROVIDER/PROGRAM | 133234 | | 35 |
| 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2 | | | 36 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | SUB I (14-S008) | SUB I (14-S008) | SUB I (14-S008) | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|--------------------|-------|
| | 1 | 1.01 | 1.02 | |
| 1 MEDICAL AND OTHER SERVICES | | | | 1 |
| 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000 | | | | 1.01 |
| 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS | | | | 1.02 |
| 1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO | | | | 1.03 |
| 1.04 LINE 1.01 TIMES LINE 1.03 | | | | 1.04 |
| 1.05 LINE 1.02 DIVIDED BY LINE 1.04 | | | | 1.05 |
| 1.06 TRANSITIONAL CORRIDOR PAYMENT | | | | 1.06 |
| 1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101 | | | | 1.07 |
| 2 INTERNS AND RESIDENTS | | | | 2 |
| 3 ORGAN ACQUISITIONS | | | | 3 |
| 4 COST OF TEACHING PHYSICIANS | | | | 4 |
| 5 TOTAL COST | | | | 5 |
| COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES | | | | |
| 6 ANCILLARY SERVICE CHARGES | | | | 6 |
| 7 INTERNS AND RESIDENTS SERVICE CHARGES | | | | 7 |
| 8 ORGAN ACQUISITION CHARGES | | | | 8 |
| 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS | | | | 9 |
| 10 TOTAL REASONABLE CHARGES | | | | 10 |
| CUSTOMARY CHARGES | | | | |
| 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | | | | 11 |
| 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) | | | | 12 |
| 13 RATIO OF LINE 11 TO LINE 12 | | | | 13 |
| 14 TOTAL CUSTOMARY CHARGES | | | | 14 |
| 15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST | | | | 15 |
| 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | | | 16 |
| 17 LESSER OF COST OR CHARGES | | | | 17 |
| 17.01 TOTAL PPS PAYMENTS | | | | 17.01 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | SUB I (14-S008) | SUB I (14-S008) | SUB I (14-S008) |
|-------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|--------------------|
| | 1 | 1.01 | 1.02 |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | |
| 18 DEDUCTIBLES AND COINSURANCE | | | 18 |
| 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01 | | | 18.01 |
| 19 SUBTOTAL | | | 19 |
| 20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E | | | 20 |
| 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | | | 21 |
| 22 ESRD DIRECT MEDICAL EDUCATION COSTS | | | 22 |
| 23 SUBTOTAL | | | 23 |
| 24 PRIMARY PAYER PAYMENTS | | | 24 |
| 25 SUBTOTAL | | | 25 |
| REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | | | |
| 26 COMPOSITE RATE ESRD | | | 26 |
| 27 BAD DEBTS | | | 27 |
| 27.01 REDUCED REIMBURSABLE BAD DEBTS | | | 27.01 |
| 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | | | 27.02 |
| 28 SUBTOTAL | | | 28 |
| 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | | | 29 |
| 30 OTHER ADJUSTMENTS | | | 30 |
| 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT) | | | 30.99 |
| 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | | 31 |
| 32 SUBTOTAL | | | 32 |
| 33 SEQUESTRATION ADJUSTMENT | | | 33 |
| 34 INTERIM PAYMENTS | | | 34 |
| 34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY) | | | 34.01 |
| 35 BALANCE DUE PROVIDER/PROGRAM | | | 35 |
| 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2 | | | 36 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | SNF (14-5526) | SNF (14-5526) | SNF (14-5526) | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------|------------------|-------|
| | 1 | 1.01 | 1.02 | |
| 1 MEDICAL AND OTHER SERVICES | | | | 1 |
| 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000 | | | | 1.01 |
| 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS | | | | 1.02 |
| 1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO | | | | 1.03 |
| 1.04 LINE 1.01 TIMES LINE 1.03 | | | | 1.04 |
| 1.05 LINE 1.02 DIVIDED BY LINE 1.04 | | | | 1.05 |
| 1.06 TRANSITIONAL CORRIDOR PAYMENT | | | | 1.06 |
| 1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101 | | | | 1.07 |
| 2 INTERNS AND RESIDENTS | | | | 2 |
| 3 ORGAN ACQUISITIONS | | | | 3 |
| 4 COST OF TEACHING PHYSICIANS | | | | 4 |
| 5 TOTAL COST | | | | 5 |
| COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES | | | | |
| 6 ANCILLARY SERVICE CHARGES | | | | 6 |
| 7 INTERNS AND RESIDENTS SERVICE CHARGES | | | | 7 |
| 8 ORGAN ACQUISITION CHARGES | | | | 8 |
| 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS | | | | 9 |
| 10 TOTAL REASONABLE CHARGES | | | | 10 |
| CUSTOMARY CHARGES | | | | |
| 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | | | | 11 |
| 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) | | | | 12 |
| 13 RATIO OF LINE 11 TO LINE 12 | | | | 13 |
| 14 TOTAL CUSTOMARY CHARGES | | | | 14 |
| 15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST | | | | 15 |
| 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | | | 16 |
| 17 LESSER OF COST OR CHARGES | | | | 17 |
| 17.01 TOTAL PPS PAYMENTS | | | | 17.01 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | SNF (14-5526) | SNF (14-5526) | SNF (14-5526) |
|-----------------------------------------|------------------|------------------|------------------|
| | 1 | 1.01 | 1.02 |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | |
| 18 | | | 18 |
| 18.01 | | | 18.01 |
| 19 | | | 19 |
| 20 | | | 20 |
| 21 | | | 21 |
| 22 | | | 22 |
| 23 | | | 23 |
| 24 | | | 24 |
| 25 | | | 25 |
| 26 | | | 26 |
| 27 | | | 27 |
| 27.01 | | | 27.01 |
| 27.02 | | | 27.02 |
| 28 | | | 28 |
| 29 | | | 29 |
| 30 | | | 30 |
| 30.99 | | | 30.99 |
| 31 | | | 31 |
| 32 | | | 32 |
| 33 | | | 33 |
| 34 | | | 34 |
| 34.01 | | | 34.01 |
| 35 | | | 35 |
| 36 | | | 36 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

| | HOSPITAL (14-0008) OCTOBER 1, 1997 PRIOR TO ON OR AFTER | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----|
| | 1 1.01 | |
| 1 STANDARD OVERHEAD AMOUNTS (ASC FEES) | | 1 |
| 2 DEDUCTIBLES | | 2 |
| 3 SUBTOTAL | | 3 |
| 4 80 PERCENT OF LINE 3 | | 4 |
| 5 ASC PORTION OF BLEND | | 5 |
| 6 OUTPATIENT ASC COST | | 6 |
| COMPUTATION OF LESSER OF COST OR CHARGES | | |
| 7 TOTAL CHARGES | | 7 |
| CUSTOMARY CHARGES | | |
| 8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | | 8 |
| 9 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) | | 9 |
| 10 RATIO OF LINE 8 TO LINE 9 | | 10 |
| 11 TOTAL CUSTOMARY CHARGES | | 11 |
| 12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | | 12 |
| 13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | 13 |
| 14 LESSER OF COST OR CHARGES | | 14 |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | | |
| 15 DEDUCTIBLES AND COINSURANCE | | 15 |
| 16 TOTAL | | 16 |
| 17 HOSPITAL SPECIFIC PORTION OF BLEND | | 17 |
| 18 ASC BLENDED AMOUNT | | 18 |
| 19 LESSER OF LINES 16 OR 18 | | 19 |
| 20 PART B DEDUCTIBLES AND COINSURANCE | | 20 |
| 21 ASC PAYMENT AMOUNT | | 21 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0008)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

| | | |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 1 | PREVAILING CHARGES | 1 |
| 2 | 62 PERCENT OF LINE 1 | 2 |
| 3 | DEDUCTIBLES | 3 |
| 4 | SUBTOTAL | 4 |
| 5 | BLENDED CHARGE PROPORTION | 5 |
| 6 | COST OF OUTPATIENT RADIOLOGY | 6 |
| COMPUTATION OF LESSER OF COST OR CHARGES | | |
| 7 | TOTAL CHARGES | 7 |
| CUSTOMARY CHARGES | | |
| 8 | AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | 8 |
| 9 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E) | 9 |
| 10 | RATIO OF LINE 8 TO LINE 9 | 10 |
| 11 | TOTAL CUSTOMARY CHARGES | 11 |
| 12 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | 12 |
| 13 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | 13 |
| 14 | LESSER OF COST OR CHARGES | 14 |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | | |
| 15 | DEDUCTIBLES AND COINSURANCE | 15 |
| 16 | TOTAL | 16 |
| 17 | COST PROPORTION | 17 |
| 18 | OUTPATIENT RADIOLOGY BLENDED AMOUNT | 18 |
| 19 | LESSER OF LINE 16 OR LINE 18 | 19 |
| 20 | PART B DEDUCTIBLES AND COINSURANCE | 20 |
| 21 | RADIOLOGY PAYMENT AMOUNT | 21 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0008)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

| | | |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 1 | PREVAILING CHARGES | 1 |
| 2 | 42 PERCENT OF LINE 1 | 2 |
| 3 | DEDUCTIBLES | 3 |
| 4 | SUBTOTAL | 4 |
| 5 | BLENDED CHARGE PROPORTION | 5 |
| 6 | COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES | 6 |
| COMPUTATION OF LESSER OF COST OR CHARGES | | |
| 7 | TOTAL CHARGES | 7 |
| CUSTOMARY CHARGES | | |
| 8 | AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | 8 |
| 9 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E) | 9 |
| 10 | RATIO OF LINE 8 TO LINE 9 | 10 |
| 11 | TOTAL CUSTOMARY CHARGES | 11 |
| 12 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | 12 |
| 13 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | 13 |
| 14 | LESSER OF COST OR CHARGES | 14 |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | | |
| 15 | DEDUCTIBLES AND COINSURANCE | 15 |
| 16 | TOTAL | 16 |
| 17 | COST PROPORTION | 17 |
| 18 | OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT | 18 |
| 19 | LESSER OF LINE 16 OR LINE 18 | 19 |
| 20 | PART B DEDUCTIBLES AND COINSURANCE | 20 |
| 21 | DIAGNOSTIC PAYMENT AMOUNT | 21 |

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0008)

WORKSHEET E-1

| DESCRIPTION | INPATIENT PART A | | PART B | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------|-----------------|-------------|------|
| | MM/DD/YYYY 1 | AMOUNT 2 | MM/DD/YYYY 3 | AMOUNT 4 | |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 14783199 | | 2227714 | 1 |
| 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. | | 4082 | | NONE | 2 |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM | | | | | 3.01 |
| ADJUSTMENT AMOUNT BASED ON SUBSEQUENT | PROGRAM | | | | 3.02 |
| REVISION OF THE INTERIM RATE FOR THE COST | TO | NONE | | NONE | 3.03 |
| REPORTING PERIOD. ALSO SHOW DATE OF EACH | PROVIDER | | | | 3.04 |
| PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | | | | | 3.05 |
| | | | | | 3.50 |
| | 10/22/2002 | | | | 3.51 |
| | PROVIDER | | | | 3.52 |
| | TO | NONE | | NONE | 3.53 |
| | PROGRAM | | | | 3.54 |
| | | | | | 3.99 |
| SUBTOTAL | | | | | 3.99 |
| 4 TOTAL INTERIM PAYMENTS | | 14787281 | | 2227714 | 4 |
| TO BE COMPLETED BY INTERMEDIARY | | | | | |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | PROGRAM | | | | 5.01 |
| | TO | NONE | | NONE | 5.02 |
| | PROVIDER | | | | 5.03 |
| | PROVIDER | | | | 5.50 |
| | TO | NONE | | NONE | 5.51 |
| | PROGRAM | | | | 5.52 |
| | | | | | 5.99 |
| SUBTOTAL | | | | | 5.99 |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT. | PROGRAM TO | | | | 6.01 |
| | PROVIDER | 364086 | | 133234 | 6.01 |
| | PROVIDER TO | | | | 6.02 |
| | PROGRAM | | | | |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | 15151367 | | 2360948 | 7 |
| NAME OF INTERMEDIARY: _____ | INTERMEDIARY NUMBER: _____ | | | | |
| SIGNATURE OF AUTHORIZED PERSON: _____ | DATE (MO/DAY/YR): _____ | | | | |

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-S008)

WORKSHEET E-1

| DESCRIPTION | INPATIENT PART A | | PART B | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------|-----------------|-------------|
| | MM/DD/YYYY 1 | AMOUNT 2 | MM/DD/YYYY 3 | AMOUNT 4 |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 1264397 | | 1 |
| 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 | | 2 |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM | | | | 3.01 |
| ADJUSTMENT AMOUNT BASED ON SUBSEQUENT | PROGRAM .01 | | | 3.02 |
| REVISION OF THE INTERIM RATE FOR THE COST | TO .02 | | | 3.03 |
| REPORTING PERIOD. ALSO SHOW DATE OF EACH | PROVIDER .03 | NONE | NONE | 3.04 |
| PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | PROVIDER .04 | | | 3.05 |
| | TO .05 | | | 3.50 |
| | PROVIDER .51 | | | 3.51 |
| | TO .52 | NONE | NONE | 3.52 |
| | PROGRAM .53 | | | 3.53 |
| | PROGRAM .54 | | | 3.54 |
| SUBTOTAL | .99 | | | 3.99 |
| 4 TOTAL INTERIM PAYMENTS | | 1264397 | | 4 |
| TO BE COMPLETED BY INTERMEDIARY | | | | |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | PROGRAM .01 | | | 5.01 |
| | TO .02 | NONE | NONE | 5.02 |
| | PROVIDER .03 | | | 5.03 |
| | PROVIDER .50 | | | 5.50 |
| | TO .51 | NONE | NONE | 5.51 |
| | PROGRAM .52 | | | 5.52 |
| SUBTOTAL | .99 | | | 5.99 |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT. | PROGRAM TO .01 | | | 6.01 |
| | PROVIDER TO .02 | | | 6.02 |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | 1264397 | | 7 |

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SKILLED NURSING FACILITY I (14-5526)

WORKSHEET E-1

| DESCRIPTION | INPATIENT | | PART B | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------|------------|--------|
| | MM/DD/YYYY | AMOUNT | MM/DD/YYYY | AMOUNT |
| | 1 | 2 | 3 | 4 |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 1396164 | | 1 |
| 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 | | 2 |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM | | | | 3.01 |
| ADJUSTMENT AMOUNT BASED ON SUBSEQUENT | PROGRAM .01 | | | 3.02 |
| REVISION OF THE INTERIM RATE FOR THE COST | TO .02 | | | 3.03 |
| REPORTING PERIOD. ALSO SHOW DATE OF EACH | PROVIDER .03 | NONE | NONE | 3.04 |
| PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | PROVIDER .04 | | | 3.05 |
| | TO .05 | | | 3.50 |
| | PROVIDER .51 | | | 3.51 |
| | TO .52 | NONE | NONE | 3.52 |
| | PROGRAM .53 | | | 3.53 |
| | .54 | | | 3.54 |
| SUBTOTAL | .99 | | | 3.99 |
| 4 TOTAL INTERIM PAYMENTS | | 1396164 | | 4 |
| TO BE COMPLETED BY INTERMEDIARY | | | | |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH | PROGRAM .01 | | | 5.01 |
| PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | TO .02 | NONE | NONE | 5.02 |
| | PROVIDER .03 | | | 5.03 |
| | PROVIDER .50 | | | 5.50 |
| | TO .51 | NONE | NONE | 5.51 |
| | PROGRAM .52 | | | 5.52 |
| SUBTOTAL | .99 | | | 5.99 |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT. | PROGRAM TO .01 | 23868 | | 6.01 |
| | PROVIDER TO .02 | | | 6.02 |
| PROGRAM | | | | |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | 1420032 | | 7 |

