

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

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [] 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 KENNETH HALL REGIONAL HOSPITAL (14-0066) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2008 AND ENDING 12/31/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

| | TITLE V | TITLE XVIII | | TITLE XIX | |
|-----|------------------------------------|-------------|--------|-----------|-----|
| | | PART A | PART B | | |
| | 1 | 2 | 3 | 4 | |
| 1 | HOSPITAL | | | | 1 |
| 2 | SUBPROVIDER I | -196765 | 78346 | | 2 |
| 3 | SWING BED - SNF | | | | 3 |
| 4 | SWING BED - NF | | | | 4 |
| 5 | SKILLED NURSING FACILITY | | | | 5 |
| 6 | NURSING FACILITY | | | | 6 |
| 7 | HOME HEALTH AGENCY | | | | 7 |
| 8 | OUTPATIENT REHABILITATION PROVIDER | | | | 8 |
| 9 | HEALTH CLINIC | | | | 9 |
| 100 | TOTAL | -196765 | 78346 | | 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: 129 NORTH 8TH STREET P.O.BOX: 1
 1.01 CITY: EAST ST. LOUIS STATE: IL ZIP CODE: 62201 COUNTY: ST. CLAIR 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 | KENNETH HALL REGIONAL HOSPITAL | 14-0066 | 01/01/1996 | N | P | N | 2 |
| 3 | SUBPROVIDER I | | | | | | | 3 |
| 4 | SWING BEDS - SNF | | | | | | | 4 |
| 5 | SWING BEDS - NF | | | | | | | 5 |
| 6 | HOSPITAL-BASED SNF | | | | | | | 6 |
| 7 | HOSPITAL-BASED NF | | | | | | | 7 |
| 8 | HOSPITAL-BASED OLTC | | | | | | | 8 |
| 9 | HOSPITAL-BASED HHA | SOUTHERN ILLINOIS HOME CARE | 14-7315 | 01/01/1996 | N | P | N | 9 |
| 11 | SEPARATELY CERTIFIED ASC | | | | | | | 11 |
| 12 | HOSPITAL-BASED HOSPICE | | | | | | | 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: 12/31/2008 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? YES 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? NO 25

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? NO 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. NO 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) 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) 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. | | | | 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 | | | | 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. | | | | 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 |
| MISCELLANEOUS COST REPORTING INFORMATION | | | | | |
| 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 style="text-align: right;">V XVIII XIX</p> <p style="text-align: right;">1 2 3</p> | | | | | |
| PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL | | | | | |
| 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. | YES | 40 |
| 40.01 | NAME: SOUTHERN ILLINOIS HEALTHCAR | FI/CONTRACTOR'S NUMBER: | 40.01 |
| 40.02 | STREET: 8080 STATE STREET | P.O. BOX: | 40.02 |
| 40.03 | CITY: EAST ST. LOUIS | STATE: IL ZIP CODE: 62203 | 40.03 |
| 41 | ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? | YES | 41 |
| 42 | ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? | YES | 42 |
| 42.01 | ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? | YES | 42.01 |
| 42.02 | ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? | YES | 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 NHCMQ 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 | 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: PREMIUMS: 734751 PAID LOSSES: AND/OR SELF INSURANCE: | | | | | 54 | | | |
| 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. | | | YES | | 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 | | | |
| 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. | | | DATE / / | Y/N | LIMIT | Y/N | FEE\$ | 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? 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) | NO | | | | | 60 |
| 60.01 | IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.) | | | | | | 60.01 |
| MULTICAMPUS | | | | | | | |
| 61 | DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5. | NO | | | | | 61 |
| | COUNTY: | STATE: | ZIP CODE | CBSA | FTE/ CAMPUS | | |
| | 1 | 2 | 3 | 4 | 5 | | |
| SETTLEMENT DATA | | | | | | | |
| 63 | WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy) | | YES | 02/28/2009 | | | 63 |

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 | | 437 | 618 | 1600 | 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 | | 437 | 618 | 1600 | 12 |
| 13 | RPCH VISITS | | | | | 13 |
| 14 | SUBPROVIDER I | | | | | 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 |
|---------------------|---|-----------------|-------------------------------------|-----------------------------------|---------------------------------------|-------------------------------------|-------------|-----------------------|
| | | 1 | 2 | 3 | 4 | 5 | 6 | |
| 1 | SALARIES | | | | | | | |
| 1 | TOTAL SALARIES | 14384706 | | 14384706 | 661244.00 | 21.75 | | 1 |
| 2 | NON-PHYSICIAN ANESTHETIST PART A | | | | | | | 2 |
| 3 | NON-PHYSICIAN ANESTHETIST PART B | | | | | | | 3 |
| 4 | PHYSICIAN - PART A | | | | | | | 4 |
| 4.01 | TEACHING PHYSICIAN SALARIES | | | | | | | 4.01 |
| 5 | PHYSICIAN - PART B | 1619708 | | 1619708 | 17220.00 | 94.06 | | 5 |
| 5.01 | NON-PHYSICIAN - PART B | | | | | | | 5.01 |
| 6 | INTERNS & RESIDENTS (IN APPR PGM) | | | | | | | 6 |
| 6.01 | CONTRACT SERVICES, I&R | | | | | | | 6.01 |
| 7 | HOME OFFICE PERSONNEL | | | | | | | 7 |
| 8 | SNF | | | | | | | 8 |
| 8.01 | EXCLUDED AREA SALARIES | 342265 | | 342265 | 13803.00 | 24.80 | | 8.01 |
| | OTHER WAGES & RELATED COSTS | | | | | | | |
| 9 | CONTRACT LABOR | 1234058 | | 1234058 | 22354.00 | 55.21 | | 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 | 30000 | | 30000 | 261.00 | 114.94 | | 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) | 2757413 | | 2757413 | | | CMS 339 | 13 |
| 14 | WAGE RELATED COSTS (OTHER) | | | | | | CMS 339 | 14 |
| 15 | EXCLUDED AREAS | 75971 | | 75971 | | | 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 | | | | | | CMS 339 | 18 |
| 18.01 | PART A TEACHING PHYSICIANS | | | | | | CMS 339 | 18.01 |
| 19 | PHYSICIAN PART B | 359519 | | 359519 | | | 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 | 303580 | | 303580 | 11350.00 | 26.75 | | 21 |
| 22 | ADMINISTRATIVE & GENERAL | 2255610 | | 2255610 | 100932.00 | 22.35 | | 22 |
| 22.01 | ADMINISTRATIVE & GENERAL UNDER CONTACT | | | | | | | 22.01 |
| 23 | MAINTENANCE & REPAIRS | 395339 | | 395339 | 21095.00 | 18.74 | | 23 |
| 24 | OPERATION OF PLANT | 642093 | | 642093 | 44543.00 | 14.42 | | 24 |
| 25 | LAUNDRY & LINEN SERVICE | | | | | | | 25 |
| 26 | HOUSEKEEPING | 418783 | | 418783 | 45249.00 | 9.26 | | 26 |
| 26.01 | HOUSEKEEPING UNDER CONTRACT | | | | | | | 26.01 |
| 27 | DIETARY | 495406 | -128248 | 367158 | 33396.00 | 10.99 | | 27 |
| 27.01 | DIETARY UNDER CONTRACT | | | | | | | 27.01 |
| 28 | CAFETERIA | | 128248 | 128248 | 11667.00 | 10.99 | | 28 |
| 29 | MAINTENANCE OF PERSONNEL | | | | | | | 29 |
| 30 | NURSING ADMINISTRATION | 325953 | | 325953 | 9484.00 | 34.37 | | 30 |
| 31 | CENTRAL SERVICES AND SUPPLY | 95375 | | 95375 | 7726.00 | 12.34 | | 31 |
| 32 | PHARMACY | 313473 | | 313473 | 10146.00 | 30.90 | | 32 |
| 33 | MEDICAL RECORDS & MEDICAL RECORDS LIBR | 316961 | | 316961 | 21772.00 | 14.56 | | 33 |
| 34 | SOCIAL SERVICE | 36275 | | 36275 | 2035.00 | 17.83 | | 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 |
|--|---|-----------------|-------------------------------------|-----------------------------------|---------------------------------------|-------------------------------------|------------------------|
| | | 1 | 2 | 3 | 4 | 5 | |
| 1 | NET SALARIES | 12764998 | | 12764998 | 644024.00 | 19.82 | 1 |
| 2 | EXCLUDED AREA SALARIES | 342265 | | 342265 | 13803.00 | 24.80 | 2 |
| 3 | SUBTOTAL SALARIES (LINE 1 MINUS LINE 2) | 12422733 | | 12422733 | 630221.00 | 19.71 | 3 |
| 4 | SUBTOTAL OTHER WAGES & REL COSTS | 1264058 | | 1264058 | 22615.00 | 55.89 | 4 |
| 5 | SUBTOTAL WAGE-RELATED COSTS | 2757413 | | 2757413 | | 22.20% | 5 |
| 6 | TOTAL (SUM OF LINES 3 THRU 5) | 16444204 | | 16444204 | 652836.00 | 25.19 | 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 | 5598848 | | 5598848 | 319395.00 | 17.53 | 13 |

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7315

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

| DESCRIPTION | TITLE V 1 | TITLE XVIII 2 | TITLE XIX 3 | OTHER 4 | TOTAL 5 | |
|-----------------------------|--------------|------------------|----------------|------------|------------|---|
| 1 HOME HEALTH AIDE HOURS | | | | | | 1 |
| 2 UNDUPLICATED CENSUS COUNT | | 106.00 | | 287.00 | 393.00 | 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) | | .29 | .29 | 4 |
| 5 OTHER ADMINISTRATIVE PERSONNEL | | 1.24 | 1.24 | 5 |
| 6 DIRECT NURSING SERVICE | | 1.54 | 1.54 | 6 |
| 7 NURSING SUPERVISOR | | .77 | .77 | 7 |
| 8 PHYSICAL THERAPY SERVICE | | .39 | .39 | 8 |
| 9 PHYSICAL THERAPY SUPERVISOR | | | | 9 |
| 10 OCCUPATIONAL THERAPY SERVICE | | .15 | .15 | 10 |
| 11 OCCUPATIONAL THERAPY SUPERVISOR | | | | 11 |
| 12 SPEECH PATHOLOGY SERVICE | | .03 | .03 | 12 |
| 13 SPEECH PATHOLOGY SUPERVISOR | | | | 13 |
| 14 MEDICAL SOCIAL SERVICE | | .79 | .79 | 14 |
| 15 MEDICAL SOCIAL SERVICE SUPERVISOR | | | | 15 |
| 16 HOME HEALTH AIDE | | | | 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 | 1.01 | 1 | 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) | | | 41180 | 20 |

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7315

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 | 952 | | | | | 952 | 21 |
| 22 | SKILLED NURSING VISIT CHARGES | 137088 | | | | | 137088 | 22 |
| 23 | PHYSICAL THERAPY VISITS | 523 | | 3 | | | 526 | 23 |
| 24 | PHYSICAL THERAPY VISIT CHARGES | 75312 | | 432 | | | 75744 | 24 |
| 25 | OCCUPATIONAL THERAPY VISITS | 182 | | 3 | | | 185 | 25 |
| 26 | OCCUPATIONAL THERAPY VISIT CHARGES | 26208 | | 432 | | | 26640 | 26 |
| 27 | SPEECH PATHOLOGY VISITS | 70 | | | | | 70 | 27 |
| 28 | SPEECH PATHOLOGY VISIT CHARGES | 10080 | | | | | 10080 | 28 |
| 29 | MEDICAL SOCIAL SERVICE VISITS | 49 | | | | | 49 | 29 |
| 30 | MEDICAL SOCIAL SERVICE VISIT CHARGES | 9408 | | | | | 9408 | 30 |
| 31 | HOME HEALTH AIDE VISITS | | | | | | | 31 |
| 32 | HOME HEALTH AIDE VISIT CHARGES | | | | | | | 32 |
| 33 | TOTAL VISITS | 1776 | | 6 | | | 1782 | 33 |
| 34 | OTHER CHARGES | | | | | | | 34 |
| 35 | TOTAL CHARGES | 258096 | | 864 | | | 258960 | 35 |
| 36 | TOTAL NUMBER OF EPISODES | 86 | | 2 | | | 88 | 36 |
| 37 | TOTAL NUMBER OF OUTLIER EPISODES | | | | | | | 37 |
| 38 | TOTAL MEDICAL SUPPLY CHARGES | 5312 | | | | | 5312 | 38 |

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

| GROUP | M3PI REVENUE CODE | SERVICES PRIOR TO JANUARY 1 | | SERVICES ON OR AFTER JANUARY 1 | | TOTAL |
|-------|-------------------------|--------------------------------|------|-----------------------------------|------|-------|
| | | RATE | DAYS | RATE | DAYS | |
| 1 | 2 | 3 | 3.01 | 4 | 4.01 | 5 |
| 1 | RVC/RUC | | | | | 1 |
| 2 | RVB/RUB | | | | | 2 |
| 3 | RVA/RUA | | | | | 3 |
| 3.01 | RUX | | | | | 3.01 |
| 3.02 | RUL | | | | | 3.02 |
| 4 | RHD/RVC | | | | | 4 |
| 5 | RHC/RVB | | | | | 5 |
| 6 | RHB/RVA | | | | | 6 |
| 6.01 | RVX | | | | | 6.01 |
| 6.02 | RVL | | | | | 6.02 |
| 7 | RHA/RHC | | | | | 7 |
| 8 | RMC/RHB | | | | | 8 |
| 9 | RMB/RHA | | | | | 9 |
| 9.01 | RHX | | | | | 9.01 |
| 9.02 | RHL | | | | | 9.02 |
| 10 | RMA/RMC | | | | | 10 |
| 11 | RLB/RMB | | | | | 11 |
| 12 | RLA/RMA | | | | | 12 |
| 12.01 | RMX | | | | | 12.01 |
| 12.02 | RML | | | | | 12.02 |
| 13 | SE3/RLB | | | | | 13 |
| 14 | SE2/RLA | | | | | 14 |
| 14.01 | RLX | | | | | 14.01 |
| 15 | SE1/SE3 | | | | | 15 |
| 16 | SSC/SE2 | | | | | 16 |
| 17 | SSB/SE1 | | | | | 17 |
| 18 | SSA/SSC | | | | | 18 |
| 19 | CD2/SSB | | | | | 19 |
| 20 | CD1/SSA | | | | | 20 |
| 21 | CC2 | | | | | 21 |
| 22 | CC1 | | | | | 22 |
| 23 | CB2 | | | | | 23 |
| 24 | CB1 | | | | | 24 |
| 25 | CA2 | | | | | 25 |
| 26 | CA1 | | | | | 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 | | | | | 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 | | | | | 46 |