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV
 (14-S008)

| | | | | | | |
|-------|---------------------------------------------------------------------------------------------------------------------------------|----------|--|--|--|-------|
| 1 | INPATIENT HOSPITAL SERVICES | | | | | 1 |
| 1.01 | HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS) | | | | | 1.01 |
| 1.02 | NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS) | | | | | 1.02 |
| 1.03 | MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.) | | | | | 1.03 |
| 1.04 | INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS) | | | | | 1.04 |
| 1.05 | OUTLIER PAYMENTS | | | | | 1.05 |
| 1.06 | TOTAL PPS PAYMENTS | | | | | 1.06 |
| 1.07 | NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT | | | | | 1.07 |
| | INPATIENT PSYCHIATRIC FACILITY (IPF) | | | | | |
| 1.08 | NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT) | 988255 | | | | 1.08 |
| 1.09 | NET IPF PPS OUTLIER PAYMENTS | 307854 | | | | 1.09 |
| 1.10 | NET IPF PPS ECT PAYMENTS | | | | | 1.10 |
| 1.11 | UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS) | | | | | 1.11 |
| 1.12 | NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.) | | | | | 1.12 |
| 1.13 | CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.) | | | | | 1.13 |
| 1.14 | CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.) | | | | | 1.14 |
| 1.15 | INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) | | | | | 1.15 |
| 1.16 | AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) | 7.857143 | | | | 1.16 |
| 1.17 | MEDICAL EDUCATION ADJUSTMENT FACTOR | | | | | 1.17 |
| 1.18 | MEDICAL EDUCATION ADJUSTMENT | | | | | 1.18 |
| 1.19 | ADJUSTED NET IPF PPS PAYMENTS | 1296109 | | | | 1.19 |
| 1.20 | STOP LESS PAYMENT FLOOR | | | | | 1.20 |
| 1.21 | ADJUSTED NET PAYMENT FLOOR | | | | | 1.21 |
| 1.22 | STOP LOSS ADJUSTMENT | | | | | 1.22 |
| 1.23 | TOTAL IPF PPS PAYMENTS | 1296109 | | | | 1.23 |
| | INPATIENT REHABILITATION FACILITY (IRF) | | | | | |
| 1.35 | UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS) | | | | | 1.35 |
| 1.36 | NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.) | | | | | 1.36 |
| 1.37 | CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS) | | | | | 1.37 |
| 1.38 | CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS) | | | | | 1.38 |
| 1.39 | INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS) | | | | | 1.39 |
| 1.40 | AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS) | | | | | 1.40 |
| 1.41 | MEDICAL EDUCATION ADJUSTMENT FACTOR | | | | | 1.41 |
| 1.42 | MEDICAL EDUCATION ADJUSTMENT | | | | | 1.42 |
| 2 | ORGAN ACQUISITION | | | | | 2 |
| 3 | COST OF TEACHING PHYSICIANS | | | | | 3 |
| 4 | SUBTOTAL | 1296109 | | | | 4 |
| 5 | PRIMARY PAYER PAYMENTS | | | | | 5 |
| 6 | SUBTOTAL | 1296109 | | | | 6 |
| 7 | DEDUCTIBLES | 29664 | | | | 7 |
| 8 | SUBTOTAL | 1266445 | | | | 8 |
| 9 | COINSURANCE | 2048 | | | | 9 |
| 10 | SUBTOTAL | 1264397 | | | | 10 |
| 11 | REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | | | | | 11 |
| 11.01 | REDUCED REIMBURSABLE BAD DEBTS | | | | | 11.01 |
| 11.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | | | | | 11.02 |
| 12 | SUBTOTAL | 1264397 | | | | 12 |
| 13 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | | | | | 13 |

PROVIDER NO. 14-0008 GOTTlieb MEMORIAL HOSPITAL
PERIOD FROM 01/01/2008 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (5/2007)

VERSION: 2008.05
11/20/2008 17:37

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

| | HOSPITAL | SUB I (14-S008) | SUB II | SUB III | SUB IV | |
|-------|----------------------------------------------------------------------------------------------------------------|--------------------|--------|---------|--------|-------|
| 13.01 | OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS) | | | | | 13.01 |
| 14 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | | | | | 14 |
| 15 | OTHER ADJUSTMENTS | | | | | 15 |
| 16 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | | | | 16 |
| 17 | TOTAL AMOUNT PAYABLE TO THE PROVIDER | 1264397 | | | | 17 |
| 18 | SEQUESTRATION ADJUSTMENT | | | | | 18 |
| 19 | INTERIM PAYMENTS | 1264397 | | | | 19 |
| 19.01 | TENTATIVE SETTLEMENT (FOR FI USE ONLY) | | | | | 19.01 |
| 20 | BALANCE DUE PROVIDER/PROGRAM | | | | | 20 |
| 21 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2 | | | | | 21 |
| | TO BE COMPLETED BY INTERMEDIARY | | | | | |
| 50 | ORIGINAL OUTLIER AMOUNT | | | | | 50 |
| 51 | OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS) | | | | | 51 |
| 52 | THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY | | | | | 52 |
| 53 | OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | | | | 53 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

| | [] TITLE V | [XX] TITLE XVIII | [] TITLE XIX |
|---------------------------------------------|-------------|----------------------------------|---------------|
| | | SNF I (14-5526) (PPS) 2 | |
| COMPUTATION OF NET COST OF COVERED SERVICES | | | |
| 1 | | | 1 |
| 2 | | | 2 |
| 3 | | | 3 |
| 4 | | | 4 |
| 5 | | | 5 |
| 6 | | | 6 |
| 7 | | | 7 |
| 8 | | | 8 |
| 9 | | | 9 |
| COMPUTATION OF LESSER OF COST OR CHARGES | | | |
| 10 | | | 10 |
| 11 | | | 11 |
| 12 | | | 12 |
| 13 | | | 13 |
| 14 | | | 14 |
| 15 | | | 15 |
| 16 | | | 16 |
| CUSTOMARY CHARGES | | | |
| 17 | | | 17 |
| 18 | | | 18 |
| 19 | | | 19 |
| 20 | | | 20 |
| 21 | | | 21 |
| 22 | | | 22 |
| 23 | | | 23 |
| PROSPECTIVE PAYMENT AMOUNT | | | |
| 24 | | 1489288 | 24 |
| 25 | | | 25 |
| 26 | | | 26 |
| 27 | | | 27 |
| 28 | | | 28 |
| 29 | | | 29 |
| 30 | | 1489288 | 30 |
| 31 | | | 31 |
| 32 | | 1489288 | 32 |
| 33 | | | 33 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

| | [] TITLE V | [XX] TITLE XVIII | [] TITLE XIX |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------|
| | | SNF I (14-5526) (PPS) 2 | |
| 34 | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | |
| | EXCESS OF REASONABLE COST | | 34 |
| 35 | SUBTOTAL | 1489288 | 35 |
| 36 | COINSURANCE | 93124 | 36 |
| 37 | SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19 | | 37 |
| 38 | REIMBURSABLE BAD DEBTS | 31764 | 38 |
| 38.01 | REDUCED REIMBURSABLE BAD DEBTS | | 38.01 |
| 38.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | 5443 | 38.02 |
| 38.03 | ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.) | 23868 | 38.03 |
| 39 | UTILIZATION REVIEW | | 39 |
| 40 | SUBTOTAL | 1420032 | 40 |
| 41 | INPATIENT ROUTINE SERVICE COST | | 41 |
| 42 | MEDICARE INPATIENT ROUTINE CHARGES | | 42 |
| 43 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | | 43 |
| 44 | 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) | | 44 |
| 45 | RATIO OF LINE 43 TO LINE 44 | | 45 |
| 46 | TOTAL CUSTOMARY CHARGES | | 46 |
| 47 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | | 47 |
| 48 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | 48 |
| 49 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | | 49 |
| 50 | OTHER ADJUSTMENTS | | 50 |
| 51 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | 51 |
| 52 | SUBTOTAL | 1420032 | 52 |
| 53 | INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY) | | 53 |
| 54 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | | 54 |
| 55 | TOTAL AMOUNT PAYABLE TO THE PROVIDER | 1420032 | 55 |
| 56 | SEQUESTRATION ADJUSTMENT | | 56 |
| 57 | INTERIM PAYMENTS | 1396164 | 57 |
| 57.01 | TENTATIVE SETTLEMENT (FOR FI USE ONLY) | | 57.01 |
| 58 | BALANCE DUE PROVIDER/PROGRAM | 23868 | 58 |
| 59 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2 | | 59 |

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

| | [] TITLE V | [] TITLE XVIII | [XX] TITLE XIX | | | NF I (PPS) | |
|----|--------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|--------|---------|------------|----|
| | | HOSPITAL (14-0008) (OTHER) | SUB I (14-S008) | SUB II | SUB III | SUB IV | |
| | COMPUTATION OF NET COST OF COVERED SERVICES | 1 | 1 | 1 | 1 | 1 | |
| 1 | INPATIENT HOSPITAL/SNF/NF SERVICES | 2541871 | | | | | 1 |
| 2 | MEDICAL AND OTHER SERVICES | | | | | | 2 |
| 3 | INTERNS AND RESIDENTS | | | | | | 3 |
| 4 | ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O | | | | | | 4 |
| 5 | COST OF TEACHING PHYSICIANS | | | | | | 5 |
| 6 | SUBTOTAL | 2541871 | | | | | 6 |
| 7 | INPATIENT PRIMARY PAYER PAYMENTS | | | | | | 7 |
| 8 | OUTPATIENT PRIMARY PAYER PAYMENTS | | | | | | 8 |
| 9 | SUBTOTAL | 2541871 | | | | | 9 |
| | COMPUTATION OF LESSER OF COST OR CHARGES | | | | | | |
| 10 | ROUTINE SERVICE CHARGES | | | | | | 10 |
| 11 | ANCILLARY SERVICE CHARGES | | | | | | 11 |
| 12 | INTERNS AND RESIDENTS SERVICE CHARGES | | | | | | 12 |
| 13 | ORGAN ACQUISITION CHARGES, NET OF REVENUE | | | | | | 13 |
| 14 | TEACHING PHYSICIANS | | | | | | 14 |
| 15 | INCENTIVE FROM TARGET AMOUNT COMPUTATION | | | | | | 15 |
| 16 | TOTAL REASONABLE CHARGES | | | | | | 16 |
| | CUSTOMARY CHARGES | | | | | | |
| 17 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE | | | | | | 17 |
| 18 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E) | | | | | | 18 |
| 19 | RATIO OF LINE 17 TO LINE 18 | | | | | | 19 |
| 20 | TOTAL CUSTOMARY CHARGES | | | | | | 20 |
| 21 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | | | | | | 21 |
| 22 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | 2541871 | | | | | 22 |
| 23 | COST OF COVERED SERVICES | 2541871 | | | | | 23 |
| | PROSPECTIVE PAYMENT AMOUNT | | | | | | |
| 24 | OTHER THAN OUTLIER PAYMENTS | | | | | | 24 |
| 25 | OUTLIER PAYMENTS | | | | | | 25 |
| 26 | PROGRAM CAPITAL PAYMENTS | | | | | | 26 |
| 27 | CAPITAL EXCEPTION PAYMENTS | | | | | | 27 |
| 28 | ROUTINE SERVICE OTHER PASS THROUGH COSTS | | | | | | 28 |
| 29 | ANCILLARY SERVICE OTHER PASS THROUGH COSTS | | | | | | 29 |
| 30 | SUBTOTAL | 2541871 | | | | | 30 |
| 31 | CUSTOMARY CHARGES (TITLE XIX PPS COVERED) | | | | | | 31 |
| 32 | LESSER OF LINES 30 OR 31 | 2541871 | | | | | 32 |
| 33 | DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT) | | | | | | 33 |

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

| | [] TITLE V | [] TITLE XVIII | [XX] TITLE XIX | | | |
|-------|--------------------------------------------------|-----------------|----------------|---------|--------|-------|
| | HOSPITAL (14-0008) (OTHER) | SUB I | SUB II | SUB III | SUB IV | NF I |
| | 1 | 1 | 1 | 1 | 1 | 1 |
| 34 | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | | | |
| 35 | EXCESS OF REASONABLE COST | 2541871 | | | | 34 |
| 36 | SUBTOTAL | | | | | 35 |
| 37 | COINSURANCE | | | | | 36 |
| 38 | SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, | | | | | 37 |
| 38 | REIMBURSABLE BAD DEBTS | | | | | 38 |
| 38.01 | REDUCED REIMBURSABLE BAD DEBTS | | | | | 38.01 |
| 38.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE | | | | | 38.02 |
| | BENEFICIARIES (SEE INSTRUCTIONS) | | | | | |
| 39 | UTILIZATION REVIEW | | | | | 39 |
| 40 | SUBTOTAL | | | | | 40 |
| 41 | INPATIENT ROUTINE SERVICE COST | | | | | 41 |
| 42 | MEDICARE INPATIENT ROUTINE CHARGES | | | | | 42 |
| 43 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE | | | | | 43 |
| 44 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM | | | | | 44 |
| | A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN | | | | | |
| | ACCORDANCE WITH 42 CFR 413.13(E) | | | | | |
| 45 | RATIO OF LINE 43 TO LINE 44 | | | | | 45 |
| 46 | TOTAL CUSTOMARY CHARGES | | | | | 46 |
| 47 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | | | | | 47 |
| 48 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | | | | 48 |
| 49 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM | | | | | 49 |
| | UTILIZATION | | | | | |
| 50 | OTHER ADJUSTMENTS | | | | | 50 |
| 51 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING | | | | | 51 |
| | DEPRECIABLE ASSETS | | | | | |
| 52 | SUBTOTAL | | | | | 52 |
| 53 | INDIRECT MEDICAL EDUCATION ADJUSTMENT | | | | | 53 |
| 54 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | | | | | 54 |
| 55 | TOTAL AMOUNT PAYABLE TO THE PROVIDER | | | | | 55 |
| 56 | SEQUESTRATION ADJUSTMENT | | | | | 56 |
| 57 | INTERIM PAYMENTS | | | | | 57 |
| 57.01 | TENTATIVE SETTLEMENT (FOR FI USE ONLY) | | | | | 57.01 |
| 58 | BALANCE DUE PROVIDER/PROGRAM | | | | | 58 |
| 59 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT | | | | | 59 |
| | SECTION 115.2 | | | | | |

DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
 PART IV

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

| COMPUTATION OF TOTAL DIRECT GME AMOUNT | | | |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------|
| 1 | NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE | | 1 |
| 1.01 | NUMBER OF FTE RESIDENTS FOR ALL OTHERS | | 1.01 |
| 2 | UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE | | 2 |
| 2.01 | UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS | | 2.01 |
| 3 | AGGREGATE APPROVED AMOUNT | | 3 |
| 3.01 | UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996 | 0.77 | 3.01 |
| 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) | | 3.02 |
| 3.03 | UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03] | | 3.03 |
| 3.04 | FTE ADJUSTMENT CAP | 0.77 | 3.04 |
| 3.05 | UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR | 0.50 | 3.05 |
| 3.06 | LESSER OF LINE 3.04 OR LINE 3.05 | 0.50 | 3.06 |
| 3.07 | WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO | | 3.07 |
| 3.08 | WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO | 0.50 | 3.08 |
| 3.09 | SUM OF LINES 3.07 AND LINE 3.08 | 0.50 | 3.09 |
| 3.10 | SEE INSTRUCTIONS | 0.50 | 3.10 |
| 3.11 | WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO | | 3.11 |
| 3.12 | SEE INSTRUCTIONS | 0.50 | 3.12 |
| 3.13 | TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS) | 0.48 | 3.13 |
| 3.14 | TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS) | 0.50 | 3.14 |
| 3.15 | ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS) | 0.49 | 3.15 |
| 3.16 | SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00] | 0.49 | 3.16 |
| 3.17 | SEE INSTRUCTIONS | 75651.70 | 3.17 |
| 3.18 | SEE INSTRUCTIONS | 37069 | 3.18 |

DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
 PART IV
 (CONT)

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------|---------|------|
| 3.19 | SEE INSTRUCTIONS | | | 3.19 |
| 3.20 | SEE INSTRUCTIONS | | | 3.20 |
| 3.21 | SEE INSTRUCTIONS | | | 3.21 |
| 3.22 | SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00] | 0.00 | | 3.22 |
| 3.23 | SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001 | 0.00 | | 3.23 |
| 3.24 | SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001 | | | 3.24 |
| 3.25 | SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001 | | 37069 | 3.25 |
| COMPUTATION OF PROGRAM PATIENT LOAD | | | | |
| 4 | PROGRAM PART A INPATIENT DAYS | | 12704 | 4 |
| 5 | TOTAL INPATIENT DAYS | | 21745 | 5 |
| 6 | RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS | | .584226 | 6 |
| | | [LINE 6 x] [E-3,PART 6] | | |
| | | [LINE 3.25] [LINE 11] | | |
| 6.01 | TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 21657 | 0 | 21657 | 6.01 |
| 6.02 | PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD | | 1298 | 6.02 |
| 6.03 | TOTAL INPATIENT DAYS FROM LINE 5 ABOVE | | 21745 | 6.03 |
| 6.04 | APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS | | 100.00 | 6.04 |
| 6.05 | GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD | | 1900 | 6.05 |
| 6.06 | PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR | | | 6.06 |
| 6.07 | APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE | | 100.00 | 6.07 |
| | | [PRIOR TO] [E-3,PART 6] | | |
| | | [422] [LINE 12] | | |
| 6.08 | GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD | 0 | 0 | 6.08 |
| DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS) | | | | |
| 7 | RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS | | | 7 |
| 8 | RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES | | | 8 |
| 9 | RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES | | | 9 |
| 10 | MEDICARE O/P ESRD CHARGES | | | 10 |
| 11 | MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS | | | 11 |

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11/20/2008 17:37

DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

APPORIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY
PART A REASONABLE COST

| | | | |
|-------------------------------------------------------------------|-----------------------------------------------------------|----------|-------|
| 12 | REASONABLE COST | 27484426 | 12 |
| 13 | ORGAN ACQUISITION COSTS | | 13 |
| 14 | COST OF TEACHING PHYSICIANS | | 14 |
| 15 | PRIMARY PAYER PAYMENTS | 5499 | 15 |
| 16 | TOTAL PART A REASONABLE COST | 27478927 | 16 |
| PART B REASONABLE COST | | | |
| 17 | REASONABLE COST | 3945459 | 17 |
| 18 | PRIMARY PAYER PAYMENTS | | 18 |
| 19 | TOTAL PART B REASONABLE COST | 3945459 | 19 |
| 20 | TOTAL REASONABLE COST | 31424386 | 20 |
| 21 | RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST | .874446 | 21 |
| 22 | RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST | .125554 | 22 |
| ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B | | | |
| 23 | TOTAL PROGRAM GME PAYMENT | | 23 |
| 23.01 | FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998 | 23557 | 23.01 |
| 24 | PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY | 20599 | 24 |
| 25 | PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY | 2958 | 25 |

DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

| COMPUTATION OF TOTAL DIRECT GME AMOUNT | | |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| 1 | NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE | 1 |
| 1.01 | NUMBER OF FTE RESIDENTS FOR ALL OTHERS | 1.01 |
| 2 | UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE | 2 |
| 2.01 | UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS | 2.01 |
| 3 | AGGREGATE APPROVED AMOUNT | 3 |
| 3.01 | UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996 | 3.01 |
| 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) | 3.02 |
| 3.03 | UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI, LN.4] [PLUS LINE 3.03] | 3.03 |
| 3.04 | FTE ADJUSTMENT CAP | 3.04 |
| 3.05 | UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR | 3.05 |
| 3.06 | LESSER OF LINE 3.04 OR LINE 3.05 | 3.06 |
| 3.07 | WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO | 3.07 |
| 3.08 | WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO | 3.08 |
| 3.09 | SUM OF LINES 3.07 AND LINE 3.08 | 3.09 |
| 3.10 | SEE INSTRUCTIONS | 3.10 |
| 3.11 | WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO | 3.11 |
| 3.12 | SEE INSTRUCTIONS | 3.12 |
| 3.13 | TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS) | 3.13 |
| 3.14 | TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS) | 3.14 |
| 3.15 | ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS) | 3.15 |
| 3.16 | SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00] | 3.16 |
| 3.17 | SEE INSTRUCTIONS | 3.17 |
| 3.18 | SEE INSTRUCTIONS | 3.18 |

DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
 PART IV
 (CONT)

[] TITLE V [] TITLE XVIII [XX] TITLE XIX

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------|---------|------|
| 3.19 | SEE INSTRUCTIONS | | | 3.19 |
| 3.20 | SEE INSTRUCTIONS | | | 3.20 |
| 3.21 | SEE INSTRUCTIONS | | | 3.21 |
| 3.22 | SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00] | 0.00 | | 3.22 |
| 3.23 | SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001 | 0.00 | | 3.23 |
| 3.24 | SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001 | | | 3.24 |
| 3.25 | SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001 | | | 3.25 |
| COMPUTATION OF PROGRAM PATIENT LOAD | | | | |
| 4 | PROGRAM PART A INPATIENT DAYS | | 2005 | 4 |
| 5 | TOTAL INPATIENT DAYS | | 21745 | 5 |
| 6 | RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS | | .092205 | 6 |
| | | [LINE 6 x] [E-3,PART 6] | | |
| | | [LINE 3.25] [LINE 11] | | |
| 6.01 | TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS | 0 | 0 | 6.01 |
| 6.02 | PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD | | | 6.02 |
| 6.03 | TOTAL INPATIENT DAYS FROM LINE 5 ABOVE | | 21745 | 6.03 |
| 6.04 | APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS | | 100.00 | 6.04 |
| 6.05 | GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD | | | 6.05 |
| 6.06 | PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR | | | 6.06 |
| 6.07 | APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE | | 100.00 | 6.07 |
| | | [PRIOR TO] [E-3,PART 6] | | |
| | | [422] [LINE 12] | | |
| 6.08 | GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD | 0 | 0 | 6.08 |
| DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS) | | | | |
| 7 | RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS | | | 7 |
| 8 | RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES | | | 8 |
| 9 | RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES | | | 9 |
| 10 | MEDICARE O/P ESRD CHARGES | | | 10 |
| 11 | MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS | | | 11 |

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DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY

PART A REASONABLE COST

| | | |
|----|------------------------------|----|
| 12 | REASONABLE COST | 12 |
| 13 | ORGAN ACQUISITION COSTS | 13 |
| 14 | COST OF TEACHING PHYSICIANS | 14 |
| 15 | PRIMARY PAYER PAYMENTS | 15 |
| 16 | TOTAL PART A REASONABLE COST | 16 |

PART B REASONABLE COST

| | | |
|----|----------------------------------------------------------|----|
| 17 | REASONABLE COST | 17 |
| 18 | PRIMARY PAYER PAYMENTS | 18 |
| 19 | TOTAL PART B REASONABLE COST | 19 |
| 20 | TOTAL REASONABLE COST | 20 |
| 21 | RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST | 21 |
| 22 | RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST | 22 |

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

| | | |
|-------|-----------------------------------------------------------|-------|
| 23 | TOTAL PROGRAM GME PAYMENT | 23 |
| 23.01 | FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998 | 23.01 |
| 24 | PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY | 24 |
| 25 | PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY | 25 |

BALANCE SHEET

WORKSHEET G

| ASSETS | | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|-------------------------------|-------------------------------------------------------------------------------|--------------|-----------------------|----------------|------------|
| | | 1 | 2 | 3 | 4 |
| CURRENT ASSETS | | | | | |
| 1 | CASH ON HAND AND IN BANKS | 82876000 | | | 1 |
| 2 | TEMPORARY INVESTMENTS | 2000 | | | 2 |
| 3 | NOTES RECEIVABLE | | | | 3 |
| 4 | ACCOUNTS RECEIVABLE | 18422000 | | | 4 |
| 5 | OTHER RECEIVABLES | | | | 5 |
| 6 | ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE | -1803000 | | | 6 |
| 7 | INVENTORY | 2362000 | | | 7 |
| 8 | PREPAID EXPENSES | 3586000 | | | 8 |
| 9 | OTHER CURRENT ASSETS | 2724000 | | | 9 |
| 10 | DUE FROM OTHER FUNDS | | | | 10 |
| 11 | TOTAL CURRENT ASSETS | 108169000 | | | 11 |
| FIXED ASSETS | | | | | |
| 12 | LAND | 4293000 | | | 12 |
| 12.01 | ACCUMULATED DEPRECIATION | | | | 12.01 |
| 13 | LAND IMPROVEMENTS | | | | 13 |
| 13.01 | ACCUMULATED DEPRECIATION | -111591000 | | | 13.01 |
| 14 | BUILDINGS | 115801000 | | | 14 |
| 14.01 | ACCUMULATED DEPRECIATION | | | | 14.01 |
| 15 | LEASEHOLD IMPROVEMENTS | | | | 15 |
| 15.01 | ACCUMULATED AMORTIZATION | | | | 15.01 |
| 16 | FIXED EQUIPMENT | 47998000 | | | 16 |
| 16.01 | ACCUMULATED DEPRECIATION | | | | 16.01 |
| 17 | AUTOMOBILES AND TRUCKS | | | | 17 |
| 17.01 | ACCUMULATED DEPRECIATION | | | | 17.01 |
| 18 | MAJOR MOVABLE EQUIPMENT | | | | 18 |
| 18.01 | ACCUMULATED DEPRECIATION | | | | 18.01 |
| 19 | MINOR EQUIPMENT DEPRECIABLE | | | | 19 |
| 19.01 | ACCUMULATED DEPRECIATION | | | | 19.01 |
| 20 | MINOR EQUIPMENT-NONDEPRECIABLE | | | | 20 |
| 21 | TOTAL FIXED ASSETS | 56501000 | | | 21 |
| OTHER ASSETS | | | | | |
| 22 | INVESTMENTS | 7000 | | | 22 |
| 23 | DEPOSITS ON LEASES | | | | 23 |
| 24 | DUE FROM OWNERS/OFFICERS | | | | 24 |
| 25 | OTHER ASSETS | 3985000 | | | 25 |
| 26 | TOTAL OTHER ASSETS | 3992000 | | | 26 |
| 27 | TOTAL ASSETS | 168662000 | | | 27 |
| LIABILITIES AND FUND BALANCES | | | | | |
| | | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
| | | 1 | 2 | 3 | 4 |
| CURRENT LIABILITIES | | | | | |
| 28 | ACCOUNTS PAYABLE | 5054000 | | | 28 |
| 29 | SALARIES, WAGES & FEES PAYABLE | 7401000 | | | 29 |
| 30 | PAYROLL TAXES PAYABLE | 2638000 | | | 30 |
| 31 | NOTES & LOANS PAYABLE (SHORT TERM) | 10323000 | | | 31 |
| 32 | DEFERRED INCOME | | | | 32 |
| 33 | ACCELERATED PAYMENTS | | | | 33 |
| 34 | DUE TO OTHER FUNDS | | | | 34 |
| 35 | OTHER CURRENT LIABILITIES | 556000 | | | 35 |
| 36 | TOTAL CURRENT LIABILITIES | 25972000 | | | 36 |
| LONG-TERM LIABILITIES | | | | | |
| 37 | MORTGAGE PAYABLE | | | | 37 |
| 38 | NOTES PAYABLE | 65000 | | | 38 |
| 39 | UNSECURED LOANS | | | | 39 |
| 40 | LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 | | | | 40 |
| 41 | OTHER LONG TERM LIABILITIES | 20800000 | | | 41 |
| 42 | TOTAL LONG TERM LIABILITIES | 20865000 | | | 42 |
| 43 | TOTAL LIABILITIES | 46837000 | | | 43 |
| CAPITAL ACCOUNTS | | | | | |
| 44 | GENERAL FUND BALANCE | 121825000 | | | 44 |
| 45 | SPECIFIC PURPOSE FUND BALANCE | | | | 45 |
| 46 | DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED | | | | 46 |
| 47 | DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED | | | | 47 |
| 48 | GOVERNING BODY CREATED - ENDOWMENT FUND BAL | | | | 48 |
| 49 | PLANT FUND BALANCE - INVESTED IN PLANT | | | | 49 |
| 50 | PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION | | | | 50 |
| 51 | TOTAL FUND BALANCES | 121825000 | | | 51 |
| 52 | TOTAL LIABILITIES AND FUND BALANCES | 168662000 | | | 52 |

PROVIDER NO. 14-0008 GOTTlieb MEMORIAL HOSPITAL
PERIOD FROM 01/01/2008 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2008.05
11/20/2008 17:37

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

| | GENERAL FUND 1 | SPECIFIC PURPOSE FUND 2 | ENDOWMENT FUND 3 | PLANT FUND 4 |
|-------------------------------------------------------|-------------------|----------------------------|---------------------|-----------------|
| 1 FUND BALANCES AT BEGINNING OF PERIOD | 135981000 | | | 1 |
| 2 NET INCOME (LOSS) | -13852651 | | | 2 |
| 3 TOTAL | 122128349 | | | 3 |
| 4 ADDITIONS (CREDIT ADJUSTMENTS) | | | | 4 |
| 5 | | | | 5 |
| 6 | | | | 6 |
| 7 | | | | 7 |
| 8 | | | | 8 |
| 9 | | | | 9 |
| 10 TOTAL ADDITIONS | | | | 10 |
| 11 SUBTOTAL | 122128349 | | | 11 |
| 12 DEDUCTIONS (DEBIT ADJUSTMENTS) | 303349 | | | 12 |
| 13 | | | | 13 |
| 14 | | | | 14 |
| 15 | | | | 15 |
| 16 | | | | 16 |
| 17 | | | | 17 |
| 18 TOTAL DEDUCTIONS | 303349 | | | 18 |
| 19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET | 121825000 | | | 19 |

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

| REVENUE CENTER | INPATIENT 1 | OUTPATIENT 2 | TOTAL 3 | |
|---------------------------------------------------------|----------------|-----------------|------------|-------|
| 1 GENERAL INPATIENT ROUTINE CARE SERVICES | | | | |
| 2 HOSPITAL | 39392161 | | 39392161 | 1 |
| 4 SUBPROVIDER I | 2757040 | | 2757040 | 2 |
| 5 SWING BED - SNF | | | | 4 |
| 6 SWING BED - NF | | | | 5 |
| 7 SKILLED NURSING FACILITY | 3340946 | | 3340946 | 6 |
| 8 NURSING FACILITY | | | | 7 |
| 9 OTHER LONG TERM CARE | | | | 8 |
| 10 TOTAL GENERAL INPATIENT CARE SERVICES | 45490147 | | 45490147 | 9 |
| 11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES | | | | |
| 12 INTENSIVE CARE UNIT | 11478638 | | 11478638 | 10 |
| 13 CORONARY CARE UNIT | | | | 11 |
| 14 BURN INTENSIVE CARE UNIT | | | | 12 |
| 15 SURGICAL INTENSIVE CARE UNIT | | | | 13 |
| 16 OTHER SPECIAL CARE (SPECIFY) | | | | 14 |
| 17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE | 11478638 | | 11478638 | 15 |
| 18 TOTAL INPATIENT ROUTINE CARE SERVICES | 56968785 | | 56968785 | 16 |
| 18.50 ANCILLARY SERVICES | 171323606 | 82214627 | 253538233 | 17 |
| 18.60 OUTPATIENT SERVICES | 8430731 | 10968994 | 19399725 | 18 |
| 19 RHC | | | | 18.50 |
| 20 FQHC | | | | 18.60 |
| 21 HOME HEALTH AGENCY | | 1740921 | 1740921 | 19 |
| 22 AMBULANCE | | | | 20 |
| 23 CORF | | | | 21 |
| 24 ASC | | | | 22 |
| 25 HOSPICE | | | | 23 |
| 26 TOTAL PATIENT REVENUES | 2308 | 337967 | 340275 | 24 |
| | 236725430 | 95262509 | 331987939 | 25 |

PART II - OPERATING EXPENSES

| | 1 | 2 | |
|-----------------------------|----------|----------|----|
| 26 OPERATING EXPENSES | | 78072298 | 26 |
| 27 ADD (SPECIFY) | | | 27 |
| 28 BAD DEBTS | 2843000 | | 28 |
| 29 | | | 29 |
| 30 | | | 30 |
| 31 | | | 31 |
| 32 | | | 32 |
| 33 TOTAL ADDITIONS | | 2843000 | 33 |
| 34 DEDUCT (SPECIFY) | | | 34 |
| 35 IDPA TAX | -2956000 | | 35 |
| 36 | | | 36 |
| 37 | | | 37 |
| 38 | | | 38 |
| 39 TOTAL DEDUCTIONS | -2956000 | | 39 |
| 40 TOTAL OPERATING EXPENSES | | 77959298 | 40 |

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

| DESCRIPTION | | | |
|-------------|-------------------------------------------------------------------|-----------|-------|
| 1 | TOTAL PATIENT REVENUES | 331987939 | 1 |
| 2 | LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS | 271072950 | 2 |
| 3 | NET PATIENT REVENUES | 60914989 | 3 |
| 4 | LESS - TOTAL OPERATING EXPENSES | 77959298 | 4 |
| 5 | NET INCOME FROM SERVICE TO PATIENTS | -17044309 | 5 |
| 6 | CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC. | | 6 |
| 7 | INCOME FROM INVESTMENTS | | 7 |
| 8 | REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE | 7525 | 8 |
| 9 | REVENUE FROM TELEVISION AND RADIO SERVICE | | 9 |
| 10 | PURCHASE DISCOUNTS | | 10 |
| 11 | REBATES AND REFUNDS OF EXPENSES | | 11 |
| 12 | PARKING LOT RECEIPTS | | 12 |
| 13 | REVENUE FROM LAUNDRY AND LINEN SERVICE | | 13 |
| 14 | REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS | 182033 | 14 |
| 15 | REVENUE FROM RENTAL OF LIVING QUARTERS | | 15 |
| 16 | REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS | | 16 |
| 17 | REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS | | 17 |
| 18 | REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS | 24 | 18 |
| 19 | TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.) | | 19 |
| 20 | REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN | 28909 | 20 |
| 21 | RENTAL OF VENDING MACHINES | 5391 | 21 |
| 22 | RENTAL OF HOSPITAL SPACE | | 22 |
| 23 | GOVERNMENTAL APPROPRIATIONS | | 23 |
| 24 | DAY CARE | 328567 | 24 |
| 24.01 | REFERENCE LAB | 1715749 | 24.01 |
| 24.02 | MISCELLANEOUS | 17460 | 24.02 |
| 24.03 | GAIN ON INVESTMENTS | 148000 | 24.03 |
| 24.04 | NET IDPA IMPACT | 758000 | 24.04 |
| 25 | TOTAL OTHER INCOME | 3191658 | 25 |
| 26 | TOTAL | -13852651 | 26 |
| 27 | NET LOSS ON DISPOSAL | | 27 |
| 28 | | | 28 |
| 29 | | | 29 |
| 30 | TOTAL OTHER EXPENSES | | 30 |
| 31 | NET INCOME (OR LOSS) FOR THE PERIOD | -13852651 | 31 |