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 | 1142916 17 |
| 17.01 | GROSS MEDICAID REVENUES | 21551637 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 | 22694553 22 |
| 23 | TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS | 21551637 23 |
| 24 | COST TO CHARGE RATIO | 0.467425 24 |
| 25 | TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST | 10073774 25 |
| 26 | TOTAL SCHIP CHARGES FROM YOUR RECORDS | 26 |
| 27 | TOTAL SCHIP COST | 27 |
| 28 | TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS | 28 |
| 29 | TOTAL GROSS MEDICAID COST | 29 |
| 30 | OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS) | 30 |
| 31 | UNCOMPENSATED CARE COST | 31 |
| 32 | TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL | 10073774 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 | | | | 453214 | 453214 | | 453214 | 1 |
| 2 | 0200 OLD CAP REL COSTS-MVBLE EQUIP | | | | 28331 | 28331 | | 28331 | 2 |
| 3 | 0300 NEW CAP REL COSTS-BLDG & FIXT | | | | 307650 | 307650 | -32369 | 275281 | 3 |
| 4 | 0400 NEW CAP REL COSTS-MVBLE EQUIP | | | | 246810 | 246810 | -1363 | 245447 | 4 |
| 4.01 | 0401 NEW CAP REL COSTS-MOB | | | | 89898 | 89898 | | 89898 | 4.01 |
| 5 | 0500 EMPLOYEE BENEFITS | 303580 | 2462794 | 2766374 | -242899 | 2523475 | -2720 | 2520755 | 5 |
| 6.01 | 0610 NONPATIENT TELEPHONES | 149913 | 12635 | 162548 | | 162548 | | 162548 | 6.01 |
| 6.02 | 0620 DATA PROCESSING | 247192 | 301933 | 549125 | | 549125 | | 549125 | 6.02 |
| 6.03 | 0630 PURCHASING, RECEIVINGAND STORES | 75902 | 31324 | 107226 | | 107226 | | 107226 | 6.03 |
| 6.04 | 0640 ADMITTING | 335792 | 64386 | 400178 | | 400178 | | 400178 | 6.04 |
| 6.05 | 0650 CASHIERING/ACCOUNTS RECEIVABLE | 330940 | 223074 | 554014 | | 554014 | | 554014 | 6.05 |
| 6.06 | 0660 OTHER GENERAL AND ADMINISTRATIV | 1115871 | 4419842 | 5535713 | -1154583 | 4381130 | -178383 | 4202747 | 6.06 |
| 7 | 0700 MAINTENANCE & REPAIRS | 395339 | 266737 | 662076 | -10 | 662066 | | 662066 | 7 |
| 8 | 0800 OPERATION OF PLANT | 642093 | 1082401 | 1724494 | 3056 | 1727550 | | 1727550 | 8 |
| 9 | 0900 LAUNDRY & LINEN SERVICE | | 33984 | 33984 | | 33984 | | 33984 | 9 |
| 10 | 1000 HOUSEKEEPING | 418783 | 209848 | 628631 | -41 | 628590 | | 628590 | 10 |
| 11 | 1100 DIETARY | 495406 | 397780 | 893186 | -231440 | 661746 | | 661746 | 11 |
| 12 | 1200 CAFETERIA | | | | 231223 | 231223 | -171651 | 59572 | 12 |
| 13 | 1300 MAINTENANCE OF PERSONNEL | | | | | | | | 13 |
| 14 | 1400 NURSING ADMINISTRATION | 325953 | 21272 | 347225 | | 347225 | | 347225 | 14 |
| 15 | 1500 CENTRAL SERVICES & SUPPLY | 95375 | 69651 | 165026 | -13066 | 151960 | -74319 | 77641 | 15 |
| 16 | 1600 PHARMACY | 313473 | 1618082 | 1931555 | -1547779 | 383776 | | 383776 | 16 |
| 17 | 1700 MEDICAL RECORDS & LIBRARY | 316961 | 190415 | 507376 | | 507376 | -1233 | 506143 | 17 |
| 18 | 1800 SOCIAL SERVICE | 36275 | 6046 | 42321 | | 42321 | | 42321 | 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 | | | | | | | | 23 |
| 24 | 2400 PARAMED ED PRGM-(SPECIFY) | | | | | | | | 24 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | | | | |
| 25 | 2500 ADULTS & PEDIATRICS | 1903661 | 406779 | 2310440 | -690 | 2309750 | -54700 | 2255050 | 25 |
| 26 | 2600 INTENSIVE CARE UNIT | 316570 | 128663 | 445233 | -691 | 444542 | | 444542 | 26 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | | |
| 37 | 3700 OPERATING ROOM | 291133 | 192168 | 483301 | -103242 | 380059 | | 380059 | 37 |
| 40 | 4000 ANESTHESIOLOGY | | 313860 | 313860 | -226 | 313634 | -308540 | 5094 | 40 |
| 41 | 4100 RADIOLOGY-DIAGNOSTIC | 535555 | 273476 | 809031 | -2314 | 806717 | | 806717 | 41 |
| 44 | 4400 LABORATORY | 462627 | 727646 | 1190273 | -41 | 1190232 | | 1190232 | 44 |
| 46.30 | 4650 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | | | 46.30 |
| 49 | 4900 RESPIRATORY THERAPY | 327948 | 78955 | 406903 | -758 | 406145 | | 406145 | 49 |
| 50 | 5000 PHYSICAL THERAPY | | 52062 | 52062 | -93 | 51969 | | 51969 | 50 |
| 50.01 | 5001 INDUSTRIAL MEDICINE | | | | | | | | 50.01 |
| 51 | 5100 OCCUPATIONAL THERAPY | | | | | | | | 51 |
| 52 | 5200 SPEECH PATHOLOGY | | | | | | | | 52 |
| 53 | 5300 ELECTROCARDIOLOGY | 32417 | 56859 | 89276 | | 89276 | -29916 | 59360 | 53 |
| 54 | 5400 ELECTROENCEPHALOGRAPHY | | 1374 | 1374 | | 1374 | -125 | 1249 | 54 |
| 55 | 5500 MEDICAL SUPPLIES CHARGED TO PAT | | | | 124618 | 124618 | | 124618 | 55 |
| 56 | 5600 DRUGS CHARGED TO PATIENTS | | | | 1547779 | 1547779 | | 1547779 | 56 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 60 | 6000 CLINIC | 2078220 | 1242477 | 3320697 | 226655 | 3547352 | -2727738 | 819614 | 60 |
| 60.01 | 6001 PARTIAL HOSPITALIZATION | 148353 | 58167 | 206520 | -46 | 206474 | -12067 | 194407 | 60.01 |
| 61 | 6100 EMERGENCY | 2347109 | 1846886 | 4193995 | 10005 | 4204000 | -1204867 | 2999133 | 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 | 309398 | 56523 | 365921 | | 365921 | | 365921 | 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 |
| 95 | SUBTOTALS | 14351839 | 16848099 | 31199938 | -28680 | 31171258 | -4799991 | 26371267 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | | |
| 96 | 9600 GIFT, FLOWER, COFFEE SHOP & CAN | 32867 | 55632 | 88499 | | 88499 | | 88499 | 96 |
| 98 | 9800 PHYSICIANS' PRIVATE OFFICES | | 2219 | 2219 | | 2219 | | 2219 | 98 |
| 100 | 7951 OTHER NONREIMBURSABLE COST CENT | | | | 28680 | 28680 | | 28680 | 100 |
| 101 | TOTAL | 14384706 | 16905950 | 31290656 | | 31290656 | -4799991 | 26490665 | 101 |

RECLASSIFICATIONS

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | ----- INCREASE ----- | | SALARY | OTHER |
|---------------------------------------|------|-------------------------------|--------|--------|------------|
| | | COST CENTER | LINE # | | |
| | 1 | 2 | 3 | 4 | 5 |
| 1 TO ESTABLISH COST OF SUPPLIES | A | MEDICAL SUPPLIES CHARGED TO P | 55 | | 41 1 |
| 2 TO ESTABLISH COST OF SUPPLIES | A | MEDICAL SUPPLIES CHARGED TO P | 55 | | 217 2 |
| 3 TO ESTABLISH COST OF SUPPLIES | A | MEDICAL SUPPLIES CHARGED TO P | 55 | | 13066 3 |
| 4 TO ESTABLISH COST OF SUPPLIES | A | MEDICAL SUPPLIES CHARGED TO P | 55 | | 690 4 |
| 5 TO ESTABLISH COST OF SUPPLIES | A | MEDICAL SUPPLIES CHARGED TO P | 55 | | 691 5 |
| 6 TO ESTABLISH COST OF SUPPLIES | A | MEDICAL SUPPLIES CHARGED TO P | 55 | | 103242 6 |
| 7 TO ESTABLISH COST OF SUPPLIES | A | MEDICAL SUPPLIES CHARGED TO P | 55 | | 226 7 |
| 8 TO ESTABLISH COST OF SUPPLIES | A | MEDICAL SUPPLIES CHARGED TO P | 55 | | 2314 8 |
| 9 TO ESTABLISH COST OF SUPPLIES | A | MEDICAL SUPPLIES CHARGED TO P | 55 | | 41 9 |
| 10 TO ESTABLISH COST OF SUPPLIES | A | MEDICAL SUPPLIES CHARGED TO P | 55 | | 758 10 |
| 11 TO ESTABLISH COST OF SUPPLIES | A | MEDICAL SUPPLIES CHARGED TO P | 55 | | 93 11 |
| 12 TO ESTABLISH COST OF SUPPLIES | A | MEDICAL SUPPLIES CHARGED TO P | 55 | | 1677 12 |
| 13 TO ESTABLISH COST OF SUPPLIES | A | MEDICAL SUPPLIES CHARGED TO P | 55 | | 1516 13 |
| 14 TO ESTABLISH COST OF SUPPLIES | A | MEDICAL SUPPLIES CHARGED TO P | 55 | | 46 14 |
| 15 TO ESTABLISH COST OF DRUGS AND IV | B | DRUGS CHARGED TO PATIENTS | 56 | | 1547779 15 |
| 16 TO ESTABLISH CAFETERIAL COSTS | C | CAFETERIA | 12 | 128248 | 102975 16 |
| 17 TO RECLASSIFY UTILITIES | F | OPERATION OF PLANT | 8 | | 10 17 |
| 18 TO RECLASSIFY UTILITIES | F | OPERATION OF PLANT | 8 | | 3046 18 |
| 19 TO RECLASSIFY PHYSICIAN BENEFITS | G | CLINIC | 60 | | 231378 19 |
| 20 TO RECLASSIFY PHYSICIAN BENEFITS | G | EMERGENCY | 61 | | 11521 20 |
| 21 TO RECLASSIFY PROPERTY TAXES | H | OTHER NONREIMBURSABLE COST CE | 100 | | 28680 21 |
| 22 TO RECLASSIFY DEPRECIATION EXPENSE | I | OLD CAP REL COSTS-BLDG & FIXT | 1 | | 416563 22 |
| 23 TO RECLASSIFY DEPRECIATION EXPENSE | I | OLD CAP REL COSTS-MVBLE EQUIP | 2 | | 26040 23 |
| 24 TO RECLASSIFY DEPRECIATION EXPENSE | I | NEW CAP REL COSTS-BLDG & FIXT | 3 | | 246450 24 |
| 25 TO RECLASSIFY DEPRECIATION EXPENSE | I | NEW CAP REL COSTS-MVBLE EQUIP | 4 | | 226851 25 |
| 26 TO RECLASSIFY DEPRECIATION EXPENSE | I | NEW CAP REL COSTS-MOB | 4.01 | | 82628 26 |
| 27 TO RECLASSIFY INSURANCE | J | OLD CAP REL COSTS-BLDG & FIXT | 1 | | 36651 27 |
| 28 TO RECLASSIFY INSURANCE | J | OLD CAP REL COSTS-MVBLE EQUIP | 2 | | 2291 28 |
| 29 TO RECLASSIFY INSURANCE | J | NEW CAP REL COSTS-BLDG & FIXT | 3 | | 17350 29 |
| 30 TO RECLASSIFY INSURANCE | J | NEW CAP REL COSTS-MVBLE EQUIP | 4 | | 19959 30 |
| 31 TO RECLASSIFY INSURANCE | J | NEW CAP REL COSTS-MOB | 4.01 | | 7270 31 |
| 32 TO RECLASSIFY INTEREST EXPENSE | K | NEW CAP REL COSTS-BLDG & FIXT | 3 | | 43850 32 |
| 33 | | | | | 33 |
| 34 | | | | | 34 |
| 35 | | | | | 35 |
| 36 TOTAL RECLASSIFICATIONS | | | | 128248 | 3175910 36 |