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7255

WORKSHEET H

| | SALARIES | EMPLOYEE | TRANS- | CONTRACTED/ | OTHER | TOTAL HHA |
|-----------------------------------------------------------|----------|----------|-----------|-------------|-------|------------|
| | 1 | BENEFITS | PORTATION | PURCH SVCS | COSTS | COST |
| | | 2 | 3 | 4 | 5 | 6 |
| GENERAL SERVICE COST CENTER | | | | | | |
| 1 CAPITAL RELATED-BLDG & FIXTURES | | | | | | 1 |
| 2 CAPITAL RELATED-MOVABLE EQUIPMENT | | | | | | 2 |
| 3 PLANT OPERATION & MAINTENANCE | | | | | | 3 |
| 4 TRANSPORTATION | | | | | | 4 |
| 5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES | 275223 | | 20915 | | 49330 | 345468 5 |
| 6 SKILLED NURSING CARE | 385022 | | | | | 385022 6 |
| 7 PHYSICAL THERAPY | 161235 | | | | | 161235 7 |
| 8 OCCUPATIONAL THERAPY | 10223 | | | 37303 | | 47526 8 |
| 9 SPEECH PATHOLOGY | 300 | | | | | 300 9 |
| 10 MEDICAL SOCIAL SERVICES | 23265 | | | | | 23265 10 |
| 11 HOME HEALTH AIDE | 29111 | | | | | 29111 11 |
| 12 SUPPLIES | | | | | 16008 | 16008 12 |
| 13 DRUGS | | | | | | 13 |
| 13.20 COST OF ADMINISTERING VACCINES | | | | | | 13.20 |
| 14 DME | | | | | | 14 |
| HHA NONREIMBURSABLE SERVICES | | | | | | |
| 15 HOME DIALYSIS AIDE SERVICES | | | | | | 15 |
| 16 RESPIRATORY THERAPY | | | | | | 16 |
| 17 PRIVATE DUTY NURSING | | | | | | 17 |
| 18 CLINIC | | | | | | 18 |
| 19 HEALTH PROMOTION ACTIVITIES | | | | | | 19 |
| 20 DAY CARE PROGRAM | | | | | | 20 |
| 21 HOME DELIVERED MEALS PROGRAM | | | | | | 21 |
| 22 HOMEMAKER SERVICE | | | | | | 22 |
| 23 ALL OTHERS | | | | | | 23 |
| 23.50 TELEMEDICINE | | | | | | 23.50 |
| 24 TOTAL | 884379 | | 20915 | 37303 | 65338 | 1007935 24 |

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7255

WORKSHEET H
 (CONTINUED)

| | RECLASSIFI- CATIONS 7 | RECLASSIFIED TRIAL BALANCE 8 | ADJUSTMENTS 9 | NET EXPENSES FOR ALLOCATION 10 | |
|-----------------------------------------------------------|-----------------------------|------------------------------------|------------------|--------------------------------------|-------|
| GENERAL SERVICE COST CENTER | | | | | |
| 1 CAPITAL RELATED-BLDG & FIXTURES | | | | | 1 |
| 2 CAPITAL RELATED-MOVABLE EQUIPMENT | | | | | 2 |
| 3 PLANT OPERATION & MAINTENANCE | | | | | 3 |
| 4 TRANSPORTATION | | | | | 4 |
| 5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES | | 345468 | | 345468 | 5 |
| 6 SKILLED NURSING CARE | | 385022 | | 385022 | 6 |
| 7 PHYSICAL THERAPY | | 161235 | | 161235 | 7 |
| 8 OCCUPATIONAL THERAPY | | 47526 | | 47526 | 8 |
| 9 SPEECH PATHOLOGY | | 300 | | 300 | 9 |
| 10 MEDICAL SOCIAL SERVICES | | 23265 | | 23265 | 10 |
| 11 HOME HEALTH AIDE | | 29111 | | 29111 | 11 |
| 12 SUPPLIES | | 16008 | | 16008 | 12 |
| 13 DRUGS | | | | | 13 |
| 13.20 COST OF ADMINISTERING VACCINES | | | | | 13.20 |
| 14 DME | | | | | 14 |
| HHA NONREIMBURSABLE SERVICES | | | | | |
| 15 HOME DIALYSIS AIDE SERVICES | | | | | 15 |
| 16 RESPIRATORY THERAPY | | | | | 16 |
| 17 PRIVATE DUTY NURSING | | | | | 17 |
| 18 CLINIC | | | | | 18 |
| 19 HEALTH PROMOTION ACTIVITIES | | | | | 19 |
| 20 DAY CARE PROGRAM | | | | | 20 |
| 21 HOME DELIVERED MEALS PROGRAM | | | | | 21 |
| 22 HOMEMAKER SERVICE | | | | | 22 |
| 23 ALL OTHERS | | | | | 23 |
| 23.50 TELEMEDICINE | | | | | 23.50 |
| 24 TOTAL | | 1007935 | | 1007935 | 24 |

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7255

WORKSHEET H-4
 PART I

| | NET EXPENSES FOR COST ALLOCATION | CAP REL BLDGS & FIXTURES | CAP REL MOVABLE EQUIPMENT | PLANT OPERATN MAINT | & TRANSPORT- ATION | SUBTOTAL 4A | ADMIN & GENERAL 5 | TOTAL 6 |
|------------------------------|----------------------------------------|--------------------------------|---------------------------------|---------------------------|-----------------------|----------------|-------------------------|------------|
| | 0 | 1 | 2 | 3 | 4 | | | |
| GENERAL SERVICE COST CENTER | | | | | | | | |
| 1 | | | | | | | | 1 |
| 2 | | | | | | | | 2 |
| 3 | | | | | | | | 3 |
| 4 | | | | | | | | 4 |
| 5 | 345468 | | | | | 345468 | 345468 | 5 |
| HHA REIMBURSABLE SERVICES | | | | | | | | |
| 6 | 385022 | | | | | 385022 | 200785 | 585807 |
| 7 | 161235 | | | | | 161235 | 84082 | 245317 |
| 8 | 47526 | | | | | 47526 | 24784 | 72310 |
| 9 | 300 | | | | | 300 | 156 | 456 |
| 10 | 23265 | | | | | 23265 | 12132 | 35397 |
| 11 | 29111 | | | | | 29111 | 15181 | 44292 |
| 12 | 16008 | | | | | 16008 | 8348 | 24356 |
| 13 | | | | | | | | 13 |
| 13.20 | | | | | | | | 13.20 |
| 14 | | | | | | | | 14 |
| HHA NONREIMBURSABLE SERVICES | | | | | | | | |
| 15 | | | | | | | | 15 |
| 16 | | | | | | | | 16 |
| 17 | | | | | | | | 17 |
| 18 | | | | | | | | 18 |
| 19 | | | | | | | | 19 |
| 20 | | | | | | | | 20 |
| 21 | | | | | | | | 21 |
| 22 | | | | | | | | 22 |
| 23 | | | | | | | | 23 |
| 23.50 | | | | | | | | 23.50 |
| 24 | 1007935 | | | | | 1007935 | | 1007935 |

PROVIDER NO. 14-0008 GOTTLIEB MEMORIAL HOSPITAL
 PERIOD FROM 01/01/2008 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2008.05
 11/20/2008 17:37

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7255

WORKSHEET H-4
 PART II

| | CAP REL BLDGS & FIXTURES (SQUARE FEET) 1 | CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2 | PLANT OPERATN & MAINT (SQUARE FEET) 3 | TRANSPORT- ATION (MILEAGE) 4 | RECONCIL- IATION 5A | ADMIN & GENERAL (ACCUM COST) 5 | |
|-----------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------|---------------------------------------|---------------------------|--------------------------------------------|-------|
| GENERAL SERVICE COST CENTER | | | | | | | |
| 1 CAPITAL RELATED-BLDG & FIXT | | | | | | | 1 |
| 2 CAPITAL RELATED-MOVABLE EQUIP | | | | | | | 2 |
| 3 PLANT OPERATION & MAINTENANCE | | | | | | | 3 |
| 4 TRANSPORTATION | | | | | | | 4 |
| 5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES | | | | | -345468 | 662467 | 5 |
| 6 SKILLED NURSING CARE | | | | | | 385022 | 6 |
| 7 PHYSICAL THERAPY | | | | | | 161235 | 7 |
| 8 OCCUPATIONAL THERAPY | | | | | | 47526 | 8 |
| 9 SPEECH PATHOLOGY | | | | | | 300 | 9 |
| 10 MEDICAL SOCIAL SERVICES | | | | | | 23265 | 10 |
| 11 HOME HEALTH AIDE | | | | | | 29111 | 11 |
| 12 SUPPLIES | | | | | | 16008 | 12 |
| 13 DRUGS | | | | | | | 13 |
| 13.20 COST OF ADMINISTERING VACCINES | | | | | | | 13.20 |
| 14 DME | | | | | | | 14 |
| HHA NONREIMBURSABLE SERVICES | | | | | | | |
| 15 HOME DIALYSIS AIDE SERVICES | | | | | | | 15 |
| 16 RESPIRATORY THERAPY | | | | | | | 16 |
| 17 PRIVATE DUTY NURSING | | | | | | | 17 |
| 18 CLINIC | | | | | | | 18 |
| 19 HEALTH PROMOTION ACTIVITIES | | | | | | | 19 |
| 20 DAY CARE PROGRAM | | | | | | | 20 |
| 21 HOME DELIVERED MEALS PROGRAM | | | | | | | 21 |
| 22 HOMEMAKER SERVICE | | | | | | | 22 |
| 23 ALL OTHERS | | | | | | | 23 |
| 23.50 TELEMEDICINE | | | | | | | 23.50 |
| 24 TOTAL | | | | | -345468 | 662467 | 24 |
| 25 COST TO BE ALLOC (PER W/S H) | | | | | | 345468 | 25 |
| 26 UNIT COST MULTIPLIER | | | | | | .521487 | 26 |

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7255

WORKSHEET H-5
 PART I

| HHA COST CENTER | PARAMED EDUCATION | SUBTOTAL | I&R COST & POST STEP- DOWN ADJS | SUBTOTAL | ALLOCATED HHA A & G | TOTAL HHA COSTS | |
|---------------------------------|----------------------|----------|---------------------------------------|----------|---------------------------|--------------------|-------|
| | 24 | 25 | 26 | 27 | 28 | 29 | |
| 1 ADMINISTRATIVE AND GENERAL | | 336192 | | 336192 | | | 1 |
| 2 SKILLED NURSING CARE | | 1076461 | | 1076461 | 196313 | 1272774 | 2 |
| 3 PHYSICAL THERAPY | | 450787 | | 450787 | 82210 | 532997 | 3 |
| 4 OCCUPATIONAL THERAPY | | 118558 | | 118558 | 21621 | 140179 | 4 |
| 5 SPEECH PATHOLOGY | | 839 | | 839 | 153 | 992 | 5 |
| 6 MEDICAL SOCIAL SERVICES | | 65044 | | 65044 | 11862 | 76906 | 6 |
| 7 HOME HEALTH AIDE | | 81390 | | 81390 | 14843 | 96233 | 7 |
| 8 SUPPLIES | | 50391 | | 50391 | 9190 | 59581 | 8 |
| 9 DRUGS | | | | | | | 9 |
| 9.20 COST OF ADMINISTERING VACC | | | | | | | 9.20 |
| 10 DME | | | | | | | 10 |
| 11 HOME DIALYSIS AIDE SERVICE | | | | | | | 11 |
| 12 RESPIRATORY THERAPY | | | | | | | 12 |
| 13 PRIVATE DUTY NURSING | | | | | | | 13 |
| 14 CLINIC | | | | | | | 14 |
| 15 HEALTH PROMOTION ACTIVITIE | | | | | | | 15 |
| 16 DAY CARE PROGRAM | | | | | | | 16 |
| 17 HOME DELIVERED MEALS PROGR | | | | | | | 17 |
| 18 HOMEMAKER SERVICE | | | | | | | 18 |
| 19 ALL OTHERS | | | | | | | 19 |
| 19.50 TELEMEDICINE | | | | | | | 19.50 |
| 20 TOTALS | | 2179662 | | 2179662 | 336192 | 2179662 | 20 |
| 21 UNIT COST MULTIPLIER | | | | | .182369 | | 21 |

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7255

WORKSHEET H-5
 PART II

| HHA COST CENTER | OLD CAP BLDGS & FIXTURES SQUARE FEET | OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE | NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET | NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE) | EMPLOYEE BENEFITS GROSS SALARIES | RECON- CILIATION | ADMINI- STRATIVE & GENERAL ACCUM COST | MAINTEN- ANCE AND REPAIRS MAINT REQS | |
|---------------------------------|--------------------------------------------------|----------------------------------------------------|------------------------------------------------------|---------------------------------------------------------|-------------------------------------------|---------------------|---------------------------------------------------|--------------------------------------------------|-------|
| | 1 | 2 | 3 | 4 | 5 | 6A | 6 | 7 | |
| 1 ADMINISTRATIVE AND GENERAL | | | | 7865 | 275223 | | 74616 | 3373 | 1 |
| 2 SKILLED NURSING CARE | | | | | 385022 | | 679021 | | 2 |
| 3 PHYSICAL THERAPY | | | | | 161235 | | 284352 | | 3 |
| 4 OCCUPATIONAL THERAPY | | | | | 10223 | | 74785 | | 4 |
| 5 SPEECH PATHOLOGY | | | | | 300 | | 529 | | 5 |
| 6 MEDICAL SOCIAL SERVICES | | | | | 23265 | | 41029 | | 6 |
| 7 HOME HEALTH AIDE | | | | | 29111 | | 51340 | | 7 |
| 8 SUPPLIES | | | | | | | 24356 | | 8 |
| 9 DRUGS | | | | | | | | | 9 |
| 9.20 COST OF ADMINISTERING VACC | | | | | | | | | 9.20 |
| 10 DME | | | | | | | | | 10 |
| 11 HOME DIALYSIS AIDE SERVICE | | | | | | | | | 11 |
| 12 RESPIRATORY THERAPY | | | | | | | | | 12 |
| 13 PRIVATE DUTY NURSING | | | | | | | | | 13 |
| 14 CLINIC | | | | | | | | | 14 |
| 15 HEALTH PROMOTION ACTIVITIE | | | | | | | | | 15 |
| 16 DAY CARE PROGRAM | | | | | | | | | 16 |
| 17 HOME DELIVERED MEALS PROGR | | | | | | | | | 17 |
| 18 HOMEMAKER SERVICE | | | | | | | | | 18 |
| 19 ALL OTHERS | | | | | | | | | 19 |
| 19.50 TELEMEDICINE | | | | | | | | | 19.50 |
| 20 TOTALS | | | | 7865 | 884379 | | 1230028 | 3373 | 20 |
| 21 TOTAL COST TO BE ALLOCATED | | | | 7985 | 214108 | | 719953 | 5058 | 21 |
| 22 UNIT COST MULTIPLIER | | | | | .242100 | | .585314 | | 22 |
| 22 UNIT COST MULTIPLIER | | | | 1.015257 | | | | 1.499555 | 22 |

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7255

WORKSHEET H-5
 PART II

| HHA COST CENTER | OPERATION OF PLANT SQUARE FEET | LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) | HOUSE-KEEPING (HOURS OF SERVICE) | DIETARY (MEALS SERVED) | CAFETERIA (FTES SERVED) | MAIN-TENANCE OF PERSONNEL NUMBER HOUSED | NURSING ADMINISTRATION (DIRECT NRSNG HRS) | CENTRAL SERVICES & SUPPLY (COSTED REQUIS) | |
|---------------------------------|--------------------------------|-----------------------------------------------|----------------------------------|------------------------|-------------------------|-----------------------------------------|-------------------------------------------|-------------------------------------------|-------|
| | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | |
| 1 ADMINISTRATIVE AND GENERAL | | | 1234 | | 2424 | | 2424 | | 1 |
| 2 SKILLED NURSING CARE | | | | | | | | | 2 |
| 3 PHYSICAL THERAPY | | | | | | | | | 3 |
| 4 OCCUPATIONAL THERAPY | | | | | | | | | 4 |
| 5 SPEECH PATHOLOGY | | | | | | | | | 5 |
| 6 MEDICAL SOCIAL SERVICES | | | | | | | | | 6 |
| 7 HOME HEALTH AIDE | | | | | | | | | 7 |
| 8 SUPPLIES | | | | | | | | 18767 | 8 |
| 9 DRUGS | | | | | | | | | 9 |
| 9.20 COST OF ADMINISTERING VACC | | | | | | | | | 9.20 |
| 10 DME | | | | | | | | | 10 |
| 11 HOME DIALYSIS AIDE SERVICE | | | | | | | | | 11 |
| 12 RESPIRATORY THERAPY | | | | | | | | | 12 |
| 13 PRIVATE DUTY NURSING | | | | | | | | | 13 |
| 14 CLINIC | | | | | | | | | 14 |
| 15 HEALTH PROMOTION ACTIVITIE | | | | | | | | | 15 |
| 16 DAY CARE PROGRAM | | | | | | | | | 16 |
| 17 HOME DELIVERED MEALS PROGR | | | | | | | | | 17 |
| 18 HOMEMAKER SERVICE | | | | | | | | | 18 |
| 19 ALL OTHERS | | | | | | | | | 19 |
| 19.50 TELEMEDICINE | | | | | | | | | 19.50 |
| 20 TOTALS | | | 1234 | | 2424 | | 2424 | 18767 | 20 |
| 21 TOTAL COST TO BE ALLOCATED | | | 88486 | | 24744 | | 99614 | 11015 | 21 |
| 22 UNIT COST MULTIPLIER | | | 71.706645 | | 10.207921 | | 41.094884 | | 22 |
| 22 UNIT COST MULTIPLIER | | | | | | | | .586935 | 22 |

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7255

WORKSHEET H-6
 PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

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

| COST PER VISIT COMPUTATION | | FROM | FACILITY | SHARED | TOTAL HHA | TOTAL | AVERAGE | |
|----------------------------|-----------------------|-----------------------------------------|----------|--------------------|-----------|--------|-------------------|---|
| PATIENT SERVICES | | WKST H-5, PART I, COL 29, LINE | COSTS | ANCILLARY COSTS | COSTS | VISITS | COST PER VISIT | |
| | | 2 | 1 | 2 | 3 | 4 | 5 | |
| 1 | SKILLED NURSING CARE | | 1272774 | | 1272774 | 5006 | 254.25 | 1 |
| 2 | PHYSICAL THERAPY | 3 | 532997 | | 532997 | 2919 | 182.60 | 2 |
| 3 | OCCUPATIONAL THERAPY | 4 | 140179 | | 140179 | 353 | 397.11 | 3 |
| 4 | SPEECH PATHOLOGY | 5 | 992 | | 992 | 5 | 198.40 | 4 |
| 5 | MEDICAL SOCIAL SERV | 6 | 76906 | | 76906 | 267 | 288.04 | 5 |
| 6 | HOME HEALTH AIDE SERV | 7 | 96233 | | 96233 | 1086 | 88.61 | 6 |
| 7 | TOTAL | | 2120081 | | 2120081 | 9636 | | 7 |

| LIMITATION COST COMPUTATION | | MSA | | | | PROGRAM | |
|-----------------------------|-----------------------|------|---|---|---|----------------|----|
| PATIENT SERVICES | | NO. | | | | COST LIMITS | |
| | | 1 | 2 | 3 | 4 | 5 | |
| 8 | SKILLED NURSING CARE | 1600 | | | | | 8 |
| 9 | PHYSICAL THERAPY | 1600 | | | | | 9 |
| 10 | OCCUPATIONAL THERAPY | 1600 | | | | | 10 |
| 11 | SPEECH PATHOLOGY | 1600 | | | | | 11 |
| 12 | MEDICAL SOCIAL SERV | 1600 | | | | | 12 |
| 13 | HOME HEALTH AIDE SERV | 1600 | | | | | 13 |
| 14 | TOTAL | | | | | | 14 |

| SUPPLIES AND DRUGS COST COMPUTATIONS | | FROM | FACILITY | SHARED | TOTAL HHA | TOTAL | RATIO | |
|-----------------------------------------|--------------------------------|-----------------------------------------|----------|--------------------|-----------|---------|----------|-------|
| OTHER PATIENT SERVICES | | WKST H-5, PART I, COL 29, LINE | COSTS | ANCILLARY COSTS | COSTS | CHARGES | | |
| | | 8 | 1 | 2 | 3 | 4 | 5 | |
| 15 | COST OF MEDICAL SUPPLIES | | 59581 | | 59581 | 20844 | 2.858424 | 15 |
| 16 | COST OF DRUGS | 9 | | | | | | 16 |
| 16.20 | COST OF ADMINISTERING VACCINES | 9.20 | | | | | | 16.20 |

| PER BENEFICIARY COST LIMITATION: | | MSA | AMOUNT | |
|----------------------------------|------------------------------------------------|------|--------|----|
| | | NO. | | |
| | | 1 | 2 | |
| 17 | PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4 | 1600 | | 17 |
| 18 | PER BENEFICIARY COST LIMITATION | 1600 | | 18 |
| 19 | PER BENEFICIARY COST LIMITATION | | | 19 |

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7255

WORKSHEET H-7
 PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

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

| DESCRIPTION | PART A 1 | ----- PART B ----- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------|-------------------------------------------------|---|
| | | NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2 | SUBJECT TO DEDUCTIBLES & COINSURANCE 3 | |
| 1 REASONABLE COST OF PROGRAM SERVICES | | | | 1 |
| 2 REASONABLE COST OF SERVICES | | | | 2 |
| 3 TOTAL CHARGES | 827179 | 442671 | | 2 |
| CUSTOMARY CHARGES | | | | |
| 4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | | | | 3 |
| 5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B) | | | | 4 |
| 6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000) | | | | 5 |
| 7 TOTAL CUSTOMARY CHARGES | 827179 | 442671 | | 6 |
| 8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST | 827179 | 442671 | | 7 |
| 9 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES | | | | 8 |
| PRIMARY PAYOR PAYMENTS | | | | 9 |

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

| DESCRIPTION | PART A SERVICES | | PART B SERVICES | | |
|---------------------------------------------------------------------------------------------------------------|-----------------|--------|-----------------|--------|-------|
| | 1 | 2 | 3 | 4 | |
| 10 TOTAL REASONABLE COST | | | | | 10 |
| 10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS | | 885147 | | 417568 | 10.01 |
| 10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS | | 2226 | | | 10.02 |
| 10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES | | 5432 | | 5925 | 10.03 |
| 10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES | | 1615 | | 4721 | 10.04 |
| 10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES | | | | | 10.05 |
| 10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES | | | | | 10.06 |
| 10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS | | 3428 | | | 10.07 |
| 10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES | | | | | 10.08 |
| 10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES | | | | | 10.09 |
| 10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES | | | | | 10.10 |
| 10.11 TOTAL OTHER PAYMENTS | | | | | 10.11 |
| 10.12 DME PAYMENTS | | | | | 10.12 |
| 10.13 OXYGEN PAYMENTS | | | | | 10.13 |
| 10.14 PROSTHETIC AND ORTHOTIC PAYMENTS | | | | | 10.14 |
| 11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE) | | | | | 11 |
| 12 SUBTOTAL | | 897848 | | 428214 | 12 |
| 13 EXCESS REASONABLE COST | | | | | 13 |
| 14 SUBTOTAL | | 897848 | | 428214 | 14 |
| 15 COINSURANCE BILLED TO PROGRAM PATIENTS | | | | | 15 |
| 16 NET COST | | 897848 | | 428214 | 16 |
| 17 REIMBURSABLE BAD DEBTS | | | | | 17 |
| 17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | | | | | 17.01 |
| 18 TOTAL COSTS - CURRENT COST REPORTING PERIOD | | 897848 | | 428214 | 18 |
| 19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | | | | 19 |
| 20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION | | | | | 20 |
| 21 OTHER ADJUSTMENTS (SPECIFY): | | | | | 21 |
| 22 SUBTOTAL | | 897848 | | 428214 | 22 |
| 23 SEQUESTRATION ADJUSTMENT | | | | | 23 |
| 24 SUBTOTAL | | 897848 | | 428214 | 24 |
| 25 TOTAL INTERIM PAYMENTS | | 897848 | | 428214 | 25 |
| 25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | | | | | 25.01 |
| 26 BALANCE DUE PROVIDER/PROGRAM | | | | | 26 |
| 27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2 | | | | | 27 |

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 14-7255

WORKSHEET H-8

| DESCRIPTION | PART A | | PART B | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------|----------------|-------------|------|
| | MO/DAY/YR 1 | AMOUNT 2 | MO/DAY/YR 3 | AMOUNT 4 | |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 897848 | | 428214 | 1 |
| 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 | 2 |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM | | | | | 3.01 |
| ADJUSTMENT AMOUNT BASED ON SUBSEQUENT | PROGRAM .01 | | | | 3.02 |
| REVISION OF THE INTERIM RATE FOR THE COST | TO .02 | | | | 3.03 |
| REPORTING PERIOD. ALSO SHOW DATE OF EACH | PROVIDER .03 | NONE | | NONE | 3.04 |
| PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | PROVIDER .04 | | | | 3.05 |
| | TO .05 | | | | 3.50 |
| | PROVIDER .51 | | | | 3.51 |
| | TO .52 | NONE | | NONE | 3.52 |
| | PROGRAM .53 | | | | 3.53 |
| | .54 | | | | 3.54 |
| SUBTOTAL | .99 | | | | 3.99 |
| 4 TOTAL INTERIM PAYMENTS | | 897848 | | 428214 | 4 |
| TO BE COMPLETED BY INTERMEDIARY | | | | | |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | PROGRAM .01 | | | | 5.01 |
| | TO .02 | NONE | | NONE | 5.02 |
| | PROVIDER .03 | | | | 5.03 |
| | PROVIDER .50 | | | | 5.50 |
| | TO .51 | NONE | | NONE | 5.51 |
| | PROGRAM .52 | | | | 5.52 |
| SUBTOTAL | .99 | | | | 5.99 |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT. | PROGRAM TO .01 | | | | 6.01 |
| | PROVIDER TO .02 | | | | 6.02 |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | 897848 | | 428214 | 7 |

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1561

WORKSHEET K

| | SALARIES 1 | EMPLOYEE BENEFITS 2 | TRANS- PORTATION 3 | CONTRACTED SERVICES 4 | OTHER 5 | TOTAL 6 |
|----------------------------------------------|---------------|---------------------------|--------------------------|-----------------------------|------------|------------|
| GENERAL SERVICE COST CENTER | | | | | | |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | | | 1 |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | | | | 2 |
| 3 PLANT OPERATION AND MAINTENANCE | | | | | | 3 |
| 4 TRANSPORTATION - STAFF | | | | | | 4 |
| 5 VOLUNTEER SERVICE COORDINATION | | | | | | 5 |
| 6 ADMINISTRATIVE AND GENERAL | 70568 | | | 9136 | 21843 | 101547 |
| INPATIENT CARE SERVICE | | | | | | |
| 7 INPATIENT - GENERAL CARE | | | | | | 7 |
| 8 INPATIENT - RESPITE CARE | | | | | | 8 |
| VISITING SERVICES | | | | | | |
| 9 PHYSICIAN SERVICES | | | | | | 9 |
| 10 NURSING CARE | 39347 | | 1773 | | | 41120 |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE | | | | | | 10.20 |
| 11 PHYSICAL THERAPY | | | | | | 11 |
| 12 OCCUPATIONAL THERAPY | | | | | | 12 |
| 13 SPEECH/LANGUAGE PATHOLOGY | | | | | | 13 |
| 14 MEDICAL SOCIAL SERVICES | 12087 | | | | | 12087 |
| 15 SPIRITUAL COUNSELING | | | | | | 15 |
| 16 DIETARY COUNSELING | | | | | | 16 |
| 17 COUNSELING - OTHER | | | | | | 17 |
| 18 HOME HEALTH AIDE AND HOMEMAKER | 7609 | | | | | 7609 |
| 18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE | | | | | | 18.20 |
| 19 OTHER | | | | | | 19 |
| OTHER HOSPICE SERVICE COSTS | | | | | | |
| 20 DRUGS, BIOLOGICAL & INFUSION THERAPY | | | | | 8482 | 8482 |
| 20.30 ANALGESICS | | | | | | 20.30 |
| 20.31 SEDATIVES / HYPNOTICS | | | | | | 20.31 |
| 20.32 OTHER - SPECIFY | | | | | | 20.32 |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | | | 21 |
| 22 PATIENT TRANSPORTATION | | | | | | 22 |
| 23 IMAGING SERVICES | | | | | | 23 |
| 24 LABS AND DIAGNOSTICS | | | | | | 24 |
| 25 MEDICAL SUPPLIES | | | | | 2264 | 2264 |
| 26 OUTPATIENT SERVICES (INCLUDING E/R DEPT.) | | | | | | 26 |
| 27 RADIATION THERAPY | | | | | | 27 |
| 28 CHEMOTHERAPY | | | | | | 28 |
| 29 OTHER | | | | | | 29 |
| HOSPICE NONREIMBURSABLE SERVICE | | | | | | |
| 30 BEREAVEMENT PROGRAM COSTS | | | | | | 30 |
| 31 VOLUNTEER PROGRAM COSTS | | | | | | 31 |
| 32 FUNDRAISING | | | | | | 32 |
| 33 OTHER PROGRAM COSTS | | | | | | 33 |
| 34 TOTAL | 129611 | | 1773 | 9136 | 32589 | 173109 |

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1561

WORKSHEET K
 (CONTINUED)

| | RECLASSIFI- CATION 7 | SUBTOTAL 8 | ADJUSTMENTS 9 | TOTAL 10 | |
|----|-------------------------------------------|---------------|------------------|-------------|----|
| 1 | GENERAL SERVICE COST CENTER | | | | 1 |
| 2 | CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | 2 |
| 3 | CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | | 3 |
| 4 | PLANT OPERATION AND MAINTENANCE | | | | 4 |
| 5 | TRANSPORTATION - STAFF | | | | 5 |
| 6 | VOLUNTEER SERVICE COORDINATION | | | | 6 |
| 7 | ADMINISTRATIVE AND GENERAL | 101547 | | 101547 | 7 |
| 8 | INPATIENT CARE SERVICE | | | | 8 |
| 9 | INPATIENT - GENERAL CARE | | | | 9 |
| 10 | INPATIENT - RESPITE CARE | | | | 10 |
| 11 | VISITING SERVICES | | | | 11 |
| 12 | PHYSICIAN SERVICES | 12000 | | 12000 | 12 |
| 13 | NURSING CARE | | | 41120 | 13 |
| 14 | NURSING CARE-CONTINUOUS HOME CARE | | | | 14 |
| 15 | PHYSICAL THERAPY | | | | 15 |
| 16 | OCCUPATIONAL THERAPY | | | | 16 |
| 17 | SPEECH/LANGUAGE PATHOLOGY | | | | 17 |
| 18 | MEDICAL SOCIAL SERVICES | 12087 | | 12087 | 18 |
| 19 | SPIRITUAL COUNSELING | | | | 19 |
| 20 | DIETARY COUNSELING | | | | 20 |
| 21 | COUNSELING - OTHER | | | | 21 |
| 22 | HOME HEALTH AIDE AND HOMEMAKER | 7609 | | 7609 | 22 |
| 23 | HH AIDE & HOMEMAKER-CONT. HOME CARE | | | | 23 |
| 24 | OTHER | | | | 24 |
| 25 | OTHER HOSPICE SERVICE COSTS | | | | 25 |
| 26 | DRUGS, BIOLOGICAL & INFUSION THERAPY | 8482 | | 8482 | 26 |
| 27 | ANALGESICS | | | | 27 |
| 28 | SEDATIVES / HYPNOTICS | | | | 28 |
| 29 | OTHER - SPECIFY | | | | 29 |
| 30 | DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | 30 |
| 31 | PATIENT TRANSPORTATION | | | | 31 |
| 32 | IMAGING SERVICES | | | | 32 |
| 33 | LABS AND DIAGNOSTICS | | | | 33 |
| 34 | MEDICAL SUPPLIES | 2264 | | 2264 | 34 |
| 35 | OUTPATIENT SERVICES (INCLUDING E/R DEPT.) | | | | 35 |
| 36 | RADIATION THERAPY | | | | 36 |
| 37 | CHEMOTHERAPY | | | | 37 |
| 38 | OTHER | | | | 38 |
| 39 | HOSPICE NONREIMBURSABLE SERVICE | | | | 39 |
| 40 | BEREAVEMENT PROGRAM COSTS | | | | 40 |
| 41 | VOLUNTEER PROGRAM COSTS | | | | 41 |
| 42 | FUNDRAISING | | | | 42 |
| 43 | OTHER PROGRAM COSTS | | | | 43 |
| 44 | TOTAL | 12000 | 185109 | 185109 | 44 |