RECLASSIFICATIONS

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | COST CENTER | DECREASE | | | WKST A-7 REF. 10 |
|---------------------------------------|------|-------------------------------|----------|--------|---------|------------------|
| | | | LINE # | SALARY | OTHER | |
| | 1 | 6 | 7 | 8 | 9 | |
| 1 TO ESTABLISH COST OF SUPPLIES | A | HOUSEKEEPING | 10 | | 41 | 1 |
| 2 TO ESTABLISH COST OF SUPPLIES | A | DIETARY | 11 | | 217 | 2 |
| 3 TO ESTABLISH COST OF SUPPLIES | A | CENTRAL SERVICES & SUPPLY | 15 | | 13066 | 3 |
| 4 TO ESTABLISH COST OF SUPPLIES | A | ADULTS & PEDIATRICS | 25 | | 690 | 4 |
| 5 TO ESTABLISH COST OF SUPPLIES | A | INTENSIVE CARE UNIT | 26 | | 691 | 5 |
| 6 TO ESTABLISH COST OF SUPPLIES | A | OPERATING ROOM | 37 | | 103242 | 6 |
| 7 TO ESTABLISH COST OF SUPPLIES | A | ANESTHESIOLOGY | 40 | | 226 | 7 |
| 8 TO ESTABLISH COST OF SUPPLIES | A | RADIOLOGY-DIAGNOSTIC | 41 | | 2314 | 8 |
| 9 TO ESTABLISH COST OF SUPPLIES | A | LABORATORY | 44 | | 41 | 9 |
| 10 TO ESTABLISH COST OF SUPPLIES | A | RESPIRATORY THERAPY | 49 | | 758 | 10 |
| 11 TO ESTABLISH COST OF SUPPLIES | A | PHYSICAL THERAPY | 50 | | 93 | 11 |
| 12 TO ESTABLISH COST OF SUPPLIES | A | CLINIC | 60 | | 1677 | 12 |
| 13 TO ESTABLISH COST OF SUPPLIES | A | EMERGENCY | 61 | | 1516 | 13 |
| 14 TO ESTABLISH COST OF SUPPLIES | A | PARTIAL HOSPITALIZATION | 60.01 | | 46 | 14 |
| 15 TO ESTABLISH COST OF DRUGS AND IV | B | PHARMACY | 16 | | 1547779 | 15 |
| 16 TO ESTABLISH CAFETERIAL COSTS | C | DIETARY | 11 | 128248 | 102975 | 16 |
| 17 TO RECLASSIFY UTILITIES | F | MAINTENANCE & REPAIRS | 7 | | 10 | 17 |
| 18 TO RECLASSIFY UTILITIES | F | CLINIC | 60 | | 3046 | 18 |
| 19 TO RECLASSIFY PHYSICIAN BENEFITS | G | EMPLOYEE BENEFITS | 5 | | 231378 | 19 |
| 20 TO RECLASSIFY PHYSICIAN BENEFITS | G | EMPLOYEE BENEFITS | 5 | | 11521 | 20 |
| 21 TO RECLASSIFY PROPERTY TAXES | H | OTHER GENERAL AND ADMINISTRAT | 6.06 | | 28680 | 13 21 |
| 22 TO RECLASSIFY DEPRECIATION EXPENS | I | OTHER GENERAL AND ADMINISTRAT | 6.06 | | 416563 | 9 22 |
| 23 TO RECLASSIFY DEPRECIATION EXPENS | I | OTHER GENERAL AND ADMINISTRAT | 6.06 | | 26040 | 9 23 |
| 24 TO RECLASSIFY DEPRECIATION EXPENS | I | OTHER GENERAL AND ADMINISTRAT | 6.06 | | 246450 | 9 24 |
| 25 TO RECLASSIFY DEPRECIATION EXPENS | I | OTHER GENERAL AND ADMINISTRAT | 6.06 | | 226851 | 9 25 |
| 26 TO RECLASSIFY DEPRECIATION EXPENS | I | OTHER GENERAL AND ADMINISTRAT | 6.06 | | 82628 | 9 26 |
| 27 TO RECLASSIFY INSURANCE | J | OTHER GENERAL AND ADMINISTRAT | 6.06 | | 36651 | 12 27 |
| 28 TO RECLASSIFY INSURANCE | J | OTHER GENERAL AND ADMINISTRAT | 6.06 | | 2291 | 12 28 |
| 29 TO RECLASSIFY INSURANCE | J | OTHER GENERAL AND ADMINISTRAT | 6.06 | | 17350 | 12 29 |
| 30 TO RECLASSIFY INSURANCE | J | OTHER GENERAL AND ADMINISTRAT | 6.06 | | 19959 | 12 30 |
| 31 TO RECLASSIFY INSURANCE | J | OTHER GENERAL AND ADMINISTRAT | 6.06 | | 7270 | 12 31 |
| 32 TO RECLASSIFY INTEREST EXPENSE | K | OTHER GENERAL AND ADMINISTRAT | 6.06 | | 43850 | 11 32 |
| 33 | | | | | | 33 |
| 34 | | | | | | 34 |
| 35 | | | | | | 35 |
| 36 TOTAL RECLASSIFICATIONS | | | | 128248 | 3175910 | 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 | 496427 | | | | | 496427 | | 1 |
| 2 LAND IMPROVEMENTS | 378488 | | | | | 378488 | 378488 | 2 |
| 3 BUILDINGS AND FIXTURES | | | | | | | | 3 |
| 4 BUILDING IMPROVEMENTS | 13172218 | | | | | 13172218 | 13172032 | 4 |
| 5 FIXED EQUIPMENT | 1927714 | | | | | 1927714 | 1927664 | 5 |
| 6 MOVABLE EQUIPMENT | 998616 | | | | | 998616 | 998132 | 6 |
| 7 SUBTOTAL | 16973463 | | | | | 16973463 | 16476316 | 7 |
| 8 RECONCILING ITEMS | | | | | | | | 8 |
| 9 TOTAL | 16973463 | | | | | 16973463 | 16476316 | 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 | | | | | | | | 1 |
| 2 LAND IMPROVEMENTS | 177367 | | | | | 177367 | 115379 | 2 |
| 3 BUILDINGS AND FIXTURES | | | | | | | | 3 |
| 4 BUILDING IMPROVEMENTS | 9126834 | | | | | 9126834 | 5327179 | 4 |
| 5 FIXED EQUIPMENT | 1391830 | | | | | 1391830 | 1210095 | 5 |
| 6 MOVABLE EQUIPMENT | 8699791 | 34739 | | 34739 | | 8734530 | 7756187 | 6 |
| 7 SUBTOTAL | 19395822 | 34739 | | 34739 | | 19430561 | 14408840 | 7 |
| 8 RECONCILING ITEMS | | | | | | | | 8 |
| 9 TOTAL | 19395822 | 34739 | | 34739 | | 19430561 | 14408840 | 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 | 15974847 | | 15974847 | .438822 | | | | 1 |
| 2 OLD CAP REL COSTS-MVBLE EQUIP | 998616 | | 998616 | .027431 | | | | 2 |
| 3 NEW CAP REL COSTS-BLDG & FIXT | 7562293 | | 7562293 | .207732 | | | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | 8699544 | | 8699544 | .238972 | | | | 4 |
| 4.01 NEW CAP REL COSTS-MOB | 3168724 | | 3168724 | .087043 | | | | 4.01 |
| 5 TOTAL | 36404024 | | 36404024 | 1.000000 | | | | 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 | 416563 | | | 36651 | | | 453214 | 1 |
| 2 OLD CAP REL COSTS-MVBLE EQUIP | 26040 | | | 2291 | | | 28331 | 2 |
| 3 NEW CAP REL COSTS-BLDG & FIXT | 246450 | | 43850 | 17350 | | -32369 | 275281 | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | 226851 | | | 19959 | | -1363 | 245447 | 4 |
| 4.01 NEW CAP REL COSTS-MOB | 82628 | | | 7270 | | | 89898 | 4.01 |
| 5 TOTAL | 998532 | | 43850 | 83521 | | -33732 | 1092171 | 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 | | | 32369 | | | -32369 | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | | | | | | | | 4 |
| 4.01 NEW CAP REL COSTS-MOB | | | | | | | | 4.01 |
| 5 TOTAL | | | 32369 | | | -32369 | | 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 |
|--|------------|----------|--|----------|----------|
| | | | 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 | B | -32369 | NEW CAP REL COSTS-BLDG & FIXT | 3 | 11 3 |
| 4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT | | | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 14 4 |
| 5 INVESTMENT INCOME-OTHER | | | | | 5 |
| 6 TRADE, QUANTITY, AND TIME DISCOUNTS | B | -135 | OTHER GENERAL AND ADMINISTRATIV | 6.06 | 6 |
| 7 REFUNDS AND REBATES OF EXPENSES | B | -74319 | CENTRAL SERVICES & SUPPLY | 15 | 7 |
| 8 RENTAL OF PROVIDER SPACE BY SUPPLIERS | | | | | 8 |
| 9 TELEPHONE SERVICES (PAY STATIONS EXCL) | | | | | 9 |
| 10 TELEVISION AND RADIO SERVICE | | | | | 10 |
| 11 PARKING LOT | | | | | 11 |
| 12 PROVIDER-BASED PHYSICIAN ADJUSTMENT | WKST | | | | |
| | A-8-2 | -4340679 | | | 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 | -171651 | 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 | -1233 | MEDICAL RECORDS & LIBRARY | 17 | 20 |
| 21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.) | | | | | 21 |
| 22 VENDING MACHINES | | | | | 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 | | HOME HEALTH AGENCY | 71 | 27 |
| 28 UTIL REVIEW-PHYSICIANS' COMPENSATION | A-8-3 | | 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 | | OCCUPATIONAL THERAPY | 51 | 35 |
| 36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL | WKST | | SPEECH PATHOLOGY | 52 | 36 |
| 37 MISCELLANEOUS REVENUE | WKST A-8-4 | | OTHER GENERAL AND ADMINISTRATIV | 6.06 | 37 |
| 38 | B | -111536 | | | 38 |
| 39 | | | | | 39 |
| 40 DUES RELATING TO LOBBYING | A | -17452 | OTHER GENERAL AND ADMINISTRATIV | 6.06 | 40 |
| 41 ASSET RETIREMENT OBLIGATION - ACC | A | -49254 | OTHER GENERAL AND ADMINISTRATIV | 6.06 | 14 41 |
| 42 GAIN/LOSS | B | -1363 | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 14 42 |
| 43 | | | | | 43 |
| 44 | | | | | 44 |
| 45 | | | | | 45 |
| 46 | | | | | 46 |
| 47 | | | | | 47 |
| 48 | | | | | 48 |
| 49 | | | | | 49 |
| 50 TOTAL | | -4799991 | | | 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 | 5 | EMPLOYEE BENEFITS | 171868 | 171868 | | 1 |
| 2 | 6.02 | DATA PROCESSING | 199209 | 199209 | | 2 |
| 3 | 6.03 | PURCHASING, RECEIVING AND STORES | 23654 | 23654 | | 3 |
| 4 | 6.05 | CASHIERING/ACCOUNTS RECEIVABLE | 9384 | 9384 | | 4 |
| 4.01 | 6.06 | OTHER GENERAL AND ADMINISTRATIV | 217934 | 217934 | | 4.01 |
| 4.02 | 7 | MAINTENANCE & REPAIRS | 19326 | 19326 | | 4.02 |
| 4.03 | 15 | CENTRAL SERVICES & SUPPLY | 13059 | 13059 | | 4.03 |
| 4.04 | 16 | PHARMACY | 32956 | 32956 | | 4.04 |
| 4.06 | 37 | OPERATING ROOM | 23423 | 23423 | | 4.06 |
| 4.09 | 5 | EMPLOYEE BENEFITS | 16701 | 16701 | | 4.09 |
| 4.10 | 6.06 | OTHER GENERAL AND ADMINISTRATIV | 96918 | 96918 | | 4.10 |
| 4.11 | 25 | ADULTS & PEDIATRICS | 10280 | 10280 | | 4.11 |
| 5 | | TOTALS | 834712 | 834712 | | 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 | B | SIHF | | 100.00 | | 1 |
| 2 | B | TRH | | | | 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:

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

| WKST | A | COST CENTER/ PHYSICIAN IDENTIFIER | AGGREGATE | 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 | 5 | EMPLOYEE BENEFITS | AGGREGATE | 2720 | 2720 | | 177200 | | | |
| 2 | 25 | ADULTS & PEDIATRICS | AGGREGATE | 54700 | 54700 | | 177200 | | | |
| 3 | 40 | ANESTHESIOLOGY | AGGREGATE | 308540 | 308540 | | 200300 | | | |
| 4 | 44 | LABORATORY | AGGREGATE | | | | | | | |
| 5 | 50 | PHYSICAL THERAPY | AGGREGATE | | | | | | | |
| 6 | 53 | ELECTROCARDIOLOGY | AGGREGATE | 29916 | 29916 | | 177200 | | | |
| 7 | 54 | ELECTROENCEPHALOGRAPHY | AGGREGATE | 125 | 125 | | 177200 | | | |
| 8 | 60 | CLINIC | AGGREGATE | 2727738 | 2727738 | | 177200 | | | |
| 9 | 60.01 | PARTIAL HOSPITALIZATION | AGGREGATE | 12067 | 12067 | | 177200 | | | |
| 10 | 61 | EMERGENCY | AGGREGATE | 1227102 | 1197102 | 30000 | 177200 | 261 | 22235 | 1112 |
| 11 | 6.06 | OTHER GENERAL AND ADMINI | AGGREGATE | 6 | 6 | | 177200 | | | |
| 101 | | TOTAL | | 4362914 | 4332914 | 30000 | | 261 | 22235 | 1112 |