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1561

WORKSHEET K-1

| | ADMINI- STRATOR 1 | DIRECTOR 2 | SOCIAL SERVICES 3 | SUPER- VISORS 4 | NURSES 5 | TOTAL THERAPISTS 6 | AIDES 7 | ALL OTHER 8 | TOTAL 9 |
|----|---------------------------------|---------------|-------------------------|-----------------------|-------------|--------------------------|------------|-------------------|------------|
| 1 | GENERAL SERVICE COST CENTER | | | | | | | | |
| 2 | CAP REL COSTS-BLDG AND FIXT. | | | | | | | | 1 |
| 3 | CAP REL COSTS-MOVABLE EQUIP. | | | | | | | | 2 |
| 4 | PLANT OPERATION & MAINT. | | | | | | | | 3 |
| 5 | TRANSPORTATION - STAFF | | | | | | | | 4 |
| 6 | VOLUNTEER SERVICE COORD. | | | | | | | | 5 |
| 7 | ADMINISTRATIVE AND GENERAL | | | | | | | | 6 |
| 8 | INPATIENT CARE SERVICE | | | | | | | | 56737 |
| 9 | INPATIENT - GENERAL CARE | | | | | | | | 13831 |
| 10 | INPATIENT - RESPITE CARE | | | | | | | | 70568 |
| 11 | VISITING SERVICES | | | | | | | | 7 |
| 12 | PHYSICIAN SERVICES | | | | | | | | 8 |
| 13 | NURSING CARE | | | | | | | | 9 |
| 14 | NURSING CARE-CONT.HOME CARE | | | | | | | | 39347 |
| 15 | PHYSICAL THERAPY | | | | | | | | 39347 |
| 16 | OCCUPATIONAL THERAPY | | | | | | | | 10.20 |
| 17 | SPEECH/LANGUAGE PATHOLOGY | | | | | | | | 11 |
| 18 | MEDICAL SOCIAL SERVICES | | | | | | | | 12 |
| 19 | SPIRITUAL COUNSELING | | | | | | | | 13 |
| 20 | DIETARY COUNSELING | | | | | | | | 12087 |
| 21 | COUNSELING - OTHER | | | | | | | | 14 |
| 22 | HH AIDE AND HOMEMAKER | | | | | | | | 15 |
| 23 | HH AIDE & HMKR-CONT.HME CARE | | | | | | | | 7609 |
| 24 | OTHER | | | | | | | | 7609 |
| 25 | OTHER HOSPICE SERVICE COSTS | | | | | | | | 18 |
| 26 | DRUGS, BIOL. & INFUS. THER. | | | | | | | | 18.20 |
| 27 | ANALGESICS | | | | | | | | 19 |
| 28 | SEDATIVES / HYPNOTICS | | | | | | | | 20 |
| 29 | OTHER - SPECIFY | | | | | | | | 20.30 |
| 30 | DURABLE MED. EQUIP./OXYGEN | | | | | | | | 20.31 |
| 31 | PATIENT TRANSPORTATION | | | | | | | | 20.32 |
| 32 | IMAGING SERVICES | | | | | | | | 21 |
| 33 | LABS AND DIAGNOSTICS | | | | | | | | 22 |
| 34 | MEDICAL SUPPLIES | | | | | | | | 23 |
| 35 | OUTPAT.SERV.(INCL.E/R DEPT.) | | | | | | | | 24 |
| 36 | RADIATION THERAPY | | | | | | | | 25 |
| 37 | CHEMOTHERAPY | | | | | | | | 26 |
| 38 | OTHER | | | | | | | | 27 |
| 39 | HOSPICE NONREIMBURSABLE SERVICE | | | | | | | | 28 |
| 40 | BEREAVEMENT PROGRAM COSTS | | | | | | | | 29 |
| 41 | VOLUNTEER PROGRAM COSTS | | | | | | | | 30 |
| 42 | FUNDRAISING | | | | | | | | 31 |
| 43 | OTHER PROGRAM COSTS | | | | | | | | 32 |
| 44 | TOTAL | | | | | | | | 33 |
| 45 | | | 56737 | 39347 | | | 7609 | 25918 | 129611 |

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE NO.: 14-1561

WORKSHEET K-2

| | ADMINI- STRATOR 1 | DIRECTOR 2 | SOCIAL SERVICES 3 | SUPER- VISORS 4 | NURSES 5 | TOTAL THERAPISTS 6 | AIDES 7 | ALL OTHER 8 | TOTAL 9 |
|----|---------------------------------|---------------|-------------------------|-----------------------|-------------|--------------------------|------------|-------------------|------------|
| 1 | GENERAL SERVICE COST CENTER | | | | | | | | |
| 2 | CAP REL COSTS-BLDG AND FIXT. | | | | | | | | 1 |
| 3 | CAP REL COSTS-MOVABLE EQUIP. | | | | | | | | 2 |
| 4 | PLANT OPERATION & MAINT. | | | | | | | | 3 |
| 5 | TRANSPORTATION - STAFF | | | | | | | | 4 |
| 6 | VOLUNTEER SERVICE COORD. | | | | | | | | 5 |
| 7 | ADMINISTRATIVE AND GENERAL | | | | | | | | 6 |
| 8 | INPATIENT CARE SERVICE | | | | | | | | |
| 9 | INPATIENT - GENERAL CARE | | | | | | | | 7 |
| 10 | INPATIENT - RESPITE CARE | | | | | | | | 8 |
| 11 | VISITING SERVICES | | | | | | | | |
| 12 | PHYSICIAN SERVICES | | | | | | | | 9 |
| 13 | NURSING CARE | | | | | | | | 10 |
| 14 | NURSING CARE-CONT.HOME CARE | | | | | | | | 10.20 |
| 15 | PHYSICAL THERAPY | | | | | | | | 11 |
| 16 | OCCUPATIONAL THERAPY | | | | | | | | 12 |
| 17 | SPEECH/LANGUAGE PATHOLOGY | | | | | | | | 13 |
| 18 | MEDICAL SOCIAL SERVICES | | | | | | | | 14 |
| 19 | SPIRITUAL COUNSELING | | | | | | | | 15 |
| 20 | DIETARY COUNSELING | | | | | | | | 16 |
| 21 | COUNSELING - OTHER | | | | | | | | 17 |
| 22 | HH AIDE AND HOMEMAKER | | | | | | | | 18 |
| 23 | HH AIDE & HMKR-CONT.HME CARE | | | | | | | | 18.20 |
| 24 | OTHER | | | | | | | | 19 |
| 25 | OTHER HOSPICE SERVICE COSTS | | | | | | | | |
| 26 | DRUGS, BIOL. & INFUS. THER. | | | | | | | | 20 |
| 27 | ANALGESICS | | | | | | | | 20.30 |
| 28 | SEDATIVES / HYPNOTICS | | | | | | | | 20.31 |
| 29 | OTHER - SPECIFY | | | | | | | | 20.32 |
| 30 | DURABLE MED. EQUIP./OXYGEN | | | | | | | | 21 |
| 31 | PATIENT TRANSPORTATION | | | | | | | | 22 |
| 32 | IMAGING SERVICES | | | | | | | | 23 |
| 33 | LABS AND DIAGNOSTICS | | | | | | | | 24 |
| 34 | MEDICAL SUPPLIES | | | | | | | | 25 |
| 35 | OUTPAT.SERV.(INCL.E/R DEPT.) | | | | | | | | 26 |
| 36 | RADIATION THERAPY | | | | | | | | 27 |
| 37 | CHEMOTHERAPY | | | | | | | | 28 |
| 38 | OTHER | | | | | | | | 29 |
| 39 | HOSPICE NONREIMBURSABLE SERVICE | | | | | | | | |
| 40 | BEREAVEMENT PROGRAM COSTS | | | | | | | | 30 |
| 41 | VOLUNTEER PROGRAM COSTS | | | | | | | | 31 |
| 42 | FUNDRAISING | | | | | | | | 32 |
| 43 | OTHER PROGRAM COSTS | | | | | | | | 33 |
| 44 | TOTAL | | | | | | | | 34 |

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 14-1561 WORKSHEET K-3

| | ADMINI- STRATOR 1 | DIRECTOR 2 | SOCIAL SERVICES 3 | SUPER- VISORS 4 | NURSES 5 | TOTAL THERAPISTS 6 | AIDES 7 | ALL OTHER 8 | TOTAL 9 |
|----|---------------------------------|---------------|-------------------------|-----------------------|-------------|--------------------------|------------|-------------------|------------|
| 1 | GENERAL SERVICE COST CENTER | | | | | | | | |
| 2 | CAP REL COSTS-BLDG AND FIXT. | | | | | | | | 1 |
| 3 | CAP REL COSTS-MOVABLE EQUIP. | | | | | | | | 2 |
| 4 | PLANT OPERATION & MAINT. | | | | | | | | 3 |
| 5 | TRANSPORTATION - STAFF | | | | | | | | 4 |
| 6 | VOLUNTEER SERVICE COORD. | | | | | | | | 5 |
| 7 | ADMINISTRATIVE AND GENERAL | | | | | | | | 9136 |
| 8 | INPATIENT CARE SERVICE | | | | | | | | 9136 |
| 9 | INPATIENT - GENERAL CARE | | | | | | | | 7 |
| 10 | INPATIENT - RESPITE CARE | | | | | | | | 8 |
| 11 | VISITING SERVICES | | | | | | | | |
| 12 | PHYSICIAN SERVICES | | | | | | | | 9 |
| 13 | NURSING CARE | | | | | | | | 10 |
| 14 | NURSING CARE-CONT.HOME CARE | | | | | | | | 10.20 |
| 15 | PHYSICAL THERAPY | | | | | | | | 11 |
| 16 | OCCUPATIONAL THERAPY | | | | | | | | 12 |
| 17 | SPEECH/LANGUAGE PATHOLOGY | | | | | | | | 13 |
| 18 | MEDICAL SOCIAL SERVICES | | | | | | | | 14 |
| 19 | SPIRITUAL COUNSELING | | | | | | | | 15 |
| 20 | DIETARY COUNSELING | | | | | | | | 16 |
| 21 | COUNSELING - OTHER | | | | | | | | 17 |
| 22 | HH AIDE AND HOMEMAKER | | | | | | | | 18 |
| 23 | HH AIDE & HMKR-CONT.HME CARE | | | | | | | | 18.20 |
| 24 | OTHER | | | | | | | | 19 |
| 25 | OTHER HOSPICE SERVICE COSTS | | | | | | | | |
| 26 | DRUGS, BIOL. & INFUS. THER. | | | | | | | | 20 |
| 27 | ANALGESICS | | | | | | | | 20.30 |
| 28 | SEDATIVES / HYPNOTICS | | | | | | | | 20.31 |
| 29 | OTHER - SPECIFY | | | | | | | | 20.32 |
| 30 | DURABLE MED. EQUIP./OXYGEN | | | | | | | | 21 |
| 31 | PATIENT TRANSPORTATION | | | | | | | | 22 |
| 32 | IMAGING SERVICES | | | | | | | | 23 |
| 33 | LABS AND DIAGNOSTICS | | | | | | | | 24 |
| 34 | MEDICAL SUPPLIES | | | | | | | | 25 |
| 35 | OUTPAT.SERV.(INCL.E/R DEPT.) | | | | | | | | 26 |
| 36 | RADIATION THERAPY | | | | | | | | 27 |
| 37 | CHEMOTHERAPY | | | | | | | | 28 |
| 38 | OTHER | | | | | | | | 29 |
| 39 | HOSPICE NONREIMBURSABLE SERVICE | | | | | | | | |
| 40 | BEREAVEMENT PROGRAM COSTS | | | | | | | | 30 |
| 41 | VOLUNTEER PROGRAM COSTS | | | | | | | | 31 |
| 42 | FUNDRAISING | | | | | | | | 32 |
| 43 | OTHER PROGRAM COSTS | | | | | | | | 33 |
| 44 | TOTAL | | | | | | | | 9136 |
| | | | | | | | | | 9136 |
| | | | | | | | | | 34 |

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1561

WORKSHEET K-4
 PART I

| | NET EXPENSES FOR COST ALLOCATION | CAP REL COST BLDG & FIXTURES | CAP REL MOVABLE EQUIPMENT | PLANT OPERATN & MAINT | TRANSPOR- TATION | VOLUNTEER SERV. CO- ORDINATOR | SUBTOTAL 5A | ADMIN & GENERAL 6 | TOTAL 7 |
|-------|----------------------------------------|------------------------------------|---------------------------------|-----------------------------|---------------------|-------------------------------------|----------------|-------------------------|------------|
| 1 | | | | | | | | | 1 |
| 2 | | | | | | | | | 2 |
| 3 | | | | | | | | | 3 |
| 4 | | | | | | | | | 4 |
| 5 | | | | | | | | | 5 |
| 6 | 101547 | | | | | | 101547 | 101547 | 6 |
| 7 | | | | | | | | | 7 |
| 8 | | | | | | | | | 8 |
| 9 | 12000 | | | | | | 12000 | 14583 | 26583 |
| 10 | 41120 | | | | | | 41120 | 49970 | 91090 |
| 10.20 | | | | | | | | | 10.20 |
| 11 | | | | | | | | | 11 |
| 12 | | | | | | | | | 12 |
| 13 | | | | | | | | | 13 |
| 14 | 12087 | | | | | | 12087 | 14688 | 26775 |
| 15 | | | | | | | | | 15 |
| 16 | | | | | | | | | 16 |
| 17 | | | | | | | | | 17 |
| 18 | 7609 | | | | | | 7609 | 9247 | 16856 |
| 18.20 | | | | | | | | | 18.20 |
| 19 | | | | | | | | | 19 |
| 20 | 8482 | | | | | | 8482 | 10308 | 18790 |
| 20.30 | | | | | | | | | 20.30 |
| 20.31 | | | | | | | | | 20.31 |
| 20.32 | | | | | | | | | 20.32 |
| 21 | | | | | | | | | 21 |
| 22 | | | | | | | | | 22 |
| 23 | | | | | | | | | 23 |
| 24 | | | | | | | | | 24 |
| 25 | 2264 | | | | | | 2264 | 2751 | 5015 |
| 26 | | | | | | | | | 26 |
| 27 | | | | | | | | | 27 |
| 28 | | | | | | | | | 28 |
| 29 | | | | | | | | | 29 |
| 30 | | | | | | | | | 30 |
| 31 | | | | | | | | | 31 |
| 32 | | | | | | | | | 32 |
| 33 | | | | | | | | | 33 |
| 34 | 185109 | | | | | | 185109 | | 185109 |

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1561

WORKSHEET K-5
 PART I

| HOSPICE COST CENTER | PARAMED EDUCATION | SUBTOTAL | I&R COST & POST STEP- DOWN ADJS | SUBTOTAL | ALLOCATED HOSPICE A & G | TOTAL HOSPICE COSTS | |
|-----------------------------------|----------------------|----------|---------------------------------------|----------|-------------------------------|---------------------------|-------|
| | 24 | 25 | 26 | 27 | 28 | 29 | |
| 1 ADMINISTRATIVE AND GENERAL | | 18058 | | 18058 | | | 1 |
| 2 INPATIENT - GENERAL CARE | | | | | | | 2 |
| 3 INPATIENT - RESPITE CARE | | | | | | | 3 |
| 4 PHYSICIAN SERVICES | | 49718 | | 49718 | 2420 | 52138 | 4 |
| 5 NURSING CARE | | 196180 | | 196180 | 9551 | 205731 | 5 |
| 5.20 NURSING CARE-CONTINUOUS HOM | | | | | | | 5.20 |
| 6 PHYSICAL THERAPY | | | | | | | 6 |
| 7 OCCUPATIONAL THERAPY | | | | | | | 7 |
| 8 SPEECH/LANGUAGE PATHOLOGY | | | | | | | 8 |
| 9 MEDICAL SOCIAL SERV. - DIRE | | 49642 | | 49642 | 2417 | 52059 | 9 |
| 10 SPIRITUAL COUNSELING | | | | | | | 10 |
| 11 DIETARY COUNSELING | | | | | | | 11 |
| 12 COUNSELING - OTHER | | | | | | | 12 |
| 13 HOME HLTH AIDE & HOMEMAKERS | | 31251 | | 31251 | 1521 | 32772 | 13 |
| 13.20 HH AIDE & HMKR-CONT. HOME C | | | | | | | 13.20 |
| 14 OTHER | | | | | | | 14 |
| 15 DRUGS,BIOLOGICALS & INFUSIO | | 34837 | | 34837 | 1696 | 36533 | 15 |
| 15.30 ANALGESICS | | | | | | | 15.30 |
| 15.31 SEDATIVES / HYPNOTICS | | | | | | | 15.31 |
| 15.32 OTHER - SPECIFY | | | | | | | 15.32 |
| 16 DURABLE MED. EQUIP./OXYGEN | | | | | | | 16 |
| 17 PATIENT TRANSPORTATION | | | | | | | 17 |
| 18 IMAGING SERVICES | | | | | | | 18 |
| 19 LABS AND DIAGNOSTICS | | | | | | | 19 |
| 20 MEDICAL SUPPLIES | | 9298 | | 9298 | 453 | 9751 | 20 |
| 21 OUTPAT. SERV.(INCL.E/R DEPT | | | | | | | 21 |
| 22 RADIATION THERAPY | | | | | | | 22 |
| 23 CHEMOTHERAPY | | | | | | | 23 |
| 24 OTHER | | | | | | | 24 |
| 25 BEREAVEMENT PROGRAM COSTS | | | | | | | 25 |
| 26 VOLUNTEER PROGRAM COSTS | | | | | | | 26 |
| 27 FUNDRAISING | | | | | | | 27 |
| 28 OTHER PROGRAM COSTS | | | | | | | 28 |
| 29 TOTALS | | 388984 | | 388984 | | 388984 | 29 |
| 30 UNIT COST MULTIPLIER | | | | | .048684 | | 30 |