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

| WKST A | COST CENTER/ PHYSICIAN IDENTIFIER | COST OF MEMBERSHIP & CONTIN. EDUCATION | PROVIDER COMPONENT SHARE OF COLUMN 12 | PHYSICIAN COST OF MALPRACTICE INSURANCE | PROVIDER COMPONENT SHARE OF COLUMN 14 | ADJUSTED RCE LIMIT | RCE DIS- ALLOWANCE | ADJUST- MENT |
|-------------|--------------------------------------|---|--|--|--|--------------------------|--------------------------|-----------------|
| LINE NO. | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 1 | 5 | EMPLOYEE BENEFITS | AGGREGATE | | | | | 2720 |
| 2 | 25 | ADULTS & PEDIATRICS | AGGREGATE | | | | | 54700 |
| 3 | 40 | ANESTHESIOLOGY | AGGREGATE | | | | | 308540 |
| 4 | 44 | LABORATORY | AGGREGATE | | | | | |
| 5 | 50 | PHYSICAL THERAPY | AGGREGATE | | | | | |
| 6 | 53 | ELECTROCARDIOLOGY | AGGREGATE | | | | | 29916 |
| 7 | 54 | ELECTROENCEPHALOGRAPHY | AGGREGATE | | | | | 125 |
| 8 | 60 | CLINIC | AGGREGATE | | | | | 2727738 |
| 9 | 60.01 | PARTIAL HOSPITALIZATION | AGGREGATE | | | | | 12067 |
| 10 | 61 | EMERGENCY | AGGREGATE | | | 22235 | 7765 | 1204867 |
| 11 | 6.06 | OTHER GENERAL AND ADMINI | AGGREGATE | | | | | 6 |
| 101 | | TOTAL | | | | 22235 | 7765 | 4340679 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | NET EXP FOR COST ALLOCATION 0 | OLD CAP BLDGS & FIXTURES 1 | OLD CAP MOVABLE EQUIPMENT 2 | NEW CAP BLDGS & FIXTURES 3 | NEW CAP MOVABLE EQUIPMENT 4 | NEW CAP RE L COSTS - MOB 4.01 | EMPLOYEE BENEFITS 5 | NON PATIEN T TELEPHON ES 6.01 |
|---------------------------------------|--|-------------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|--|---------------------------|--|
| GENERAL SERVICE COST CENTERS | | | | | | | | |
| 1 OLD CAP REL COSTS-BLDG & FIXT | 453214 | 453214 | | | | | | 1 |
| 2 OLD CAP REL COSTS-MVBLE EQUIP | 162548 | | 28331 | | | | | 2 |
| 3 NEW CAP REL COSTS-BLDG & FIXT | 275281 | | | 275281 | | | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | 245447 | | | | 245447 | | | 4 |
| 4.01 NEW CAP REL COSTS-MOB | 89898 | | | | | 89898 | | 4.01 |
| 5 EMPLOYEE BENEFITS | 2520755 | 5007 | 289 | 3041 | 2504 | | 2531596 | 5 |
| 6.01 NONPATIENT TELEPHONES | 162548 | | 28 | | 245 | | 30456 | 6.01 |
| 6.02 DATA PROCESSING | 549125 | 11188 | 4970 | 6796 | 43052 | | 50218 | 6.02 |
| 6.03 PURCHASING, RECEIVING AND STORES | 107226 | 11638 | 20 | 7069 | 172 | | 15420 | 6.03 |
| 6.04 ADMITTING | 400178 | 413 | 119 | 251 | 1031 | | 68218 | 6.04 |
| 6.05 CASHIERING/ACCOUNTS RECEIVABLE | 554014 | 14617 | 337 | 8878 | 2921 | | 67232 | 6.05 |
| 6.06 OTHER GENERAL AND ADMINISTRATIVE | 4202747 | 44707 | 1493 | 27155 | 12935 | | 222933 | 6.06 |
| 7 MAINTENANCE & REPAIRS | 662066 | 9439 | 207 | 5733 | 1792 | | 80315 | 7 |
| 8 OPERATION OF PLANT | 1727550 | 18128 | 388 | 11011 | 3363 | | 130444 | 8 |
| 9 LAUNDRY & LINEN SERVICE | 33984 | 14980 | 467 | 9099 | 4050 | | | 9 |
| 10 HOUSEKEEPING | 628590 | 1295 | 173 | 787 | 1497 | | 85078 | 10 |
| 11 DIETARY | 661746 | 25240 | 286 | 15331 | 2474 | | 74590 | 11 |
| 12 CAFETERIA | 59572 | 3194 | 100 | 1940 | 864 | | 26054 | 12 |
| 13 MAINTENANCE OF PERSONNEL | | | | | | | | 13 |
| 14 NURSING ADMINISTRATION | 347225 | 3177 | 241 | 1930 | 2086 | | 69980 | 14 |
| 15 CENTRAL SERVICES & SUPPLY | 77641 | 19781 | 918 | 12015 | 7953 | | 19376 | 15 |
| 16 PHARMACY | 383776 | 9304 | 227 | 5651 | 1964 | | 63684 | 16 |
| 17 MEDICAL RECORDS & LIBRARY | 506143 | 5724 | 198 | 3477 | 1718 | | 64392 | 17 |
| 18 SOCIAL SERVICE | 42321 | 1995 | 178 | 1212 | 1546 | | 7369 | 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 | 2255050 | 47909 | 1524 | 29100 | 13205 | | 386738 | 25 |
| 26 INTENSIVE CARE UNIT | 444542 | 3136 | 949 | 1905 | 8223 | | 64313 | 26 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 37 OPERATING ROOM | 380059 | 14517 | 3675 | 8818 | 31835 | | 59145 | 37 |
| 40 ANESTHESIOLOGY | 5094 | 532 | 1312 | 323 | 11364 | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | 806717 | 23785 | 5347 | 14447 | 46338 | | 108801 | 41 |
| 44 LABORATORY | 1190232 | 18596 | 1422 | 11295 | 12322 | | 93985 | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | 406145 | 9226 | 598 | 5604 | 5179 | | 66624 | 49 |
| 50 PHYSICAL THERAPY | 51969 | 3897 | 178 | 2367 | 1546 | | | 50 |
| 50.01 INDUSTRIAL MEDICINE | | | | | | | | 50.01 |
| 51 OCCUPATIONAL THERAPY | | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | 59360 | 697 | 671 | 423 | 5817 | | 6586 | 53 |
| 54 ELECTROENCEPHALOGRAPHY | 1249 | 394 | 26 | 239 | 221 | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | 124618 | | | | | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | 1547779 | | | | | | | 56 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 60 CLINIC | 819614 | 9607 | 802 | 5835 | 6946 | 20932 | 108757 | 60 |
| 60.01 PARTIAL HOSPITALIZATION | 194407 | 12566 | | 7633 | | | 30139 | 60.01 |
| 61 EMERGENCY | 2999133 | 23278 | 714 | 14139 | 6185 | | 461216 | 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 | 365921 | 15763 | 244 | 9574 | 2111 | | 62856 | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | | | 85.03 |
| 95 SUBTOTALS | 26371267 | 383730 | 28101 | 233078 | 243459 | 20932 | 2524919 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | |
| 96 GIFT, FLOWER, COFFEE SHOP & CAN | 88499 | 1075 | | 653 | | | 6677 | 96 |
| 98 PHYSICIANS' PRIVATE OFFICES | 2219 | 7388 | 230 | 4488 | 1988 | 21120 | | 98 |
| 100 OTHER NONREIMBURSABLE COST CENT | 28680 | 61021 | | 37062 | | 47846 | | 100 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | 102 |
| 103 TOTAL | 26490665 | 453214 | 28331 | 275281 | 245447 | 89898 | 2531596 | 193277 103 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | DATA PROCES | PURCHASING | ADMITTING | CASHIERING | SUBTOTAL | OTHER ADMI | MAIN- | OPERATION |
|---------------------------------------|-------------|------------|-----------|------------|----------|------------|-----------|-----------|
| | SSING | | | /ACCOUNTS | | NISTRATIVE | TENANCE & | |
| | 6.02 | 6.03 | 6.04 | 6.05 | 5A | 6.06 | 7 | 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 |
| 4.01 NEW CAP REL COSTS-MOB | | | | | | | | 4.01 |
| 5 EMPLOYEE BENEFITS | | | | | | | | 5 |
| 6.01 NONPATIENT TELEPHONES | | | | | | | | 6.01 |
| 6.02 DATA PROCESSING | 676298 | | | | | | | 6.02 |
| 6.03 PURCHASING, RECEIVING AND STORES | 23489 | 170271 | | | | | | 6.03 |
| 6.04 ADMITTING | 15638 | 2679 | 490431 | | | | | 6.04 |
| 6.05 CASHIERING/ACCOUNTS RECEIVABLE | 26128 | 2197 | | 683941 | | | | 6.05 |
| 6.06 OTHER GENERAL AND ADMINISTRATIVE | 125299 | 6612 | | | 4671014 | 4671014 | | 6.06 |
| 7 MAINTENANCE & REPAIRS | 13064 | 7073 | | | 787306 | 168542 | 955848 | 7 |
| 8 OPERATION OF PLANT | 7851 | 5665 | | | 1908208 | 408498 | 60281 | 2376987 |
| 9 LAUNDRY & LINEN SERVICE | | 35 | | | 63567 | 13608 | 49815 | 132218 |
| 10 HOUSEKEEPING | 7851 | 12347 | | | 739046 | 158211 | | 10 |
| 11 DIETARY | 11584 | 47498 | | | 845890 | 181083 | 83933 | 222772 |
| 12 CAFETERIA | 4054 | 16593 | | | 113323 | 24260 | | 12 |
| 13 MAINTENANCE OF PERSONNEL | | | | | | | | 13 |
| 14 NURSING ADMINISTRATION | 7851 | 89 | | | 437816 | 93725 | | 14 |
| 15 CENTRAL SERVICES & SUPPLY | | 3199 | | | 142787 | 30567 | 65779 | 174589 |
| 16 PHARMACY | 20915 | 710 | | | 491468 | 105211 | 30938 | 82114 |
| 17 MEDICAL RECORDS & LIBRARY | 31340 | 3840 | | | 623973 | 133576 | 19034 | 50518 |
| 18 SOCIAL SERVICE | 18277 | 265 | | | 78400 | 16783 | | 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 | 65255 | 4427 | 59028 | 82319 | 2964073 | 634531 | 104836 | 278252 |
| 26 INTENSIVE CARE UNIT | 10425 | 445 | 4892 | 6823 | 547557 | 117218 | | 26 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 37 OPERATING ROOM | 7851 | 18911 | 10673 | 14885 | 555606 | 118941 | | 37 |
| 40 ANESTHESIOLOGY | 5213 | 39 | 2119 | 2955 | 29903 | 6401 | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | 28702 | 9619 | 58344 | 81365 | 1191082 | 254980 | 79094 | 209929 |
| 44 LABORATORY | 44404 | 2821 | 83775 | 116830 | 1582823 | 338841 | 61838 | 164130 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | 15638 | 4047 | 10346 | 14429 | 541168 | 115850 | 30681 | 81432 |
| 50 PHYSICAL THERAPY | 13064 | 38 | 1286 | 1794 | 77567 | 16605 | | 50 |
| 50.01 INDUSTRIAL MEDICINE | | | | | | | | 50.01 |
| 51 OCCUPATIONAL THERAPY | | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | 13064 | 70 | 7258 | 10121 | 105495 | 22584 | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | 2 | 129 | 180 | 2440 | 522 | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | | | 3060 | 4267 | 131945 | 28246 | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | | 122472 | 170793 | 1841044 | 394120 | | 56 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 60 CLINIC | 75745 | 6399 | 29996 | 41832 | 1151696 | 246548 | | 60 |
| 60.01 PARTIAL HOSPITALIZATION | 10425 | 2231 | 3859 | 5382 | 266642 | 57081 | 41788 | 110912 |
| 61 EMERGENCY | 44404 | 3079 | 93194 | 129966 | 3782925 | 809819 | 68931 | 182956 |
| 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 | 26128 | 743 | | | 488101 | 104490 | 52418 | 139126 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | | | 85.03 |
| 95 SUBTOTALS | 673659 | 161673 | 490431 | 683941 | 26162865 | 4600841 | 749366 | 1828948 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | |
| 96 GIFT, FLOWER, COFFEE SHOP & CAN | | 8598 | | | 105502 | 22585 | 3574 | 9486 |
| 98 PHYSICIANS' PRIVATE OFFICES | | | | | 37433 | 8013 | | 98 |
| 100 OTHER NONREIMBURSABLE COST CENT | 2639 | | | | 184865 | 39575 | 202908 | 538553 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | 102 |
| 103 TOTAL | 676298 | 170271 | 490431 | 683941 | 26490665 | 4671014 | 955848 | 2376987 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | LAUNDRY & LINEN SERVICE | HOUSE-KEEPING | DIETARY | CAFETERIA | NURSING ADMINIS-TRATION | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY | |
|-------------------------------------|-------------------------|---------------|---------|-----------|-------------------------|---------------------------|----------|---------------------------|-------|
| | 9 | 10 | 11 | 12 | 14 | 15 | 16 | 17 | |
| GENERAL SERVICE COST CENTERS | | | | | | | | | |
| 1 | | | | | | | | | 1 |
| 2 | | | | | | | | | 2 |
| 3 | | | | | | | | | 3 |
| 4 | | | | | | | | | 4 |
| 4.01 | | | | | | | | | 4.01 |
| 5 | | | | | | | | | 5 |
| 6.01 | | | | | | | | | 6.01 |
| 6.02 | | | | | | | | | 6.02 |
| 6.03 | | | | | | | | | 6.03 |
| 6.04 | | | | | | | | | 6.04 |
| 6.05 | | | | | | | | | 6.05 |
| 6.06 | | | | | | | | | 6.06 |
| 7 | | | | | | | | | 7 |
| 8 | | | | | | | | | 8 |
| 9 | 259208 | | | | | | | | 9 |
| 10 | | 897257 | | | | | | | 10 |
| 11 | | 104327 | 1438005 | | | | | | 11 |
| 12 | | | | 137583 | | | | | 12 |
| 13 | | | | | | | | | 13 |
| 14 | | 12520 | | 3346 | 547407 | | | | 14 |
| 15 | | 12520 | | 2727 | | 428969 | | | 15 |
| 16 | | 12520 | | 3577 | | 5470 | 731298 | | 16 |
| 17 | | 12520 | | 7684 | | 48 | | 847353 | 17 |
| 18 | | 12520 | | 714 | | | | | 18 |
| 20 | | | | | | | | | 20 |
| 21 | | | | | | | | | 21 |
| 22 | | | | | | | | | 22 |
| 23 | | | | | | | | | 23 |
| 24 | | | | | | | | | 24 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | | | | |
| 25 | 85539 | 77504 | 626767 | 33710 | 166978 | 50565 | 1100 | 114830 | 25 |
| 26 | | | 23176 | 3754 | 18612 | 17634 | 325 | 3812 | 26 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | | |
| 37 | | | | 3883 | 19220 | 47849 | 272 | 32893 | 37 |
| 40 | | 4166 | | | | 2280 | 13 | | 40 |
| 41 | | 43917 | | 8990 | | 6723 | 7778 | 196 | 41 |
| 44 | | 43938 | | 9105 | 45086 | 20687 | 4223 | 21850 | 44 |
| 46.30 | | | | | | | | | 46.30 |
| 49 | | 4166 | | 5556 | 27506 | 15877 | | | 49 |
| 50 | | | | | | 2 | 132 | 18470 | 50 |
| 50.01 | | | | | | | | | 50.01 |
| 51 | | | | | | | | | 51 |
| 52 | | | | | | | | | 52 |
| 53 | | 20874 | | 1136 | 5602 | 1408 | | | 53 |
| 54 | | 20874 | | | | 502 | | | 54 |
| 55 | | | | | | 153653 | | | 55 |
| 56 | | | | | | | 714526 | | 56 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 60 | | 140083 | | 19217 | 95153 | 10379 | 1024 | | 60 |
| 60.01 | | 20874 | | 1931 | 9550 | 629 | 5 | 1061 | 60.01 |
| 61 | 88132 | 231697 | | 28431 | 140798 | 91506 | 1887 | 654241 | 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 | | 20874 | | 3815 | 18902 | 3757 | 13 | | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | | | |
| 85.01 | | | | | | | | | 85.01 |
| 85.02 | | | | | | | | | 85.02 |
| 85.03 | | | | | | | | | 85.03 |
| 95 | 173671 | 795894 | 649943 | 137576 | 547407 | 428969 | 731298 | 847353 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | | |
| 96 | | 20874 | | | | | | | 96 |
| 98 | | 20874 | | | 7 | | | | 98 |
| 100 | 85537 | 59615 | 788062 | | | | | | 100 |
| 101 | | | | | | | | | 101 |
| 102 | | | | | | | | | 102 |
| 103 | 259208 | 897257 | 1438005 | 137583 | 547407 | 428969 | 731298 | 847353 | 103 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | SOCIAL SERVICE | SUBTOTAL | I&R COST & POST STEP-DOWN ADJS | TOTAL |
|--|----------------|----------|--------------------------------|----------|
| | 18 | 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 |
| 4.01 NEW CAP REL COSTS-MOB | | | | 4.01 |
| 5 EMPLOYEE BENEFITS | | | | 5 |
| 6.01 NONPATIENT TELEPHONES | | | | 6.01 |
| 6.02 DATA PROCESSING | | | | 6.02 |
| 6.03 PURCHASING, RECEIVING AND STORES | | | | 6.03 |
| 6.04 ADMITTING | | | | 6.04 |
| 6.05 CASHIERING/ACCOUNTS RECEIVABLE | | | | 6.05 |
| 6.06 OTHER GENERAL AND ADMINISTRATIVE | | | | 6.06 |
| 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 | 108417 | | | 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 SERVICE COST CENTERS | | | | |
| 25 ADULTS & PEDIATRICS | 101240 | 5239925 | | 5239925 |
| 26 INTENSIVE CARE UNIT | 7177 | 739265 | | 739265 |
| ANCILLARY SERVICE COST CENTERS | | | | |
| 37 OPERATING ROOM | | 778664 | | 778664 |
| 40 ANESTHESIOLOGY | | 42763 | | 42763 |
| 41 RADIOLOGY-DIAGNOSTIC | | 1802689 | | 1802689 |
| 44 LABORATORY | | 2292521 | | 2292521 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | 46.30 |
| 49 RESPIRATORY THERAPY | | 822236 | | 822236 |
| 50 PHYSICAL THERAPY | | 112776 | | 112776 |
| 50.01 INDUSTRIAL MEDICINE | | | | 50.01 |
| 51 OCCUPATIONAL THERAPY | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | 52 |
| 53 ELECTROCARDIOLOGY | | 157099 | | 157099 |
| 54 ELECTROENCEPHALOGRAPHY | | 24338 | | 24338 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | | 313844 | | 313844 |
| 56 DRUGS CHARGED TO PATIENTS | | 2949690 | | 2949690 |
| OUTPATIENT SERVICE COST CENTERS | | | | |
| 60 CLINIC | | 1664100 | | 1664100 |
| 60.01 PARTIAL HOSPITALIZATION | | 510473 | | 510473 |
| 61 EMERGENCY | | 6081323 | | 6081323 |
| 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 | | 831496 | | 831496 |
| SPECIAL PURPOSE COST CENTERS | | | | |
| 85.01 PANCREAS ACQUISITION | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | 85.03 |
| 95 SUBTOTALS | 108417 | 24363202 | | 24363202 |
| NONREIMBURSABLE COST CENTERS | | | | |
| 96 GIFT, FLOWER, COFFEE SHOP & CAN | | 162021 | | 162021 |
| 98 PHYSICIANS' PRIVATE OFFICES | | 66327 | | 66327 |
| 100 OTHER NONREIMBURSABLE COST CENT | | 1899115 | | 1899115 |
| 101 CROSS FOOT ADJUSTMENTS | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | 102 |
| 103 TOTAL | 108417 | 26490665 | | 26490665 |

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | DIR ASSGND | OLD CAP | OLD CAP | CAP REL | EMPLOYEE | NON PATIEN | DATA | PROCE | PURCHASING |
|-------------------------------------|-----------------------|--------------------------|---------------------------|---------------------------|---------------|--------------------------|---------------|-------|------------|
| | CAP-REL COSTS 0 | BLDGS & FIXTURES 1 | MOVABLE EQUIPMENT 2 | COST TO BE ALLOC 4A | BENEFITS 5 | T TELEPHON ES 6.01 | SSING 6.02 | 6.03 | |
| GENERAL SERVICE COST CENTERS | | | | | | | | | |
| 1 | | | | | | | | | 1 |
| 2 | | | | | | | | | 2 |
| 3 | | | | | | | | | 3 |
| 4 | | | | | | | | | 4 |
| 4.01 | | | | | | | | | 4.01 |
| 5 | | 5007 | 289 | 5296 | 5296 | | | | 5 |
| 6.01 | | | 28 | 28 | 64 | 92 | | | 6.01 |
| 6.02 | | 11188 | 4970 | 16158 | 105 | 5 | 16268 | | 6.02 |
| 6.03 | | 11638 | 20 | 11658 | 32 | 2 | 565 | 12257 | 6.03 |
| 6.04 | | 413 | 119 | 532 | 143 | 1 | 376 | 193 | 6.04 |
| 6.05 | | 14617 | 337 | 14954 | 141 | 4 | 628 | 158 | 6.05 |
| 6.06 | | 44707 | 1493 | 46200 | 466 | 15 | 3015 | 476 | 6.06 |
| 7 | | 9439 | 207 | 9646 | 168 | 4 | 314 | 509 | 7 |
| 8 | | 18128 | 388 | 18516 | 273 | 2 | 189 | 408 | 8 |
| 9 | | 14980 | 467 | 15447 | | | | 2 | 9 |
| 10 | | 1295 | 173 | 1468 | 178 | 1 | 189 | 889 | 10 |
| 11 | | 25240 | 286 | 25526 | 156 | 3 | 279 | 3421 | 11 |
| 12 | | 3194 | 100 | 3294 | 55 | | 98 | 1194 | 12 |
| 13 | | | | | | | | | 13 |
| 14 | | 3177 | 241 | 3418 | 146 | 2 | 189 | 6 | 14 |
| 15 | | 19781 | 918 | 20699 | 41 | 1 | | 230 | 15 |
| 16 | | 9304 | 227 | 9531 | 133 | 2 | 503 | 51 | 16 |
| 17 | | 5724 | 198 | 5922 | 135 | 3 | 754 | 276 | 17 |
| 18 | | 1995 | 178 | 2173 | 15 | 2 | 440 | 19 | 18 |
| 20 | | | | | | | | | 20 |
| 21 | | | | | | | | | 21 |
| 22 | | | | | | | | | 22 |
| 23 | | | | | | | | | 23 |
| 24 | | | | | | | | | 24 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | | | | |
| 25 | | 47909 | 1524 | 49433 | 809 | 9 | 1570 | 319 | 25 |
| 26 | | 3136 | 949 | 4085 | 135 | 1 | 251 | 32 | 26 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | | |
| 37 | | 14517 | 3675 | 18192 | 124 | 2 | 189 | 1361 | 37 |
| 40 | | 532 | 1312 | 1844 | | | 125 | 3 | 40 |
| 41 | | 23785 | 5347 | 29132 | 228 | 4 | 690 | 692 | 41 |
| 44 | | 18596 | 1422 | 20018 | 197 | 3 | 1068 | 203 | 44 |
| 46.30 | | | | | | | | | 46.30 |
| 49 | | 9226 | 598 | 9824 | 139 | 2 | 376 | 291 | 49 |
| 50 | | 3897 | 178 | 4075 | | 1 | 314 | 3 | 50 |
| 50.01 | | | | | | | | | 50.01 |
| 51 | | | | | | | | | 51 |
| 52 | | | | | | | | | 52 |
| 53 | | 697 | 671 | 1368 | 14 | 1 | 314 | 5 | 53 |
| 54 | | 394 | 26 | 420 | | | | | 54 |
| 55 | | | | | | | | | 55 |
| 56 | | | | | | | | | 56 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 60 | | 9607 | 802 | 10409 | 228 | 12 | 1822 | 461 | 60 |
| 60.01 | | 12566 | | 12566 | 63 | | 251 | 161 | 60.01 |
| 61 | | 23278 | 714 | 23992 | 963 | 4 | 1068 | 222 | 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 | | 15763 | 244 | 16007 | 131 | 2 | 628 | 53 | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | | | |
| 85.01 | | | | | | | | | 85.01 |
| 85.02 | | | | | | | | | 85.02 |
| 85.03 | | | | | | | | | 85.03 |
| 95 | | 383730 | 28101 | 411831 | 5282 | 88 | 16205 | 11638 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | | |
| 96 | | 1075 | | 1075 | 14 | | | 619 | 96 |
| 98 | | 7388 | 230 | 7618 | | | | | 98 |
| 100 | | 61021 | | 61021 | | 4 | 63 | | 100 |
| 101 | | | | | | | | | 101 |
| 102 | | | | | | | | | 102 |
| 103 | | 453214 | 28331 | 481545 | 5296 | 92 | 16268 | 12257 | 103 |

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | ADMITTING | CASHIERING | OTHER ADMI | MAIN- | OPERATION | LAUNDRY | HOUSE- | DIETARY |
|---------------------------------------|-----------|---------------------------------|--------------------|---------------------------|---------------|-------------------------|---------------|-----------|
| | 6.04 | /ACCOUNTS RECEIVABLE 6.05 | NISTRATIVE 6.06 | TENANCE & REPAIRS 7 | OF PLANT 8 | & LINEN SERVICE 9 | KEEPING 10 | 11 |
| 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 |
| 4.01 NEW CAP REL COSTS-MOB | | | | | | | | 4.01 |
| 5 EMPLOYEE BENEFITS | | | | | | | | 5 |
| 6.01 NONPATIENT TELEPHONES | | | | | | | | 6.01 |
| 6.02 DATA PROCESSING | | | | | | | | 6.02 |
| 6.03 PURCHASING, RECEIVINGAND STORES | | | | | | | | 6.03 |
| 6.04 ADMITTING | 1245 | | | | | | | 6.04 |
| 6.05 CASHIERING/ACCOUNTS RECEIVABLE | | 15885 | | | | | | 6.05 |
| 6.06 OTHER GENERAL AND ADMINISTRATIV | | | 50172 | | | | | 6.06 |
| 7 MAINTENANCE & REPAIRS | | | 1810 | 12451 | | | | 7 |
| 8 OPERATION OF PLANT | | | 4387 | 785 | 24560 | | | 8 |
| 9 LAUNDRY & LINEN SERVICE | | | 146 | 649 | 1366 | 17610 | | 9 |
| 10 HOUSEKEEPING | | | 1699 | | | | 4424 | 10 |
| 11 DIETARY | | | 1945 | 1093 | 2302 | | 514 | 35239 11 |
| 12 CAFETERIA | | | 261 | | | | | 12 |
| 13 MAINTENANCE OF PERSONNEL | | | | | | | | 13 |
| 14 NURSING ADMINISTRATION | | | 1007 | | | | 62 | 14 |
| 15 CENTRAL SERVICES & SUPPLY | | | 328 | 857 | 1804 | | 62 | 15 |
| 16 PHARMACY | | | 1130 | 403 | 848 | | 62 | 16 |
| 17 MEDICAL RECORDS & LIBRARY | | | 1435 | 248 | 522 | | 62 | 17 |
| 18 SOCIAL SERVICE | | | 180 | | | | 62 | 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 | 151 | 1915 | 6814 | 1366 | 2875 | 5811 | 382 | 15359 25 |
| 26 INTENSIVE CARE UNIT | 13 | 159 | 1259 | | | | | 568 26 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 37 OPERATING ROOM | 27 | 346 | 1277 | | | | | 37 |
| 40 ANESTHESIOLOGY | 5 | 69 | 69 | | | | 21 | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | 150 | 1892 | 2738 | 1030 | 2169 | | 217 | 41 |
| 44 LABORATORY | 215 | 2717 | 3639 | 806 | 1696 | | 217 | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | 27 | 336 | 1244 | 400 | 841 | | 21 | 49 |
| 50 PHYSICAL THERAPY | 3 | 42 | 178 | | | | | 50 |
| 50.01 INDUSTRIAL MEDICINE | | | | | | | | 50.01 |
| 51 OCCUPATIONAL THERAPY | | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | 19 | 235 | 243 | | | | 103 | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | 4 | 6 | | | | 103 | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | 8 | 99 | 303 | | | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | 301 | 3950 | 4233 | | | | | 56 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 60 CLINIC | 77 | 973 | 2648 | | | | 691 | 60 |
| 60.01 PARTIAL HOSPITALIZATION | 10 | 125 | 613 | 544 | 1146 | | 103 | 60.01 |
| 61 EMERGENCY | 239 | 3023 | 8704 | 898 | 1890 | 5988 | 1139 | 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 | | | 1122 | 683 | 1438 | | 103 | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | | | 85.03 |
| 95 SUBTOTALS | 1245 | 15885 | 49418 | 9762 | 18897 | 11799 | 3924 | 15927 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | |
| 96 GIFT, FLOWER, COFFEE SHOP & CAN | | | 243 | 47 | 98 | | 103 | 96 |
| 98 PHYSICIANS' PRIVATE OFFICES | | | 86 | | | | 103 | 98 |
| 100 OTHER NONREIMBURSABLE COST CENT | | | 425 | 2642 | 5565 | 5811 | 294 | 19312 100 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | 102 |
| 103 TOTAL | 1245 | 15885 | 50172 | 12451 | 24560 | 17610 | 4424 | 35239 103 |

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | CAFETERIA 12 | NURSING ADMINIS- TRATION 14 | CENTRAL SERVICES & SUPPLY 15 | PHARMACY 16 | MEDICAL RECORDS & LIBRARY 17 | SOCIAL SERVICE 18 | SUBTOTAL 25 | I&R COST & POST STEP- DOWN ADJS 26 |
|---------------------------------------|-----------------|--------------------------------------|---------------------------------------|----------------|---------------------------------------|-------------------------|----------------|---|
| 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 |
| 4.01 NEW CAP REL COSTS-MOB | | | | | | | | 4.01 |
| 5 EMPLOYEE BENEFITS | | | | | | | | 5 |
| 6.01 NONPATIENT TELEPHONES | | | | | | | | 6.01 |
| 6.02 DATA PROCESSING | | | | | | | | 6.02 |
| 6.03 PURCHASING, RECEIVINGAND STORES | | | | | | | | 6.03 |
| 6.04 ADMITTING | | | | | | | | 6.04 |
| 6.05 CASHIERING/ACCOUNTS RECEIVABLE | | | | | | | | 6.05 |
| 6.06 OTHER GENERAL AND ADMINISTRATIV | | | | | | | | 6.06 |
| 7 MAINTENANCE & REPAIRS | | | | | | | | 7 |
| 8 OPERATION OF PLANT | | | | | | | | 8 |
| 9 LAUNDRY & LINEN SERVICE | | | | | | | | 9 |
| 10 HOUSEKEEPING | | | | | | | | 10 |
| 11 DIETARY | | | | | | | | 11 |
| 12 CAFETERIA | 4902 | | | | | | | 12 |
| 13 MAINTENANCE OF PERSONNEL | | | | | | | | 13 |
| 14 NURSING ADMINISTRATION | 119 | 4949 | | | | | | 14 |
| 15 CENTRAL SERVICES & SUPPLY | 97 | | 24119 | | | | | 15 |
| 16 PHARMACY | 127 | | 308 | 13098 | | | | 16 |
| 17 MEDICAL RECORDS & LIBRARY | 274 | | 3 | | 9634 | | | 17 |
| 18 SOCIAL SERVICE | 25 | | | | | 2916 | | 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 | 1203 | 1509 | 2843 | 20 | 1306 | 2723 | 96417 | 25 |
| 26 INTENSIVE CARE UNIT | 134 | 168 | 991 | 6 | 43 | 193 | 8038 | 26 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 37 OPERATING ROOM | 138 | 174 | 2690 | 5 | 374 | | 24899 | 37 |
| 40 ANESTHESIOLOGY | | | 128 | | | | 2264 | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | 320 | | 378 | 139 | 2 | | 39781 | 41 |
| 44 LABORATORY | 324 | 408 | 1163 | 76 | 248 | | 32998 | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | 198 | 249 | 893 | | | | 14841 | 49 |
| 50 PHYSICAL THERAPY | | | | 2 | 210 | | 4828 | 50 |
| 50.01 INDUSTRIAL MEDICINE | | | | | | | | 50.01 |
| 51 OCCUPATIONAL THERAPY | | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | 40 | 51 | 79 | | | | 2472 | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | 28 | | | | 561 | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | | | 8640 | | | | 9050 | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | | | 12798 | | | 21282 | 56 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 60 CLINIC | 685 | 860 | 584 | 18 | | | 19468 | 60 |
| 60.01 PARTIAL HOSPITALIZATION | 69 | 86 | 35 | | 12 | | 15784 | 60.01 |
| 61 EMERGENCY | 1013 | 1273 | 5145 | 34 | 7439 | | 63034 | 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 | 136 | 171 | 211 | | | | 20685 | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | | | 85.03 |
| 95 SUBTOTALS | 4902 | 4949 | 24119 | 13098 | 9634 | 2916 | 376402 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | |
| 96 GIFT, FLOWER, COFFEE SHOP & CAN | | | | | | | 2199 | 96 |
| 98 PHYSICIANS' PRIVATE OFFICES | | | | | | | 7807 | 98 |
| 100 OTHER NONREIMBURSABLE COST CENT | | | | | | | 95137 | 100 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | 102 |
| 103 TOTAL | 4902 | 4949 | 24119 | 13098 | 9634 | 2916 | 481545 | 103 |