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1561 WORKSHEET K-5
 STATISTICAL BASIS PART II

| HOSPICE COST CENTER | OLD CAP BLDGS & FIXTURES SQUARE FEET | OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE | NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET | NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE) | EMPLOYEE BENEFITS GROSS SALARIES | RECON- CILATION | ADMINI- STRATIVE & GENERAL ACCUM COST | MAINTEN- ANCE AND REPAIRS MAINT REQS | |
|-----------------------------------|--------------------------------------------------|----------------------------------------------------|------------------------------------------------------|---------------------------------------------------------|-------------------------------------------|--------------------|---------------------------------------------------|--------------------------------------------------|-------|
| | 1 | 2 | 3 | 4 | 5 | 6A | 6 | 7 | |
| 1 ADMINISTRATIVE AND GENERAL | | | | | | | | | 1 |
| 2 INPATIENT - GENERAL CARE | | | | | | | | | 2 |
| 3 INPATIENT - RESPITE CARE | | | | | | | | | 3 |
| 4 PHYSICIAN SERVICES | | | | | 28948 | | 31089 | 10 | 4 |
| 5 NURSING CARE | | | | | 99195 | | 106532 | | 5 |
| 5.20 NURSING CARE-CONTINUOUS HOM | | | | | | | | | 5.20 |
| 6 PHYSICAL THERAPY | | | | | | | | | 6 |
| 7 OCCUPATIONAL THERAPY | | | | | | | | | 7 |
| 8 SPEECH/LANGUAGE PATHOLOGY | | | | | | | | | 8 |
| 9 MEDICAL SOCIAL SERV. - DIRE | | | | | 29158 | | 31314 | | 9 |
| 10 SPIRITUAL COUNSELING | | | | | | | | | 10 |
| 11 DIETARY COUNSELING | | | | | | | | | 11 |
| 12 COUNSELING - OTHER | | | | | | | | | 12 |
| 13 HOME HLTH AIDE & HOMEMAKERS | | | | | 18356 | | 19713 | | 13 |
| 13.20 HH AIDE & HMKR-CONT. HOME C | | | | | | | | | 13.20 |
| 14 OTHER | | | | | | | | | 14 |
| 15 DRUGS,BIOLOGICALS & INFUSIO | | | | | 20461 | | 21975 | | 15 |
| 15.30 ANALGESICS | | | | | | | | | 15.30 |
| 15.31 SEDATIVES / HYPNOTICS | | | | | | | | | 15.31 |
| 15.32 OTHER - SPECIFY | | | | | | | | | 15.32 |
| 16 DURABLE MED. EQUIP./OXYGEN | | | | | | | | | 16 |
| 17 PATIENT TRANSPORTATION | | | | | | | | | 17 |
| 18 IMAGING SERVICES | | | | | | | | | 18 |
| 19 LABS AND DIAGNOSTICS | | | | | | | | | 19 |
| 20 MEDICAL SUPPLIES | | | | | 5462 | | 5865 | | 20 |
| 21 OUTPAT. SERV.(INCL.E/R DEPT | | | | | | | | | 21 |
| 22 RADIATION THERAPY | | | | | | | | | 22 |
| 23 CHEMOTHERAPY | | | | | | | | | 23 |
| 24 OTHER | | | | | | | | | 24 |
| 25 BEREAVEMENT PROGRAM COSTS | | | | | | | | | 25 |
| 26 VOLUNTEER PROGRAM COSTS | | | | | | | | | 26 |
| 27 FUNDRAISING | | | | | | | | | 27 |
| 28 OTHER PROGRAM COSTS | | | | | | | | | 28 |
| 29 TOTAL | | | | | 201580 | | 216488 | 10 | 29 |
| 30 TOTAL COST TO BE ALLOCATED | | | | | 31379 | | 126713 | 432 | 30 |
| 31 UNIT COST MULTIPLIER | | | | | .155665 | | .585312 | | 31 |
| 31 UNIT COST MULTIPLIER | | | | | | | | 43.200000 | 31 |

PROVIDER NO. 14-0008 GOTTlieb MEMORIAL HOSPITAL
PERIOD FROM 01/01/2008 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2008.05
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APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1561

WORKSHEET K-5
PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

| | WKST C, PART I, COL. 9, LINE 0 | COST TO CHARGE RATIO 1 | TOTAL HOSPICE CHARGES 2 | HOSPICE SHARED ANCILLARY COSTS 3 | |
|--------------------------------|--------------------------------------------|---------------------------------|----------------------------------|----------------------------------------------|-------|
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 1 | PHYSICAL THERAPY | 50 | 0.286456 | | 1 |
| 2 | OCCUPATIONAL THERAPY | 51 | | | 2 |
| 3 | SPEECH/LANGUAGE PATHOLOGY | 52 | | | 3 |
| 4 | DRUGS, BIOLOGICALS AND INFUSION | 56 | 0.053855 | | 4 |
| 4.01 | OUTPATIENT PHARMACY | 56.01 | 3.410785 | | 4.01 |
| 5 | DURABLE MEDICAL EQUIPMENT/OXYGEN | 67 | | | 5 |
| 6 | LABS AND DIAGNOSTICS | 44 | 0.158678 | | 6 |
| 7 | MEDICAL SUPPLIES | 55 | 0.143515 | | 7 |
| 8 | OUTPATIENT SERVICES (INCL. E/R DEPT) | 61 | 0.219730 | | 8 |
| 9 | RADIATION THERAPY | 41 | 0.316448 | | 9 |
| 10 | LITHOTRIPSY | 59 | | | 10 |
| 10.01 | CARDIAC REHABILITATION | 59.01 | 1.035845 | | 10.01 |
| 10.03 | CARDIAC CATHERIZATION LAB | 59.03 | 0.170283 | | 10.03 |
| 10.05 | INPATIENT RENAL DIALYSIS | 59.05 | 0.170701 | | 10.05 |
| 11 | TOTALS | | | | 11 |

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KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/2000)

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CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1561

WORKSHEET K-6

| COMPUTATION OF PER DIEM COST | TITLE XVIII 1 | TITLE XIX 2 | OTHER 3 | TOTAL 4 | |
|----------------------------------|------------------|----------------|------------|------------|----|
| 1 TOTAL COST | | | | 388984 | 1 |
| 2 TOTAL UNDUPLICATED DAYS | | | | 2273 | 2 |
| 3 AGGREGATE COST PER DIEM | | | | 171.13 | 3 |
| 4 UNDUPLICATED MEDICARE DAYS | 1955 | | | | 4 |
| 5 AGGREGATE MEDICARE COST | 334559 | | | | 5 |
| 6 UNDUPLICATED MEDICAID DAYS | | | | | 6 |
| 7 AGGREGATE MEDICAID COST | | | | | 7 |
| 8 UNDUPLICATED SNF DAYS | | | | | 8 |
| 9 AGGREGATE SNF COST | | | | | 9 |
| 10 UNDUPLICATED NF DAYS | | | | | 10 |
| 11 AGGREGATE NF COST | | | | | 11 |
| 12 OTHER UNDUPLICATED DAYS | | | 318 | | 12 |
| 13 AGGREGATE COST FOR OTHER DAYS | | | 54419 | | 13 |

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

| | HOSPITAL (14-0008) | SUB I (14-S008) | SUB II | SUB III | SUB IV |
|----------------------------------------------------|-----------------------|--------------------|--------|---------|--------|
| PART I - FULLY PROSPECTIVE METHOD | | | | | |
| 1 | | | | | 1 |
| | | | | | |
| 2 | | | | | 2 |
| 3 | 1186886 | | | | 3 |
| 3.01 | | | | | 3.01 |
| 4 | | | | | 4 |
| 4.01 | | | | | 4.01 |
| 4.02 | | | | | 4.02 |
| 4.03 | | | | | 4.03 |
| 5 | | | | | 5 |
| 5.01 | | | | | 5.01 |
| 5.02 | | | | | 5.02 |
| 5.03 | | | | | 5.03 |
| 5.04 | | | | | 5.04 |
| 6 | 1273706 | | | | 6 |
| PART II - HOLD HARMLESS METHOD | | | | | |
| 1 | | | | | 1 |
| 2 | | | | | 2 |
| 3 | | | | | 3 |
| 4 | | | | | 4 |
| 5 | | | | | 5 |
| 6 | | | | | 6 |
| 7 | | | | | 7 |
| 8 | | | | | 8 |
| 9 | | | | | 9 |
| 10 | | | | | 10 |
| PART III - PAYMENT UNDER REASONABLE COST | | | | | |
| 1 | | | | | 1 |
| 2 | | | | | 2 |
| 3 | | | | | 3 |
| 4 | | | | | 4 |
| 5 | | | | | 5 |
| PART IV - COMPUTATION OF EXCEPTION PAYMENTS | | | | | |
| 1 | | | | | 1 |
| 2 | | | | | 2 |
| 3 | | | | | 3 |
| 4 | | | | | 4 |
| 5 | | | | | 5 |
| 6 | | | | | 6 |
| 7 | | | | | 7 |
| 8 | | | | | 8 |
| 9 | | | | | 9 |
| 10 | | | | | 10 |
| 11 | | | | | 11 |
| 12 | | | | | 12 |
| 13 | | | | | 13 |
| 14 | | | | | 14 |
| 15 | | | | | 15 |
| 16 | | | | | 16 |
| 17 | | | | | 17 |

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

| COST CENTER DESCRIPTION | EXTRAORDI- NARY CAP- REL COSTS 0 | SUBTOTAL 4A | SUBTOTAL 25 | I&R COST & POST STEP- DOWN ADJS 26 | TOTAL 27 |
|---------------------------------------|-------------------------------------------|----------------|----------------|---------------------------------------------|-------------|
| GENERAL SERVICE COST CENTERS | | | | | |
| 1 OLD CAP REL COSTS-BLDG & FIXT | | | | | 1 |
| 2 OLD CAP REL COSTS-MVBLE EQUIP | | | | | 2 |
| 3 NEW CAP REL COSTS-BLDG & FIXT | | | | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | | | | | 4 |
| 5 EMPLOYEE BENEFITS | | | | | 5 |
| 6 ADMINISTRATIVE & GENERAL | | | | | 6 |
| 7 MAINTENANCE & REPAIRS | | | | | 7 |
| 8 OPERATION OF PLANT | | | | | 8 |
| 9 LAUNDRY & LINEN SERVICE | | | | | 9 |
| 10 HOUSEKEEPING | | | | | 10 |
| 11 DIETARY | | | | | 11 |
| 12 CAFETERIA | | | | | 12 |
| 13 MAINTENANCE OF PERSONNEL | | | | | 13 |
| 14 NURSING ADMINISTRATION | | | | | 14 |
| 15 CENTRAL SERVICES & SUPPLY | | | | | 15 |
| 16 PHARMACY | | | | | 16 |
| 17 MEDICAL RECORDS & LIBRARY | | | | | 17 |
| 18 SOCIAL SERVICE | | | | | 18 |
| 20 NONPHYSICIAN ANESTHETISTS | | | | | 20 |
| 21 NURSING SCHOOL | | | | | 21 |
| 22 I&R SERVICES-SALARY & FRINGES A | | | | | 22 |
| 23 I&R SERVICES-OTHER PRGM COSTS A | | | | | 23 |
| 24 PARAMED ED PRGM-(SPECIFY) | | | | | 24 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | |
| 25 ADULTS & PEDIATRICS | | | | | 25 |
| 26 INTENSIVE CARE UNIT | | | | | 26 |
| 31 SUBPROVIDER I | | | | | 31 |
| 33 NURSERY | | | | | 33 |
| 34 SKILLED NURSING FACILITY | | | | | 34 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 37 OPERATING ROOM | | | | | 37 |
| 38 RECOVERY ROOM | | | | | 38 |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | 39 |
| 40 ANESTHESIOLOGY | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | 41 |
| 43 RADIOISOTOPE | | | | | 43 |
| 43.01 ULTRASOUND | | | | | 43.01 |
| 43.02 MRI-CT SCANS | | | | | 43.02 |
| 44 LABORATORY | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | 50 |
| 53 ELECTROCARDIOLOGY | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | | | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | 56 |
| 56.01 OUTPATIENT PHARMACY | | | | | 56.01 |
| 59 LITHOTRIPSY | | | | | 59 |
| 59.01 CARDIAC REHABILITATION | | | | | 59.01 |
| 59.03 CARDIAC CATHERIZATION LAB | | | | | 59.03 |
| 59.05 INPATIENT RENAL DIALYSIS | | | | | 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 60 CLINIC | | | | | 60 |
| 60.01 OUTPATIENT INFUSION PROCEDURES | | | | | 60.01 |
| 60.02 WOUND CARE | | | | | 60.02 |
| 61 EMERGENCY | | | | | 61 |
| 62 OBSERVATION BEDS (NON-DISTINCT | | | | | 62 |
| 63.50 RHC | | | | | 63.50 |
| 63.60 FQHC | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 69.10 CMHC | | | | | 69.10 |
| 69.20 OUTPATIENT PHYSICAL THERAPY | | | | | 69.20 |
| 69.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | 69.30 |
| 69.40 OUTPATIENT SPEECH PATHOLOGY | | | | | 69.40 |
| 71 HOME HEALTH AGENCY | | | | | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | 85.03 |
| 93 HOSPICE | | | | | 93 |
| 95 SUBTOTALS | | | | | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | |
| 96 GIFT, FLOWER, COFFEE SHOP & CAN | | | | | 96 |
| 98 PHYSICIANS' PRIVATE OFFICES | | | | | 98 |

PROVIDER NO. 14-0008 GOTTlieb MEMORIAL HOSPITAL
PERIOD FROM 01/01/2008 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/96)

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

| COST CENTER DESCRIPTION | EXTRAORDI- NARY CAP- REL COSTS | SUBTOTAL | SUBTOTAL | I&R COST & POST STEP- DOWN ADJS | TOTAL | |
|--------------------------------------|--------------------------------------|----------|----------|---------------------------------------|-------|-------|
| | 0 | 4A | 25 | 26 | 27 | |
| 98.01 NON-EMPLOYEE CHILD CARE CENTER | | | | | | 98.01 |
| 99 NONPAID WORKERS | | | | | | 99 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | 102 |
| 103 TOTAL | | | | | | 103 |
| 104 TOTAL STATISTICAL BASIS | | | | | | 104 |
| 105 UNIT COST MULTIPLIER | | | | | | 105 |
| 105 UNIT COST MULTIPLIER | | | | | | 105 |

***** REPORT 97 ***** UTILIZATION STATISTICS *****

HOSPITAL

| COST CENTERS | ---- TITLE XVIII ---- | | ----- TITLE XIX ----- | | ----- TITLE V ----- | | TOTAL THIRD PARTY UTIL |
|------------------------------------------|-----------------------|-------------|-----------------------|-----------------|---------------------|-----------------|------------------------|
| | PART A 1 | PART B 2 | INPATIENT 3 | OUTPATIENT 4 | INPATIENT 5 | OUTPATIENT 6 | |
| UTILIZATION PERCENTAGES BASED ON DAYS | | | | | | | |
| 25 ADULTS & PEDIATRICS | 54.31 | | 9.14 | | | | 63.45 25 |
| 26 INTENSIVE CARE UNIT | 57.95 | | 12.04 | | | | 69.99 26 |
| 33 NURSERY | | | 52.01 | | | | 52.01 33 |
| UTILIZATION PERCENTAGES BASED ON CHARGES | | | | | | | |
| 37 OPERATING ROOM | 29.04 | 13.61 | | | | | 42.65 37 |
| 38 RECOVERY ROOM | 15.85 | 19.29 | | | | | 35.14 38 |
| 40 ANESTHESIOLOGY | 14.87 | 7.96 | | | | | 22.83 40 |
| 41 RADIOLOGY-DIAGNOSTIC | 31.50 | 18.40 | | | | | 49.90 41 |
| 43 RADIOISOTOPE | 21.22 | 24.75 | | | | | 45.97 43 |
| 43.01 ULTRASOUND | 10.30 | 6.10 | | | | | 16.40 43.01 |
| 43.02 MRI-CT SCANS | 18.77 | 17.89 | | | | | 36.66 43.02 |
| 44 LABORATORY | 33.66 | 1.84 | | | | | 35.50 44 |
| 49 RESPIRATORY THERAPY | 27.66 | 2.31 | | | | | 29.97 49 |
| 50 PHYSICAL THERAPY | 17.47 | 0.59 | | | | | 18.06 50 |
| 53 ELECTROCARDIOLOGY | 32.56 | 13.37 | | | | | 45.93 53 |
| 54 ELECTROENCEPHALOGRAPHY | 17.71 | 5.28 | | | | | 22.99 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | 42.03 | 8.03 | | | | | 50.06 55 |
| 56 DRUGS CHARGED TO PATIENTS | 43.95 | 3.60 | | | | | 47.55 56 |
| 59.03 CARDIAC CATHERIZATION LAB | 46.64 | 9.86 | | | | | 56.50 59.03 |
| 60 CLINIC | | 10.09 | | | | | 10.09 60 |
| 60.02 WOUND CARE | 0.08 | 8.77 | | | | | 8.85 60.02 |
| 61 EMERGENCY | 21.22 | 11.76 | | | | | 32.98 61 |
| 62 OBSERVATION BEDS (NON-DISTINCT | | 31.71 | | | | | 31.71 62 |
| 101 TOTAL CHARGES | 26.36 | 6.67 | | | | | 33.03 101 |