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | | 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 |
| 4.01 | NEW CAP REL COSTS-MOB | | 4.01 |
| 5 | EMPLOYEE BENEFITS | | 5 |
| 6.01 | NONPATIENT TELEPHONES | | 6.01 |
| 6.02 | DATA PROCESSING | | 6.02 |
| 6.03 | PURCHASING, RECEIVINGAND STORES | | 6.03 |
| 6.04 | ADMITTING | | 6.04 |
| 6.05 | CASHIERING/ACCOUNTS RECEIVABLE | | 6.05 |
| 6.06 | OTHER GENERAL AND ADMINISTRATIV | | 6.06 |
| 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 | 96417 | 25 |
| 26 | INTENSIVE CARE UNIT | 8038 | 26 |
| ANCILLARY SERVICE COST CENTERS | | | |
| 37 | OPERATING ROOM | 24899 | 37 |
| 40 | ANESTHESIOLOGY | 2264 | 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | 39781 | 41 |
| 44 | LABORATORY | 32998 | 44 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN CO | | 46.30 |
| 49 | RESPIRATORY THERAPY | 14841 | 49 |
| 50 | PHYSICAL THERAPY | 4828 | 50 |
| 50.01 | INDUSTRIAL MEDICINE | | 50.01 |
| 51 | OCCUPATIONAL THERAPY | | 51 |
| 52 | SPEECH PATHOLOGY | | 52 |
| 53 | ELECTROCARDIOLOGY | 2472 | 53 |
| 54 | ELECTROENCEPHALOGRAPHY | 561 | 54 |
| 55 | MEDICAL SUPPLIES CHARGED TO PAT | 9050 | 55 |
| 56 | DRUGS CHARGED TO PATIENTS | 21282 | 56 |
| OUTPATIENT SERVICE COST CENTERS | | | |
| 60 | CLINIC | 19468 | 60 |
| 60.01 | PARTIAL HOSPITALIZATION | 15784 | 60.01 |
| 61 | EMERGENCY | 63034 | 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 | 20685 | 71 |
| SPECIAL PURPOSE COST CENTERS | | | |
| 85.01 | PANCREAS ACQUISITION | | 85.01 |
| 85.02 | INTESTINAL ACQUISITION | | 85.02 |
| 85.03 | ISLET CELL ACQUISITION | | 85.03 |
| 95 | SUBTOTALS | 376402 | 95 |
| NONREIMBURSABLE COST CENTERS | | | |
| 96 | GIFT, FLOWER, COFFEE SHOP & CAN | 2199 | 96 |
| 98 | PHYSICIANS' PRIVATE OFFICES | 7807 | 98 |
| 100 | OTHER NONREIMBURSABLE COST CENT | 95137 | 100 |
| 101 | CROSS FOOT ADJUSTMENTS | | 101 |
| 102 | NEGATIVE COST CENTER | | 102 |
| 103 | TOTAL | 481545 | 103 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | DIR ASSGND | NEW CAP | NEW CAP | NEW CAP RE | CAP REL | EMPLOYEE | NON PATIEN | DATA PROCE | |
|-------------------------------------|-----------------------|--------------------------|---------------------------|--------------------------|---------------------------|---------------|--------------------------|---------------|-------|
| | CAP-REL COSTS 0 | BLDGS & FIXTURES 3 | MOVABLE EQUIPMENT 4 | L COSTS - MOB 4.01 | COST TO BE ALLOC 4A | BENEFITS 5 | T TELEPHON ES 6.01 | SSING 6.02 | |
| GENERAL SERVICE COST CENTERS | | | | | | | | | |
| 1 | | | | | | | | | 1 |
| 2 | | | | | | | | | 2 |
| 3 | | | | | | | | | 3 |
| 4 | | | | | | | | | 4 |
| 4.01 | | | | | | | | | 4.01 |
| 5 | | 3041 | 2504 | | 5545 | 5545 | | | 5 |
| 6.01 | | | 245 | | 245 | 67 | 312 | | 6.01 |
| 6.02 | | 6796 | 43052 | | 49848 | 110 | 18 | 49976 | 6.02 |
| 6.03 | | 7069 | 172 | | 7241 | 34 | 8 | 1736 | 6.03 |
| 6.04 | | 251 | 1031 | | 1282 | 149 | 3 | 1156 | 6.04 |
| 6.05 | | 8878 | 2921 | | 11799 | 147 | 12 | 1931 | 6.05 |
| 6.06 | | 27155 | 12935 | | 40090 | 488 | 45 | 9260 | 6.06 |
| 7 | | 5733 | 1792 | | 7525 | 176 | 12 | 965 | 7 |
| 8 | | 11011 | 3363 | | 14374 | 286 | 6 | 580 | 8 |
| 9 | | 9099 | 4050 | | 13149 | | 2 | | 9 |
| 10 | | 787 | 1497 | | 2284 | 186 | 2 | 580 | 10 |
| 11 | | 15331 | 2474 | | 17805 | 163 | 12 | 856 | 11 |
| 12 | | 1940 | 864 | | 2804 | 57 | 2 | 300 | 12 |
| 13 | | | | | | | | | 13 |
| 14 | | 1930 | 2086 | | 4016 | 153 | 8 | 580 | 14 |
| 15 | | 12015 | 7953 | | 19968 | 42 | 3 | | 15 |
| 16 | | 5651 | 1964 | | 7615 | 139 | 8 | 1546 | 16 |
| 17 | | 3477 | 1718 | | 5195 | 141 | 12 | 2316 | 17 |
| 18 | | 1212 | 1546 | | 2758 | 16 | 8 | 1351 | 18 |
| 20 | | | | | | | | | 20 |
| 21 | | | | | | | | | 21 |
| 22 | | | | | | | | | 22 |
| 23 | | | | | | | | | 23 |
| 24 | | | | | | | | | 24 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | | | | |
| 25 | | 29100 | 13205 | | 42305 | 847 | 32 | 4822 | 25 |
| 26 | | 1905 | 8223 | | 10128 | 141 | 3 | 770 | 26 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | | |
| 37 | | 8818 | 31835 | | 40653 | 130 | 8 | 580 | 37 |
| 40 | | 323 | 11364 | | 11687 | | 2 | 385 | 40 |
| 41 | | 14447 | 46338 | | 60785 | 238 | 12 | 2121 | 41 |
| 44 | | 11295 | 12322 | | 23617 | 206 | 12 | 3281 | 44 |
| 46.30 | | | | | | | | | 46.30 |
| 49 | | 5604 | 5179 | | 10783 | 146 | 5 | 1156 | 49 |
| 50 | | 2367 | 1546 | | 3913 | | 2 | 965 | 50 |
| 50.01 | | | | | | | | | 50.01 |
| 51 | | | | | | | | | 51 |
| 52 | | | | | | | | | 52 |
| 53 | | 423 | 5817 | | 6240 | 14 | 2 | 965 | 53 |
| 54 | | 239 | 221 | | 460 | | | | 54 |
| 55 | | | | | | | | | 55 |
| 56 | | | | | | | | | 56 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 60 | | 5835 | 6946 | 20932 | 33713 | 238 | 41 | 5597 | 60 |
| 60.01 | | 7633 | | | 7633 | 66 | | 770 | 60.01 |
| 61 | | 14139 | 6185 | | 20324 | 1012 | 12 | 3281 | 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 | | 9574 | 2111 | | 11685 | 138 | 8 | 1931 | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | | | |
| 85.01 | | | | | | | | | 85.01 |
| 85.02 | | | | | | | | | 85.02 |
| 85.03 | | | | | | | | | 85.03 |
| 95 | | 233078 | 243459 | 20932 | 497469 | 5530 | 300 | 49781 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | | |
| 96 | | 653 | | | 653 | 15 | | | 96 |
| 98 | | 4488 | 1988 | 21120 | 27596 | | | | 98 |
| 100 | | 37062 | | 47846 | 84908 | | 12 | 195 | 100 |
| 101 | | | | | | | | | 101 |
| 102 | | | | | | | | | 102 |
| 103 | | 275281 | 245447 | 89898 | 610626 | 5545 | 312 | 49976 | 103 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | PURCHASING | ADMITTING | CASHIERING | OTHER ADMI | MAIN- | OPERATION | LAUNDRY | HOUSE- |
|---------------------------------------|------------|-----------|---------------------------------|--------------------|---------------------------|---------------|-------------------------|---------------|
| | 6.03 | 6.04 | /ACCOUNTS RECEIVABLE 6.05 | NISTRATIVE 6.06 | TENANCE & REPAIRS 7 | OF PLANT 8 | & LINEN SERVICE 9 | KEEPING 10 |
| 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 |
| 4.01 NEW CAP REL COSTS-MOB | | | | | | | | 4.01 |
| 5 EMPLOYEE BENEFITS | | | | | | | | 5 |
| 6.01 NONPATIENT TELEPHONES | | | | | | | | 6.01 |
| 6.02 DATA PROCESSING | | | | | | | | 6.02 |
| 6.03 PURCHASING, RECEIVINGAND STORES | 9019 | | | | | | | 6.03 |
| 6.04 ADMITTING | 142 | 2732 | | | | | | 6.04 |
| 6.05 CASHIERING/ACCOUNTS RECEIVABLE | 116 | | 14005 | | | | | 6.05 |
| 6.06 OTHER GENERAL AND ADMINISTRATIV | 350 | | | 50233 | | | | 6.06 |
| 7 MAINTENANCE & REPAIRS | 375 | | | 1812 | 10865 | | | 7 |
| 8 OPERATION OF PLANT | 300 | | | 4393 | 685 | 20624 | | 8 |
| 9 LAUNDRY & LINEN SERVICE | 2 | | | 146 | 566 | 1147 | 15012 | 9 |
| 10 HOUSEKEEPING | 654 | | | 1701 | | | | 5407 10 |
| 11 DIETARY | 2517 | | | 1947 | 954 | 1933 | | 629 11 |
| 12 CAFETERIA | 879 | | | 261 | | | | 12 |
| 13 MAINTENANCE OF PERSONNEL | | | | | | | | 13 |
| 14 NURSING ADMINISTRATION | 5 | | | 1008 | | | | 75 14 |
| 15 CENTRAL SERVICES & SUPPLY | 169 | | | 329 | 748 | 1515 | | 75 15 |
| 16 PHARMACY | 38 | | | 1131 | 352 | 712 | | 75 16 |
| 17 MEDICAL RECORDS & LIBRARY | 203 | | | 1436 | 216 | 438 | | 75 17 |
| 18 SOCIAL SERVICE | 14 | | | 180 | | | | 75 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 | 234 | 327 | 1684 | 6823 | 1192 | 2414 | 4954 | 467 25 |
| 26 INTENSIVE CARE UNIT | 24 | 27 | 140 | 1260 | | | | 26 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 37 OPERATING ROOM | 1002 | 59 | 305 | 1279 | | | | 37 |
| 40 ANESTHESIOLOGY | 2 | 12 | 60 | 69 | | | | 25 40 |
| 41 RADIOLOGY-DIAGNOSTIC | 510 | 323 | 1665 | 2742 | 899 | 1821 | | 265 41 |
| 44 LABORATORY | 149 | 464 | 2391 | 3644 | 703 | 1424 | | 265 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | 214 | 57 | 295 | 1246 | 349 | 707 | | 25 49 |
| 50 PHYSICAL THERAPY | 2 | 7 | 37 | 179 | | | | 50 |
| 50.01 INDUSTRIAL MEDICINE | | | | | | | | 50.01 |
| 51 OCCUPATIONAL THERAPY | | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | 4 | 40 | 207 | 243 | | | | 126 53 |
| 54 ELECTROENCEPHALOGRAPHY | | 1 | 4 | 6 | | | | 126 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | | 17 | 87 | 304 | | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | 694 | 3505 | 4238 | | | | 56 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 60 CLINIC | 339 | 166 | 856 | 2651 | | | | 844 60 |
| 60.01 PARTIAL HOSPITALIZATION | 118 | 21 | 110 | 614 | 475 | 962 | | 126 60.01 |
| 61 EMERGENCY | 163 | 517 | 2659 | 8712 | 784 | 1587 | 5104 | 1397 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 | 39 | | | 1124 | 596 | 1207 | | 126 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | | | 85.03 |
| 95 SUBTOTALS | 8564 | 2732 | 14005 | 49478 | 8519 | 15867 | 10058 | 4796 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | |
| 96 GIFT, FLOWER, COFFEE SHOP & CAN | 455 | | | 243 | 41 | 82 | | 126 96 |
| 98 PHYSICIANS' PRIVATE OFFICES | | | | 86 | | | | 126 98 |
| 100 OTHER NONREIMBURSABLE COST CENT | | | | 426 | 2305 | 4675 | 4954 | 359 100 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | 102 |
| 103 TOTAL | 9019 | 2732 | 14005 | 50233 | 10865 | 20624 | 15012 | 5407 103 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | DIETARY | CAFETERIA | NURSING ADMINIS- TRATION | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | SUBTOTAL |
|---------------------------------------|---------|-----------|--------------------------------|---------------------------------|----------|---------------------------------|-------------------|-------------|
| | 11 | 12 | 14 | 15 | 16 | 17 | 18 | |
| 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 |
| 4.01 NEW CAP REL COSTS-MOB | | | | | | | | 4.01 |
| 5 EMPLOYEE BENEFITS | | | | | | | | 5 |
| 6.01 NONPATIENT TELEPHONES | | | | | | | | 6.01 |
| 6.02 DATA PROCESSING | | | | | | | | 6.02 |
| 6.03 PURCHASING, RECEIVING AND STORES | | | | | | | | 6.03 |
| 6.04 ADMITTING | | | | | | | | 6.04 |
| 6.05 CASHIERING/ACCOUNTS RECEIVABLE | | | | | | | | 6.05 |
| 6.06 OTHER GENERAL AND ADMINISTRATIV | | | | | | | | 6.06 |
| 7 MAINTENANCE & REPAIRS | | | | | | | | 7 |
| 8 OPERATION OF PLANT | | | | | | | | 8 |
| 9 LAUNDRY & LINEN SERVICE | | | | | | | | 9 |
| 10 HOUSEKEEPING | | | | | | | | 10 |
| 11 DIETARY | 26816 | | | | | | | 11 |
| 12 CAFETERIA | | 4303 | | | | | | 12 |
| 13 MAINTENANCE OF PERSONNEL | | | | | | | | 13 |
| 14 NURSING ADMINISTRATION | | 105 | 5950 | | | | | 14 |
| 15 CENTRAL SERVICES & SUPPLY | | 85 | | 22934 | | | | 15 |
| 16 PHARMACY | | 112 | | 292 | 12020 | | | 16 |
| 17 MEDICAL RECORDS & LIBRARY | | 240 | | 3 | | 10275 | | 17 |
| 18 SOCIAL SERVICE | | 22 | | | | | 4424 | 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 | 11688 | 1056 | 1816 | 2703 | 18 | 1392 | 4131 | 88905 25 |
| 26 INTENSIVE CARE UNIT | 432 | 117 | 202 | 943 | 5 | 46 | 293 | 14531 26 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 37 OPERATING ROOM | | 121 | 209 | 2558 | 4 | 399 | | 47307 37 |
| 40 ANESTHESIOLOGY | | | | 122 | | | | 12364 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 281 | | 359 | 128 | 2 | | 72151 41 |
| 44 LABORATORY | | 285 | 490 | 1106 | 69 | 265 | | 38371 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | | 174 | 299 | 849 | | | | 16305 49 |
| 50 PHYSICAL THERAPY | | | | | 2 | 224 | | 5331 50 |
| 50.01 INDUSTRIAL MEDICINE | | | | | | | | 50.01 |
| 51 OCCUPATIONAL THERAPY | | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | 36 | 61 | 75 | | | | 8013 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | 27 | | | | 624 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | | | | 8215 | | | | 8623 55 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | 11746 | | | 20183 56 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 60 CLINIC | | 601 | 1034 | 555 | 17 | | | 46652 60 |
| 60.01 PARTIAL HOSPITALIZATION | | 60 | 104 | 34 | | 13 | | 11106 60.01 |
| 61 EMERGENCY | | 889 | 1530 | 4892 | 31 | 7934 | | 60828 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 | | 119 | 205 | 201 | | | | 17379 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | | | 85.03 |
| 95 SUBTOTALS | 12120 | 4303 | 5950 | 22934 | 12020 | 10275 | 4424 | 468673 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | |
| 96 GIFT, FLOWER, COFFEE SHOP & CAN | | | | | | | | 1615 96 |
| 98 PHYSICIANS' PRIVATE OFFICES | | | | | | | | 27808 98 |
| 100 OTHER NONREIMBURSABLE COST CENT | 14696 | | | | | | | 112530 100 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | 102 |
| 103 TOTAL | 26816 | 4303 | 5950 | 22934 | 12020 | 10275 | 4424 | 610626 103 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | I&R COST & POST STEP- DOWN ADJS | TOTAL | |
|---------------------------------------|---------------------------------------|-------|-------|
| | 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 |
| 4.01 NEW CAP REL COSTS-MOB | | | 4.01 |
| 5 EMPLOYEE BENEFITS | | | 5 |
| 6.01 NONPATIENT TELEPHONES | | | 6.01 |
| 6.02 DATA PROCESSING | | | 6.02 |
| 6.03 PURCHASING, RECEIVING AND STORES | | | 6.03 |
| 6.04 ADMITTING | | | 6.04 |
| 6.05 CASHIERING/ACCOUNTS RECEIVABLE | | | 6.05 |
| 6.06 OTHER GENERAL AND ADMINISTRATIV | | | 6.06 |
| 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 | 88905 | | 25 |
| 26 INTENSIVE CARE UNIT | 14531 | | 26 |
| ANCILLARY SERVICE COST CENTERS | | | |
| 37 OPERATING ROOM | 47307 | | 37 |
| 40 ANESTHESIOLOGY | 12364 | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | 72151 | | 41 |
| 44 LABORATORY | 38371 | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | 46.30 |
| 49 RESPIRATORY THERAPY | 16305 | | 49 |
| 50 PHYSICAL THERAPY | 5331 | | 50 |
| 50.01 INDUSTRIAL MEDICINE | | | 50.01 |
| 51 OCCUPATIONAL THERAPY | | | 51 |
| 52 SPEECH PATHOLOGY | | | 52 |
| 53 ELECTROCARDIOLOGY | 8013 | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | 624 | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | 8623 | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | 20183 | | 56 |
| OUTPATIENT SERVICE COST CENTERS | | | |
| 60 CLINIC | 46652 | | 60 |
| 60.01 PARTIAL HOSPITALIZATION | 11106 | | 60.01 |
| 61 EMERGENCY | 60828 | | 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 | 17379 | | 71 |
| SPECIAL PURPOSE COST CENTERS | | | |
| 85.01 PANCREAS ACQUISITION | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | 85.03 |
| 95 SUBTOTALS | 468673 | | 95 |
| NONREIMBURSABLE COST CENTERS | | | |
| 96 GIFT, FLOWER, COFFEE SHOP & CAN | 1615 | | 96 |
| 98 PHYSICIANS' PRIVATE OFFICES | 27808 | | 98 |
| 100 OTHER NONREIMBURSABLE COST CENT | 112530 | | 100 |
| 101 CROSS FOOT ADJUSTMENTS | | | 101 |
| 102 NEGATIVE COST CENTER | | | 102 |
| 103 TOTAL | 610626 | | 103 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | OLD CAP | OLD CAP | NEW CAP | NEW CAP | NEW CAP RE | EMPLOYEE | NON PATIEN |
|-------------------------------------|------------------------------|---------------------------------|------------------------------|---------------------------------|---------------------------|-------------------------|----------------------------|
| | BLDGS & FIXTURES SQUARE FEET | MOVABLE EQUIPMENT DOLLAR VAL UE | BLDGS & FIXTURES SQUARE FEET | MOVABLE EQUIPMENT DOLLAR VAL UE | L COSTS - MOB SQUARE FEET | BENEFITS GROSS SALARIES | T TELEPHONES NO. OF PHONES |
| | 1 | 2 | 3 | 4 | 4.01 | 5 | 6.01 |
| GENERAL SERVICE COST CENTERS | | | | | | | |
| 1 OLD CAP REL COSTS-BLDG & FIXT | 164459 | | | | | | 1 |
| 2 OLD CAP REL COSTS-MVBLE EQUIP | | 9733146 | | | | | 2 |
| 3 NEW CAP REL COSTS-BLDG & FIXT | | | 164459 | | | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | | | | 9733146 | | | 4 |
| 4.01 NEW CAP REL COSTS-MOB | | | | | 29681 | | 4.01 |
| 5 EMPLOYEE BENEFITS | 1817 | 99278 | 1817 | 99278 | | 12461418 | 5 |
| 6.01 NONPATIENT TELEPHONES | | 9733 | | 9733 | | 149913 | 406 6.01 |
| 6.02 DATA PROCESSING | 4060 | 1707194 | 4060 | 1707194 | | 247192 | 23 6.02 |
| 6.03 PURCHASING, RECEIVING AND STOR | 4223 | 6813 | 4223 | 6813 | | 75902 | 11 6.03 |
| 6.04 ADMITTING | 150 | 40879 | 150 | 40879 | | 335792 | 4 6.04 |
| 6.05 CASHIERING/ACCOUNTS RECEIVABL | 5304 | 115824 | 5304 | 115824 | | 330940 | 16 6.05 |
| 6.06 OTHER GENERAL AND ADMINISTRAT | 16223 | 512937 | 16223 | 512937 | | 1097356 | 57 6.06 |
| 7 MAINTENANCE & REPAIRS | 3425 | 71052 | 3425 | 71052 | | 395339 | 16 7 |
| 8 OPERATION OF PLANT | 6578 | 133344 | 6578 | 133344 | | 642093 | 8 8 |
| 9 LAUNDRY & LINEN SERVICE | 5436 | 160597 | 5436 | 160597 | | | 2 9 |
| 10 HOUSEKEEPING | 470 | 59372 | 470 | 59372 | | 418783 | 3 10 |
| 11 DIETARY | 9159 | 98100 | 9159 | 98100 | | 367158 | 15 11 |
| 12 CAFETERIA | 1159 | 34271 | 1159 | 34271 | | 128248 | 2 12 |
| 13 MAINTENANCE OF PERSONNEL | | | | | | | 13 |
| 14 NURSING ADMINISTRATION | 1153 | 82732 | 1153 | 82732 | | 344468 | 11 14 |
| 15 CENTRAL SERVICES & SUPPLY | 7178 | 315354 | 7178 | 315354 | | 95375 | 4 15 |
| 16 PHARMACY | 3376 | 77865 | 3376 | 77865 | | 313473 | 11 16 |
| 17 MEDICAL RECORDS & LIBRARY | 2077 | 68132 | 2077 | 68132 | | 316961 | 15 17 |
| 18 SOCIAL SERVICE | 724 | 61319 | 724 | 61319 | | 36275 | 11 18 |
| 20 NONPHYSICIAN ANESTHETISTS | | | | | | | 20 |
| 21 NURSING SCHOOL | | | | | | | 21 |
| 22 I&R SERVICES-SALARY & FRINGES | | | | | | | 22 |
| 23 I&R SERVICES-OTHER PRGM COSTS | | | | | | | 23 |
| 24 PARAMED ED PRGM-(SPECIFY) | | | | | | | 24 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | | |
| 25 ADULTS & PEDIATRICS | 17385 | 523643 | 17385 | 523643 | | 1903661 | 41 25 |
| 26 INTENSIVE CARE UNIT | 1138 | 326060 | 1138 | 326060 | | 316570 | 4 26 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | 5268 | 1262389 | 5268 | 1262389 | | 291133 | 11 37 |
| 40 ANESTHESIOLOGY | 193 | 450645 | 193 | 450645 | | | 2 40 |
| 41 RADIOLOGY-DIAGNOSTIC | 8631 | 1837618 | 8631 | 1837618 | | 535555 | 16 41 |
| 44 LABORATORY | 6748 | 488604 | 6748 | 488604 | | 462627 | 15 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | 3348 | 205369 | 3348 | 205369 | | 327948 | 7 49 |
| 50 PHYSICAL THERAPY | 1414 | 61319 | 1414 | 61319 | | | 3 50 |
| 50.01 INDUSTRIAL MEDICINE | | | | | | | 50.01 |
| 51 OCCUPATIONAL THERAPY | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | 253 | 230676 | 253 | 230676 | | 32417 | 3 53 |
| 54 ELECTROENCEPHALOGRAPHY | 143 | 8760 | 143 | 8760 | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | | | 56 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | 3486 | 275448 | 3486 | 275448 | 6911 | 535338 | 53 60 |
| 60.01 PARTIAL HOSPITALIZATION | 4560 | | 4560 | | | 148353 | 60.01 |
| 61 EMERGENCY | 8447 | 245275 | 8447 | 245275 | | 2270283 | 16 61 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | | 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 THERA | | | | | | | 69.30 |
| 69.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | | 69.40 |
| 71 HOME HEALTH AGENCY | 5720 | 83705 | 5720 | 83705 | | 309398 | 10 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | | 85.03 |
| 95 SUBTOTALS | 139246 | 9654307 | 139246 | 9654307 | 6911 | 12428551 | 390 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | |
| 96 GIFT, FLOWER, COFFEE SHOP & C | 390 | | 390 | | | 32867 | 96 |
| 98 PHYSICIANS' PRIVATE OFFICES | 2681 | 78839 | 2681 | 78839 | 6973 | | 98 |
| 100 OTHER NONREIMBURSABLE COST CE | 22142 | | 22142 | | 15797 | | 16 100 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | DATA PROCES | PURCHASING | ADMITTING | CASHIERING | RECON- CILIATION | OTHER ADMI | MAIN- | OPERATION | |
|-------------------------------------|-------------|------------|------------|---------------------------------------|---------------------|------------|----------------------|-----------|-------|
| | SSING | E | GROSS REVE | /ACCOUNTS RECEIVABLE GROSS REVE | | NISTRATIVE | TENANCE & REPAIRS | OF PLANT | |
| | TIME SPENT | SUPPLIES | GROSS REVE | GROSS REVE | | ACCUM | SQUARE | SQUARE | |
| | 6.02 | 6.03 | 6.04 | 6.05 | 6A.06 | 6.06 | 7 | 8 | |
| | | XPENSE | NUE | NUE | | COST | FEE | FEE | |
| GENERAL SERVICE COST CENTERS | | | | | | | | | |
| 1 | | | | | | | | | 1 |
| 2 | | | | | | | | | 2 |
| 3 | | | | | | | | | 3 |
| 4 | | | | | | | | | 4 |
| 4.01 | | | | | | | | | 4.01 |
| 5 | | | | | | | | | 5 |
| 6.01 | | | | | | | | | 6.01 |
| 6.02 | 10509 | | | | | | | | 6.02 |
| 6.03 | | 974513 | | | | | | | 6.03 |
| 6.04 | | 243 | 50343276 | | | | | | 6.04 |
| 6.05 | | 406 | | 50343276 | | | | | 6.05 |
| 6.06 | | 1947 | | | -4671014 | 21819651 | | | 6.06 |
| 7 | | 203 | | | | 787306 | 104305 | | 7 |
| 8 | | 122 | | | | 1908208 | 6578 | 97727 | 8 |
| 9 | | | | | | 63567 | 5436 | 5436 | 9 |
| 10 | | 122 | | | | 739046 | | | 10 |
| 11 | | 180 | 271835 | | | 845890 | 9159 | 9159 | 11 |
| 12 | | 63 | 94965 | | | 113323 | | | 12 |
| 13 | | | | | | | | | 13 |
| 14 | | 122 | 511 | | | 437816 | | | 14 |
| 15 | | | 18309 | | | 142787 | 7178 | 7178 | 15 |
| 16 | | 325 | 4065 | | | 491468 | 3376 | 3376 | 16 |
| 17 | | 487 | 21979 | | | 623973 | 2077 | 2077 | 17 |
| 18 | | 284 | 1514 | | | 78400 | | | 18 |
| 20 | | | | | | | | | 20 |
| 21 | | | | | | | | | 21 |
| 22 | | | | | | | | | 22 |
| 23 | | | | | | | | | 23 |
| 24 | | | | | | | | | 24 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | | | | |
| 25 | 1014 | 25336 | 6059130 | 6059130 | | 2964073 | 11440 | 11440 | 25 |
| 26 | 162 | 2549 | 502175 | 502175 | | 547557 | | | 26 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | | |
| 37 | 122 | 108234 | 1095608 | 1095608 | | 555606 | | | 37 |
| 40 | 81 | 226 | 217516 | 217516 | | 29903 | | | 40 |
| 41 | 446 | 55054 | 5988868 | 5988868 | | 1191082 | 8631 | 8631 | 41 |
| 44 | 690 | 16147 | 8599318 | 8599318 | | 1582823 | 6748 | 6748 | 44 |
| 46.30 | | | | | | | | | 46.30 |
| 49 | 243 | 23164 | 1062013 | 1062013 | | 541168 | 3348 | 3348 | 49 |
| 50 | 203 | 216 | 132037 | 132037 | | 77567 | | | 50 |
| 50.01 | | | | | | | | | 50.01 |
| 51 | | | | | | | | | 51 |
| 52 | | | | | | | | | 52 |
| 53 | 203 | 403 | 744981 | 744981 | | 105495 | | | 53 |
| 54 | | 11 | 13245 | 13245 | | 2440 | | | 54 |
| 55 | | | 314078 | 314078 | | 131945 | | | 55 |
| 56 | | | 12572897 | 12572897 | | 1841044 | | | 56 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 60 | 1177 | 36622 | 3079060 | 3079060 | | 1151696 | | | 60 |
| 60.01 | 162 | 12771 | 396154 | 396154 | | 266642 | 4560 | 4560 | 60.01 |
| 61 | 690 | 17624 | 9566196 | 9566196 | | 3782925 | 7522 | 7522 | 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 | 406 | 4253 | | | | 488101 | 5720 | 5720 | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | | | |
| 85.01 | | | | | | | | | 85.01 |
| 85.02 | | | | | | | | | 85.02 |
| 85.03 | | | | | | | | | 85.03 |
| 95 | 10468 | 925304 | 50343276 | 50343276 | -4671014 | 21491851 | 81773 | 75195 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | | |
| 96 | | | 49209 | | | 105502 | 390 | 390 | 96 |
| 98 | | | | | | 37433 | | | 98 |
| 100 | | 41 | | | | 184865 | 22142 | 22142 | 100 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | DATA PROCES | PURCHASING | ADMITTING | CASHIERING | RECON- | OTHER ADMI | MAIN- | OPERATION | |
|-----------------------------------|-------------|------------|------------|------------|-----------|------------|------------|------------|----------|
| | SSING | | | /ACCOUNTS | | NISTRATIVE | TENANCE & | | OF PLANT |
| | TIME SPENT | SUPPLIES E | GROSS REVE | GROSS REVE | CILIATION | ACCUM | REPAIRS | SQUARE FEE | |
| | 6.02 | XPENSE | NUE | NUE | 6A.06 | COST | SQUARE FEE | SQUARE FEE | |
| | | 6.03 | 6.04 | 6.05 | | 6.06 | T | T | |
| | | | | | | | 7 | 8 | |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | | 102 |
| 103 COST TO BE ALLOC PER B PT I | 676298 | 170271 | 490431 | 683941 | | 4671014 | 955848 | 2376987 | 103 |
| 104 UNIT COST MULT-WS B PT I | 64.354173 | | .009742 | | | | 9.163971 | | 104 |
| 104 UNIT COST MULT-WS B PT I | | .174724 | | .013586 | | .214074 | | 24.322726 | 104 |
| 105 COST TO BE ALLOC PER B PT II | 16268 | 12257 | 1245 | 15885 | | 50172 | 12451 | 24560 | 105 |
| 106 UNIT COST MULT-WS B PT II | 1.548006 | | .000025 | | | | .119371 | | 106 |
| 106 UNIT COST MULT-WS B PT II | | .012578 | | .000316 | | .002299 | | .251312 | 106 |
| 107 COST TO BE ALLOC PER B PT III | 49976 | 9019 | 2732 | 14005 | | 50233 | 10865 | 20624 | 107 |
| 108 UNIT COST MULT-WS B PT III | 4.755543 | | .000054 | | | | .104166 | | 108 |
| 108 UNIT COST MULT-WS B PT III | | .009255 | | .000278 | | .002302 | | .211037 | 108 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | LAUNDRY & LINEN SERVICE | HOUSE-KEEPING | DIETARY | CAFETERIA | NURSING ADMINIS-TRATION | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY | HOURS OF S | |
|-------------------------------------|-------------------------------|---------------------|------------------------|-----------------|-------------------------|---------------------------|------------------|---------------------------|------------|-------|
| | POUNDS OF LAUNDRY 9 | HOURS OF SERVICE 10 | MEALS SERVED TO PTS 11 | MEALS SERVED 12 | HOURS OF SERVICE 14 | COSTED REQUIS 15 | COSTED REQUIS 16 | HOURS OF SERVICE 17 | | |
| 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 | |
| 4.01 | NEW CAP REL COSTS-MOB | | | | | | | | 4.01 | |
| 5 | EMPLOYEE BENEFITS | | | | | | | | 5 | |
| 6.01 | NONPATIENT TELEPHONES | | | | | | | | 6.01 | |
| 6.02 | DATA PROCESSING | | | | | | | | 6.02 | |
| 6.03 | PURCHASING, RECEIVINGAND STOR | | | | | | | | 6.03 | |
| 6.04 | ADMITTING | | | | | | | | 6.04 | |
| 6.05 | CASHIERING/ACCOUNTS RECEIVABL | | | | | | | | 6.05 | |
| 6.06 | OTHER GENERAL AND ADMINISTRAT | | | | | | | | 6.06 | |
| 7 | MAINTENANCE & REPAIRS | | | | | | | | 7 | |
| 8 | OPERATION OF PLANT | | | | | | | | 8 | |
| 9 | LAUNDRY & LINEN SERVICE | 131684 | | | | | | | 9 | |
| 10 | HOUSEKEEPING | | 41781 | | | | | | 10 | |
| 11 | DIETARY | | 4858 | 69183 | | | | | 11 | |
| 12 | CAFETERIA | | | | 20233 | | | | 12 | |
| 13 | MAINTENANCE OF PERSONNEL | | | | | | | | 13 | |
| 14 | NURSING ADMINISTRATION | | 583 | | 492 | 313384 | | | 14 | |
| 15 | CENTRAL SERVICES & SUPPLY | | 583 | | 401 | | 347910 | | 15 | |
| 16 | PHARMACY | | 583 | | 526 | | 4436 | 1584114 | 16 | |
| 17 | MEDICAL RECORDS & LIBRARY | | 583 | | 1130 | | 39 | | 17 | |
| 18 | SOCIAL SERVICE | | 583 | | 105 | | | 21562 | 18 | |
| 20 | NONPHYSICIAN ANESTHETISTS | | | | | | | | 20 | |
| 21 | NURSING SCHOOL | | | | | | | | 21 | |
| 22 | I&R SERVICES-SALARY & FRINGES | | | | | | | | 22 | |
| 23 | I&R SERVICES-OTHER PRGM COSTS | | | | | | | | 23 | |
| 24 | PARAMED ED PRGM-(SPECIFY) | | | | | | | | 24 | |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | | | | | |
| 25 | ADULTS & PEDIATRICS | 43456 | 3609 | 30154 | 4958 | 95594 | 41010 | 2382 | 2922 | 25 |
| 26 | INTENSIVE CARE UNIT | | | 1115 | 552 | 10655 | 14302 | 703 | 97 | 26 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | | | |
| 37 | OPERATING ROOM | | | | 571 | 11003 | 38807 | 590 | 837 | 37 |
| 40 | ANESTHESIOLOGY | | 194 | | | | 1849 | 29 | | 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | | 2045 | | 1322 | | 5453 | 16849 | 5 | 41 |
| 44 | LABORATORY | | 2046 | | 1339 | 25811 | 16778 | 9148 | 556 | 44 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN | | | | | | | | | 46.30 |
| 49 | RESPIRATORY THERAPY | | 194 | | 817 | 15747 | 12877 | | | 49 |
| 50 | PHYSICAL THERAPY | | | | | | 2 | 287 | 470 | 50 |
| 50.01 | INDUSTRIAL MEDICINE | | | | | | | | | 50.01 |
| 51 | OCCUPATIONAL THERAPY | | | | | | | | | 51 |
| 52 | SPEECH PATHOLOGY | | | | | | | | | 52 |
| 53 | ELECTROCARDIOLOGY | | 972 | | 167 | 3207 | 1142 | | | 53 |
| 54 | ELECTROENCEPHALOGRAPHY | | 972 | | | | 407 | | | 54 |
| 55 | MEDICAL SUPPLIES CHARGED TO P | | | | | | 124618 | | | 55 |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | | 1547779 | | 56 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | | |
| 60 | CLINIC | | 6523 | | 2826 | 54474 | 8418 | 2219 | | 60 |
| 60.01 | PARTIAL HOSPITALIZATION | | 972 | | 284 | 5467 | 510 | 11 | 27 | 60.01 |
| 61 | EMERGENCY | 44773 | 10789 | | 4181 | 80605 | 74215 | 4088 | 16648 | 61 |
| 62 | OBSERVATION BEDS (NON-DISTINC | | | | | | | | | 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 THERA | | | | | | | | | 69.30 |
| 69.40 | OUTPATIENT SPEECH PATHOLOGY | | | | | | | | | 69.40 |
| 71 | HOME HEALTH AGENCY | | 972 | | 561 | 10821 | 3047 | 29 | | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | | | | |
| 85.01 | PANCREAS ACQUISITION | | | | | | | | | 85.01 |
| 85.02 | INTESTINAL ACQUISITION | | | | | | | | | 85.02 |
| 85.03 | ISLET CELL ACQUISITION | | | | | | | | | 85.03 |
| 95 | SUBTOTALS | 88229 | 37061 | 31269 | 20232 | 313384 | 347910 | 1584114 | 21562 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | | | |
| 96 | GIFT, FLOWER, COFFEE SHOP & C | | 972 | | | | | | | 96 |
| 98 | PHYSICIANS' PRIVATE OFFICES | | 972 | | 1 | | | | | 98 |
| 100 | OTHER NONREIMBURSABLE COST CE | 43455 | 2776 | 37914 | | | | | | 100 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | LAUNDRY & LINEN SERVICE | HOUSE-KEEPING | DIETARY | CAFETERIA | NURSING ADMINIS-TRATION | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY | |
|-----------------------------------|-------------------------|---------------------|----------------------|------------------|-------------------------|---------------------------|-------------------|---------------------------|---------------------|
| | POUNDS OF LAUNDRY 9 | HOURS OF SERVICE 10 | S MEALS ED TO PTS 11 | SERV MEALS ED 12 | SERV MEALS ED 14 | HOURS OF SERVICE 15 | COSTED REQ UIS 16 | COSTED REQ UIS 17 | HOURS OF SERVICE 17 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | | 102 |
| 103 COST TO BE ALLOC PER B PT I | 259208 | 897257 | 1438005 | 137583 | 547407 | 428969 | 731298 | 847353 | 103 |
| 104 UNIT COST MULT-WS B PT I | 1.968409 | | 20.785525 | | 1.746761 | | .461645 | | 104 |
| 104 UNIT COST MULT-WS B PT I | | 21.475240 | | 6.799931 | | 1.232988 | | 39.298442 | 104 |
| 105 COST TO BE ALLOC PER B PT II | 17610 | 4424 | 35239 | 4902 | 4949 | 24119 | 13098 | 9634 | 105 |
| 106 UNIT COST MULT-WS B PT II | .133729 | | .509359 | | .015792 | | .008268 | | 106 |
| 106 UNIT COST MULT-WS B PT II | | .105885 | | .242277 | | .069325 | | .446805 | 106 |
| 107 COST TO BE ALLOC PER B PT III | 15012 | 5407 | 26816 | 4303 | 5950 | 22934 | 12020 | 10275 | 107 |
| 108 UNIT COST MULT-WS B PT III | .114000 | | .387610 | | .018986 | | .007588 | | 108 |
| 108 UNIT COST MULT-WS B PT III | | .129413 | | .212672 | | .065919 | | .476533 | 108 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | SOCIAL SERVICE | HOURS OF SERVICE | |
|-------------------------------------|--------------------------------|------------------|-------|
| 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 |
| 4.01 | NEW CAP REL COSTS-MOB | | 4.01 |
| 5 | EMPLOYEE BENEFITS | | 5 |
| 6.01 | NONPATIENT TELEPHONES | | 6.01 |
| 6.02 | DATA PROCESSING | | 6.02 |
| 6.03 | PURCHASING, RECEIVING AND STOR | | 6.03 |
| 6.04 | ADMITTING | | 6.04 |
| 6.05 | CASHIERING/ACCOUNTS RECEIVABL | | 6.05 |
| 6.06 | OTHER GENERAL AND ADMINISTRAT | | 6.06 |
| 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 | 1556 | 18 |
| 20 | NONPHYSICIAN ANESTHETISTS | | 20 |
| 21 | NURSING SCHOOL | | 21 |
| 22 | I&R SERVICES-SALARY & FRINGES | | 22 |
| 23 | I&R SERVICES-OTHER PRGM COSTS | | 23 |
| 24 | PARAMED ED PRGM-(SPECIFY) | | 24 |
| INPATIENT ROUTINE SERV COST CENTERS | | | |
| 25 | ADULTS & PEDIATRICS | 1453 | 25 |
| 26 | INTENSIVE CARE UNIT | 103 | 26 |
| ANCILLARY SERVICE COST CENTERS | | | |
| 37 | OPERATING ROOM | | 37 |
| 40 | ANESTHESIOLOGY | | 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | | 41 |
| 44 | LABORATORY | | 44 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN | | 46.30 |
| 49 | RESPIRATORY THERAPY | | 49 |
| 50 | PHYSICAL THERAPY | | 50 |
| 50.01 | INDUSTRIAL MEDICINE | | 50.01 |
| 51 | OCCUPATIONAL THERAPY | | 51 |
| 52 | SPEECH PATHOLOGY | | 52 |
| 53 | ELECTROCARDIOLOGY | | 53 |
| 54 | ELECTROENCEPHALOGRAPHY | | 54 |
| 55 | MEDICAL SUPPLIES CHARGED TO P | | 55 |
| 56 | DRUGS CHARGED TO PATIENTS | | 56 |
| OUTPATIENT SERVICE COST CENTERS | | | |
| 60 | CLINIC | | 60 |
| 60.01 | PARTIAL HOSPITALIZATION | | 60.01 |
| 61 | EMERGENCY | | 61 |
| 62 | OBSERVATION BEDS (NON-DISTINC | | 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 THERA | | 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 |
| 95 | SUBTOTALS | 1556 | 95 |
| NONREIMBURSABLE COST CENTERS | | | |
| 96 | GIFT, FLOWER, COFFEE SHOP & C | | 96 |
| 98 | PHYSICIANS' PRIVATE OFFICES | | 98 |
| 100 | OTHER NONREIMBURSABLE COST CE | | 100 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | SOCIAL SERVICE | HOURS OF SERVICE | |
|-----------------------------------|----------------|------------------|-----|
| 101 CROSS FOOT ADJUSTMENTS | | | 101 |
| 102 NEGATIVE COST CENTER | | | 102 |
| 103 COST TO BE ALLOC PER B PT I | 108417 | | 103 |
| 104 UNIT COST MULT-WS B PT I | 69.676735 | | 104 |
| 104 UNIT COST MULT-WS B PT I | | | 104 |
| 105 COST TO BE ALLOC PER B PT II | 2916 | | 105 |
| 106 UNIT COST MULT-WS B PT II | 1.874036 | | 106 |
| 106 UNIT COST MULT-WS B PT II | | | 106 |
| 107 COST TO BE ALLOC PER B PT III | 4424 | | 107 |
| 108 UNIT COST MULT-WS B PT III | 2.843188 | | 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 (FROM WKST B, PART I, COL 27) 1 | THERAPY LIMIT ADJUSTMENT 2 | TOTAL COSTS 3 | RCE DISALLOWANCE 4 | TOTAL COSTS 5 | |
|-------------------------------------|---|-------------------------------------|---------------------|--------------------------|---------------------|-------|
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 25 ADULTS & PEDIATRICS | 5239925 | | 5239925 | | 5239925 | 25 |
| 26 INTENSIVE CARE UNIT | 739265 | | 739265 | | 739265 | 26 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 37 OPERATING ROOM | 778664 | | 778664 | | 778664 | 37 |
| 40 ANESTHESIOLOGY | 42763 | | 42763 | | 42763 | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | 1802689 | | 1802689 | | 1802689 | 41 |
| 44 LABORATORY | 2292521 | | 2292521 | | 2292521 | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMI | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | 822236 | | 822236 | | 822236 | 49 |
| 50 PHYSICAL THERAPY | 112776 | | 112776 | | 112776 | 50 |
| 50.01 INDUSTRIAL MEDICINE | | | | | | 50.01 |
| 51 OCCUPATIONAL THERAPY | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | 157099 | | 157099 | | 157099 | 53 |
| 54 ELECTROENCEPHALOGRAPHY | 24338 | | 24338 | | 24338 | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO | 313844 | | 313844 | | 313844 | 55 |
| 56 DRUGS CHARGED TO PATIENTS | 2949690 | | 2949690 | | 2949690 | 56 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 60 CLINIC | 1664100 | | 1664100 | | 1664100 | 60 |
| 60.01 PARTIAL HOSPITALIZATION | 510473 | | 510473 | | 510473 | 60.01 |
| 61 EMERGENCY | 6081323 | | 6081323 | 7765 | 6089088 | 61 |
| 62 OBSERVATION BEDS (NON-DISTI | 27721 | | 27721 | | 27721 | 62 |
| 63.50 RHC | | | | | | 63.50 |
| 63.60 FQHC | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 101 SUBTOTAL | 23559427 | | 23559427 | 7765 | 23567192 | 101 |
| 102 LESS OBSERVATION BEDS | 27721 | | 27721 | | 27721 | 102 |
| 103 TOTAL | 23531706 | | 23531706 | 7765 | 23539471 | 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 | 5988570 | | 5988570 | | | 25 |
| 26 INTENSIVE CARE UNIT | 502175 | | 502175 | | | 26 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 37 OPERATING ROOM | 405171 | 690437 | 1095608 | .710714 | .710714 | .710714 37 |
| 40 ANESTHESIOLOGY | 73144 | 144372 | 217516 | .196597 | .196597 | .196597 40 |
| 41 RADIOLOGY-DIAGNOSTIC | 907837 | 5081031 | 5988868 | .301007 | .301007 | .301007 41 |
| 44 LABORATORY | 2801065 | 5798253 | 8599318 | .266593 | .266593 | .266593 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMI | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | 743832 | 318181 | 1062013 | .774224 | .774224 | .774224 49 |
| 50 PHYSICAL THERAPY | 36695 | 95342 | 132037 | .854124 | .854124 | .854124 50 |
| 50.01 INDUSTRIAL MEDICINE | | | | | | 50.01 |
| 51 OCCUPATIONAL THERAPY | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | 415147 | 329834 | 744981 | .210877 | .210877 | .210877 53 |
| 54 ELECTROENCEPHALOGRAPHY | 12311 | 934 | 13245 | 1.837524 | 1.837524 | 1.837524 54 |
| 55 MEDICAL SUPPLIES CHARGED TO | 170539 | 143539 | 314078 | .999255 | .999255 | .999255 55 |
| 56 DRUGS CHARGED TO PATIENTS | 2107945 | 10464952 | 12572897 | .234607 | .234607 | .234607 56 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 60 CLINIC | | 3079060 | 3079060 | .540457 | .540457 | .540457 60 |
| 60.01 PARTIAL HOSPITALIZATION | | 396154 | 396154 | 1.288572 | 1.288572 | 1.288572 60.01 |
| 61 EMERGENCY | 1430271 | 8135925 | 9566196 | .635710 | .635710 | .635710 61 |
| 62 OBSERVATION BEDS (NON-DISTI | 35280 | 35280 | 70560 | .392871 | .392871 | .392871 62 |
| 63.50 RHC | | | | | | 63.50 |
| 63.60 FQHC | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 101 SUBTOTAL | 15629982 | 34713294 | 50343276 | | | 101 |
| 102 LESS OBSERVATION BEDS | | | | | | 102 |
| 103 TOTAL | 15629982 | 34713294 | 50343276 | | | 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 | 96417 | | 96417 | 88905 | | 88905 |
| 26 INTENSIVE CARE UNIT | 8038 | | 8038 | 14531 | | 14531 |
| 27 CORONARY CARE UNIT | | | | | | |
| 28 BURN INTENSIVE CARE UNIT | | | | | | |
| 29 SURGICAL INTENSIVE CARE UNIT | | | | | | |
| 30 OTHER SPECIAL CARE (SPECIFY) | | | | | | |
| 31 SUBPROVIDER I | | | | | | |
| 33 NURSERY | | | | | | |
| 101 TOTAL | 104455 | | 104455 | 103436 | | 103436 |

| 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 | 7561 | 2247 | 12.75 | 28649 | 11.76 | 26425 |
| 26 INTENSIVE CARE UNIT | 379 | 171 | 21.21 | 3627 | 38.34 | 6556 |
| 27 CORONARY CARE UNIT | | | | | | |
| 28 BURN INTENSIVE CARE UNIT | | | | | | |
| 29 SURGICAL INTENSIVE CARE UNIT | | | | | | |
| 30 OTHER SPECIAL CARE (SPECIFY) | | | | | | |
| 31 SUBPROVIDER I | | | | | | |
| 33 NURSERY | | | | | | |
| 101 TOTAL | 7940 | 2418 | | 32276 | | 32981 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0066) [] 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 CHARGES | 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 | 24899 | 47307 | 1095608 | 47977 | .022726 | 1090 | .043179 | 2072 | 37 |
| 40 ANESTHESIOLOGY | 2264 | 12364 | 217516 | 8522 | .010408 | 89 | .056842 | 484 | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | 39781 | 72151 | 5988868 | 302449 | .006642 | 2009 | .012048 | 3644 | 41 |
| 44 LABORATORY | 32998 | 38371 | 8599318 | 924293 | .003837 | 3547 | .004462 | 4124 | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | 14841 | 16305 | 1062013 | 390872 | .013974 | 5462 | .015353 | 6001 | 49 |
| 50 PHYSICAL THERAPY | 4828 | 5331 | 132037 | 18071 | .036566 | 661 | .040375 | 730 | 50 |
| 50.01 INDUSTRIAL MEDICINE | | | | | | | | | 50.01 |
| 51 OCCUPATIONAL THERAPY | | | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | 2472 | 8013 | 744981 | 55555 | .003318 | 184 | .010756 | 598 | 53 |
| 54 ELECTROENCEPHALOGRAPHY | 561 | 624 | 13245 | 4836 | .042356 | 205 | .047112 | 228 | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | 9050 | 8623 | 314078 | 80507 | .028814 | 2320 | .027455 | 2210 | 55 |
| 56 DRUGS CHARGED TO PATIENTS | 21282 | 20183 | 12572897 | 839361 | .001693 | 1421 | .001605 | 1347 | 56 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 60 CLINIC | 19468 | 46652 | 3079060 | | .006323 | | .015151 | | 60 |
| 60.01 PARTIAL HOSPITALIZATION | 15784 | 11106 | 396154 | | .039843 | | .028035 | | 60.01 |
| 61 EMERGENCY | 63034 | 60828 | 9566196 | 220226 | .006589 | 1451 | .006359 | 1400 | 61 |
| 62 OBSERVATION BEDS (NON-DISTINC | 510 | 470 | 70560 | 920 | .007228 | 7 | .006661 | 6 | 62 |
| 63.50 RHC | | | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | | |
| 101 TOTAL | 251772 | 348328 | 43852531 | 2893589 | | 18446 | | 22844 | 101 |