***** REPORT 97 ***** UTILIZATION STATISTICS *****

SUBPROVIDER I

| COST CENTERS | ---- TITLE XVIII ---- | | ----- TITLE XIX ----- | | ----- TITLE V ----- | | TOTAL THIRD PARTY UTIL |
|------------------------------------------|-----------------------|-------------|-----------------------|-----------------|---------------------|-----------------|---------------------------|
| | PART A 1 | PART B 2 | INPATIENT 3 | OUTPATIENT 4 | INPATIENT 5 | OUTPATIENT 6 | |
| UTILIZATION PERCENTAGES BASED ON DAYS | | | | | | | |
| 31 SUBPROVIDER I | 87.27 | | | | | | 87.27 31 |
| UTILIZATION PERCENTAGES BASED ON CHARGES | | | | | | | |
| 38 RECOVERY ROOM | 0.03 | | | | | | 0.03 38 |
| 41 RADIOLOGY-DIAGNOSTIC | 0.18 | | | | | | 0.18 41 |
| 43.01 ULTRASOUND | 0.12 | | | | | | 0.12 43.01 |
| 43.02 MRI-CT SCANS | 0.39 | | | | | | 0.39 43.02 |
| 44 LABORATORY | 0.47 | | | | | | 0.47 44 |
| 49 RESPIRATORY THERAPY | 0.12 | | | | | | 0.12 49 |
| 50 PHYSICAL THERAPY | 1.36 | | | | | | 1.36 50 |
| 53 ELECTROCARDIOLOGY | 0.07 | | | | | | 0.07 53 |
| 54 ELECTROENCEPHALOGRAPHY | 1.64 | | | | | | 1.64 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | 0.05 | | | | | | 0.05 55 |
| 56 DRUGS CHARGED TO PATIENTS | 1.24 | | | | | | 1.24 56 |
| 59.03 CARDIAC CATHERIZATION LAB | 0.02 | | | | | | 0.02 59.03 |
| 61 EMERGENCY | 0.05 | | | | | | 0.05 61 |
| 101 TOTAL CHARGES | 0.35 | | | | | | 0.35 101 |

***** REPORT 97 ***** UTILIZATION STATISTICS *****

SNF / NF

| COST CENTERS | SNF | | NF | | NF | | TOTAL PARTY 7 | THIRD UTIL |
|------------------------------------------|-----------------------|-------------|---------------------|-----------------|-------------------|-----------------|------------------|---------------|
| | ---- TITLE XVIII ---- | | ---- TITLE XIX ---- | | ---- TITLE V ---- | | | |
| | PART A 1 | PART B 2 | INPATIENT 3 | OUTPATIENT 4 | INPATIENT 5 | OUTPATIENT 6 | | |
| UTILIZATION PERCENTAGES BASED ON DAYS | | | | | | | | |
| 34 SKILLED NURSING FACILITY | 75.30 | | | | | | 75.30 | 34 |
| UTILIZATION PERCENTAGES BASED ON CHARGES | | | | | | | | |
| 40 ANESTHESIOLOGY | 0.22 | | | | | | 0.22 | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | 1.06 | | | | | | 1.06 | 41 |
| 43 RADIOISOTOPE | 0.61 | | | | | | 0.61 | 43 |
| 43.01 ULTRASOUND | 0.40 | | | | | | 0.40 | 43.01 |
| 44 LABORATORY | 2.64 | | | | | | 2.64 | 44 |
| 49 RESPIRATORY THERAPY | 1.47 | | | | | | 1.47 | 49 |
| 50 PHYSICAL THERAPY | 22.93 | | | | | | 22.93 | 50 |
| 53 ELECTROCARDIOLOGY | 0.55 | | | | | | 0.55 | 53 |
| 54 ELECTROENCEPHALOGRAPHY | 1.50 | | | | | | 1.50 | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | 3.07 | | | | | | 3.07 | 55 |
| 56 DRUGS CHARGED TO PATIENTS | 5.22 | | | | | | 5.22 | 56 |
| 59.03 CARDIAC CATHERIZATION LAB | 0.30 | | | | | | 0.30 | 59.03 |
| 101 TOTAL CHARGES | 2.30 | | | | | | 2.30 | 101 |

| COST CENTER | --- DIRECT COSTS --- | | -- ALLOCATED OVERHEAD -- | | --- TOTAL COSTS --- | | |
|-------------------------------------|---------------------------------|----------|--------------------------|-----------|---------------------|----------|-------|
| | AMOUNT | % | AMOUNT | % | AMOUNT | % | |
| GENERAL SERVICE COST CENTERS | | | | | | | |
| 1 | OLD CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 2 | OLD CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 1733317 | 2.28 | -1733317 | -3.88 | | 3 |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 1869868 | 2.46 | -1869868 | -4.18 | | 4 |
| 5 | EMPLOYEE BENEFITS | 6225904 | 8.21 | -6225904 | -13.93 | | 5 |
| 6 | ADMINISTRATIVE & GENERAL | 26538411 | 34.98 | -26538411 | -59.37 | | 6 |
| 7 | MAINTENANCE & REPAIRS | 625958 | .83 | -625958 | -1.40 | | 7 |
| 8 | OPERATION OF PLANT | 2098433 | 2.77 | -2098433 | -4.69 | | 8 |
| 9 | LAUNDRY & LINEN SERVICE | 251925 | .33 | -251925 | -.56 | | 9 |
| 10 | HOUSEKEEPING | 961902 | 1.27 | -961902 | -2.15 | | 10 |
| 11 | DIETARY | 703400 | .93 | -703400 | -1.57 | | 11 |
| 12 | CAFETERIA | 212488 | .28 | -212488 | -.48 | | 12 |
| 13 | MAINTENANCE OF PERSONNEL | | | | | | 13 |
| 14 | NURSING ADMINISTRATION | 711763 | .94 | -711763 | -1.59 | | 14 |
| 15 | CENTRAL SERVICES & SUPPLY | 733408 | .97 | -733408 | -1.64 | | 15 |
| 16 | PHARMACY | 1015769 | 1.34 | -1015769 | -2.27 | | 16 |
| 17 | MEDICAL RECORDS & LIBRARY | 799104 | 1.05 | -799104 | -1.79 | | 17 |
| 18 | SOCIAL SERVICE | 152436 | .20 | -152436 | -.34 | | 18 |
| 20 | NONPHYSICIAN ANESTHETISTS | | | | | | 20 |
| 21 | NURSING SCHOOL | | | | | | 21 |
| 22 | I&R SERVICES-SALARY & FRINGES A | | | | | | 22 |
| 23 | I&R SERVICES-OTHER PRGM COSTS A | 66880 | .09 | -66880 | -.15 | | 23 |
| 24 | PARAMED ED PRGM-(SPECIFY) | | | | | | 24 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | | |
| 25 | ADULTS & PEDIATRICS | 5541086 | 7.30 | 10048268 | 22.48 | 15589354 | 20.55 |
| 26 | INTENSIVE CARE UNIT | 2408926 | 3.18 | 3269728 | 7.31 | 5678654 | 7.49 |
| 31 | SUBPROVIDER I | 381274 | .50 | 621967 | 1.39 | 1003241 | 1.32 |
| 33 | NURSERY | 364095 | .48 | 469208 | 1.05 | 833303 | 1.10 |
| 34 | SKILLED NURSING FACILITY | 993404 | 1.31 | 2164979 | 4.84 | 3158383 | 4.16 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 | OPERATING ROOM | 2025870 | 2.67 | 4195058 | 9.38 | 6220928 | 8.20 |
| 38 | RECOVERY ROOM | 251272 | .33 | 328073 | .73 | 579345 | .76 |
| 39 | DELIVERY ROOM & LABOR ROOM | 639022 | .84 | 975155 | 2.18 | 1614177 | 2.13 |
| 40 | ANESTHESIOLOGY | 490316 | .65 | 454208 | 1.02 | 944524 | 1.25 |
| 41 | RADIOLOGY-DIAGNOSTIC | 944455 | 1.24 | 1899870 | 4.25 | 2844325 | 3.75 |
| 43 | RADIOISOTOPE | 322469 | .43 | 591477 | 1.32 | 913946 | 1.20 |
| 43.01 | ULTRASOUND | 272585 | .36 | 427986 | .96 | 700571 | .92 |
| 43.02 | MRI-CT SCANS | 588723 | .78 | 1170275 | 2.62 | 1758998 | 2.32 |
| 44 | LABORATORY | 2863285 | 3.77 | 2979749 | 6.67 | 5843034 | 7.70 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN CO | | | | | | 46.30 |
| 49 | RESPIRATORY THERAPY | 651259 | .86 | 780953 | 1.75 | 1432212 | 1.89 |
| 50 | PHYSICAL THERAPY | 904083 | 1.19 | 1317187 | 2.95 | 2221270 | 2.93 |
| 53 | ELECTROCARDIOLOGY | 227777 | .30 | 431318 | .96 | 659095 | .87 |
| 54 | ELECTROENCEPHALOGRAPHY | 55852 | .07 | 90412 | .20 | 146264 | .19 |
| 55 | MEDICAL SUPPLIES CHARGED TO PAT | 4298564 | 5.67 | 2588744 | 5.79 | 6887308 | 9.08 |
| 56 | DRUGS CHARGED TO PATIENTS | 1757138 | 2.32 | 1312928 | 2.94 | 3070066 | 4.05 |

| COST CENTER | --- DIRECT COSTS --- | | -- ALLOCATED OVERHEAD -- | | --- TOTAL COSTS --- | | |
|---------------------------------------|----------------------|--------|--------------------------|------|---------------------|--------|-------|
| | AMOUNT | % | AMOUNT | % | AMOUNT | % | |
| 56.01 OUTPATIENT PHARMACY | 859401 | 1.13 | 2264107 | 5.07 | 3123508 | 4.12 | 56.01 |
| 59 LITHOTRIPSY | | | | | | | 59 |
| 59.01 CARDIAC REHABILITATION | 76885 | .10 | 219634 | .49 | 296519 | .39 | 59.01 |
| 59.03 CARDIAC CATHERIZATION LAB | 400539 | .53 | 1063489 | 2.38 | 1464028 | 1.93 | 59.03 |
| 59.05 INPATIENT RENAL DIALYSIS | 310037 | .41 | 181653 | .41 | 491690 | .65 | 59.05 |
| 60 CLINIC | 1486 | | 9102 | .02 | 10588 | .01 | 60 |
| 60.01 OUTPATIENT INFUSION PROCEDURES | 1214 | | 1128 | | 2342 | | 60.01 |
| 60.02 WOUND CARE | 315652 | .42 | 667317 | 1.49 | 982969 | 1.30 | 60.02 |
| 61 EMERGENCY | 1827861 | 2.41 | 2540753 | 5.68 | 4368614 | 5.76 | 61 |
| 62 OBSERVATION BEDS (NON-DISTINCT | | | | | | | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 69.10 CMHC | | | | | | | 69.10 |
| 69.20 OUTPATIENT PHYSICAL THERAPY | | | | | | | 69.20 |
| 69.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | | 69.30 |
| 69.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | | 69.40 |
| 71 HOME HEALTH AGENCY | 1007935 | 1.33 | 1171727 | 2.62 | 2179662 | 2.87 | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | | 85.03 |
| 93 HOSPICE | 185109 | .24 | 203875 | .46 | 388984 | .51 | 93 |
| NONREIMBURSABLE COST CENTERS | | | | | | | |
| 96 GIFT, FLOWER, COFFEE SHOP & CAN | 44757 | .06 | 65268 | .15 | 110025 | .15 | 96 |
| 98 PHYSICIANS' PRIVATE OFFICES | 6106 | .01 | 51930 | .12 | 58036 | .08 | 98 |
| 98.01 NON-EMPLOYEE CHILD CARE CENTER | 59568 | .08 | 66876 | .15 | 126444 | .17 | 98.01 |
| 99 NONPAID WORKERS | 85086 | .11 | 76564 | .17 | 161650 | .21 | 99 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | 102 |
| 103 TOTAL | 75864057 | 100.00 | 0 | .00 | 75864057 | 100.00 | 103 |

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

| COST CENTER DESCRIPTION | CAPITAL RELATED COSTS 1 | TOTAL CHARGES 2 | RATIO CAPITAL COST TO CHARGES 3 | INPATIENT PROGRAM CHARGES 4 | MEDICARE INPATIENT PPS CAPITAL COSTS 5 | |
|---------------------------------------|----------------------------|--------------------|------------------------------------|--------------------------------|-------------------------------------------|-------|
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 37 OPERATING ROOM | 611591 | 11865724 | .051543 | 3445627 | 177598 | 37 |
| 38 RECOVERY ROOM | 25458 | 3993008 | .006376 | 632895 | 4035 | 38 |
| 39 DELIVERY ROOM & LABOR ROOM | 85725 | 1902678 | .045055 | | | 39 |
| 40 ANESTHESIOLOGY | 38617 | 6481882 | .005958 | 964117 | 5744 | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | 390090 | 8988292 | .043400 | 2831579 | 122891 | 41 |
| 43 RADIOISOTOPE | 37160 | 3335009 | .011142 | 707760 | 7886 | 43 |
| 43.01 ULTRASOUND | 65360 | 5235878 | .012483 | 539045 | 6729 | 43.01 |
| 43.02 MRI-CT SCANS | 246697 | 23897958 | .010323 | 4485305 | 46302 | 43.02 |
| 44 LABORATORY | 261348 | 36823303 | .007097 | 12394171 | 87961 | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | 78046 | 11655131 | .006696 | 3223792 | 21587 | 49 |
| 50 PHYSICAL THERAPY | 119546 | 7754309 | .015417 | 1354914 | 20889 | 50 |
| 53 ELECTROCARDIOLOGY | 61432 | 10361906 | .005929 | 3374064 | 20005 | 53 |
| 54 ELECTROENCEPHALOGRAPHY | 10052 | 675742 | .014876 | 119693 | 1781 | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | 58253 | 47990016 | .001214 | 20170287 | 24487 | 55 |
| 56 DRUGS CHARGED TO PATIENTS | 30219 | 57006378 | .000530 | 25052756 | 13278 | 56 |
| 56.01 OUTPATIENT PHARMACY | 120131 | 915774 | .131180 | | | 56.01 |
| 59 LITHOTRIPSY | | | | | | 59 |
| 59.01 CARDIAC REHABILITATION | 37119 | 286258 | .129670 | | | 59.01 |
| 59.03 CARDIAC CATHERIZATION LAB | 249982 | 8597635 | .029076 | 4009813 | 116589 | 59.03 |
| 59.05 INPATIENT RENAL DIALYSIS | 4071 | 2880415 | .001413 | | | 59.05 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 60 CLINIC | 3562 | 99642 | .035748 | | | 60 |
| 60.01 OUTPATIENT INFUSION PROCEDURES | 20 | 102983 | .000194 | | | 60.01 |
| 60.02 WOUND CARE | 124672 | 1811584 | .068819 | 1485 | 102 | 60.02 |
| 61 EMERGENCY | 186436 | 19399725 | .009610 | 4116682 | 39561 | 61 |
| 62 OBSERVATION BEDS (NON-DISTINCT | 24858 | 1686153 | .014742 | | | 62 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 63.50 RHC | | | | | | 63.50 |
| 63.60 FQHC | | | | | | 63.60 |
| 101 TOTAL | 2870445 | 273747383 | | 87423985 | 717425 | 101 |

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

| COST CENTER DESCRIPTION | CAPITAL | SWING-BED | TOTAL | TOTAL | PER | INPATIENT | MEDICARE |
|----------------------------------------|---------|------------|--------|---------|-------|-----------|-------------|
| | RELATED | ADJUSTMENT | COST | PATIENT | | | INPATIENT |
| | COSTS | AMOUNT | COST | DAYS | DIEM | PROGRAM | PPS CAPITAL |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | | |
| 25 ADULTS & PEDIATRICS | 773043 | | 773043 | 17788 | 43.46 | 9660 | 419824 25 |
| 26 INTENSIVE CARE UNIT | 193263 | | 193263 | 3099 | 62.36 | 1796 | 111999 26 |
| 101 TOTAL | 966306 | | 966306 | | | 11456 | 531823 101 |

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 531823

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 717425

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 1249248

MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)

MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)

PER DISCHARGE CAPITAL COSTS

PER DIEM CAPITAL COSTS

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53) | 22862341 |
| 2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT) | 112846728 |
| 3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2) | .203 |

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

| | |
|----------------------------------------------------------------------------------------------------------------------------------|---------|
| 1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101)) | 994441 |
| 2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619) | 3573650 |
| 3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2) | .278 |

II. COST TO CHARGE RATIO FOR CAPITAL

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8) | 1249248 |
| 2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2) | .011 |

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) | 3931739 |
| 2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) | 22077457 |
| 3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2) | .178 |