PROVIDER NO. 14-0066 KENNETH HALL REGIONAL HOSPITAL
 PERIOD FROM 01/01/2008 TO 12/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2009.01
 05/28/2009 13:55

APPORIONMENT 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 | | | | | 7561 | | 2247 | 25 |
| 26 INTENSIVE CARE UNIT | | | | | 379 | | 171 | 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 | | | | | | | | 31 |
| 33 NURSERY | | | | | | | | 33 |
| 34 SKILLED NURSING FACILITY | | | | | | | | 34 |
| 35 NURSING FACILITY | | | | | | | | 35 |
| 101 TOTAL | | | | | 7940 | | 2418 | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0066) [] 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 |
| 40 ANESTHESIOLOGY | | | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | | 41 |
| 44 LABORATORY | | | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | | | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | | | 50 |
| 50.01 INDUSTRIAL MEDICINE | | | | | | | 50.01 |
| 51 OCCUPATIONAL THERAPY | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | | | 56 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | | | | | | 60 |
| 60.01 PARTIAL HOSPITALIZATION | | | | | | | 60.01 |
| 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 (14-0066) [] 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 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 | | 1095608 | | | 47977 | | 72941 37 |
| 40 ANESTHESIOLOGY | | 217516 | | | 8522 | | 19986 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 5988868 | | | 302449 | | 520712 41 |
| 44 LABORATORY | | 8599318 | | | 924293 | | 16451 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | | 1062013 | | | 390872 | | 170563 49 |
| 50 PHYSICAL THERAPY | | 132037 | | | 18071 | | 50 |
| 50.01 INDUSTRIAL MEDICINE | | | | | | | 50.01 |
| 51 OCCUPATIONAL THERAPY | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | 744981 | | | 55555 | | 56969 53 |
| 54 ELECTROENCEPHALOGRAPHY | | 13245 | | | 4836 | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 314078 | | | 80507 | | 65866 55 |
| 56 DRUGS CHARGED TO PATIENTS | | 12572897 | | | 839361 | | 954580 56 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | 3079060 | | | | | 180 60 |
| 60.01 PARTIAL HOSPITALIZATION | | 396154 | | | | | 295426 60.01 |
| 61 EMERGENCY | | 9566196 | | | 220226 | | 420405 61 |
| 62 OBSERVATION BEDS (NON-DISTINC | | 70560 | | | 920 | | 2920 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | 43852531 | | | 2893589 | | 2596999 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0066) [] 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 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 |
| 40 ANESTHESIOLOGY | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | 41 |
| 44 LABORATORY | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | 50 |
| 50.01 INDUSTRIAL MEDICINE | | | | | 50.01 |
| 51 OCCUPATIONAL THERAPY | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | 56 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 60 CLINIC | | | | | 60 |
| 60.01 PARTIAL HOSPITALIZATION | | | | | 60.01 |
| 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 (14-0066)
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I
 BOXES [] TITLE XIX - O/P [] SUB II
 [] SUB III
 [] SUB IV

[] SNF
 [] NF
 [] S/B-SNF
 [] S/B-NF
 [] 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 | | | | | | |
| 40 OPERATING ROOM | .710714 | .710714 | .710714 | | | 37 |
| 41 ANESTHESIOLOGY | .196597 | .196597 | .196597 | | | 40 |
| 44 RADIOLOGY-DIAGNOSTIC | .301007 | .301007 | .301007 | | | 41 |
| 44 LABORATORY | .266593 | .266593 | .266593 | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | .774224 | .774224 | .774224 | | | 49 |
| 50 PHYSICAL THERAPY | .854124 | .854124 | .854124 | | | 50 |
| 50.01 INDUSTRIAL MEDICINE | | | | | | 50.01 |
| 51 OCCUPATIONAL THERAPY | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | .210877 | .210877 | .210877 | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | 1.837524 | 1.837524 | 1.837524 | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | .999255 | .999255 | .999255 | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | .234607 | .234607 | .234607 | | | 56 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 60 CLINIC | .540457 | .540457 | .540457 | | | 60 |
| 60.01 PARTIAL HOSPITALIZATION | 1.288572 | 1.288572 | 1.288572 | | | 60.01 |
| 61 EMERGENCY | .635710 | .635710 | .635710 | | | 61 |
| 62 OBSERVATION BEDS (NON-DISTINCT | .392871 | .392871 | .392871 | | | 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 | | | | | | 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 | 1 | .234607 | 1 |
| 2 PROGRAM VACCINE CHARGES | 2 | | |
| 2.01 PROGRAM VACCINE CHARGES | 2.01 | | |
| 3 PROGRAM COSTS | 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 (14-0066) [] 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 | ALL OTHER | PPS SER-VICES | PPS SER-VICES | OUTPATIENT AMBULATORY CENTER | OUTPATIENT RADIOLOGY | OTHER OUTPATIENT DIAGNOSTIC |
| | (SEE INSTRU.) | (SEE INSTRU.) | (SEE INSTRU.) | (SEE INSTRU.) | (SEE INSTRU.) | 6 | 7 | 8 |
| | 5 | 5.01 | 5.02 | 5.03 | 5.04 | | | |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 37 OPERATING ROOM | | 72941 | | | | | | 37 |
| 40 ANESTHESIOLOGY | | 19986 | | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 520712 | | | | | | 41 |
| 44 LABORATORY | | 16451 | | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN C | | | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | | 170563 | | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | | | | 50 |
| 50.01 INDUSTRIAL MEDICINE | | | | | | | | 50.01 |
| 51 OCCUPATIONAL THERAPY | | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | 56969 | | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PA | | 65866 | | | | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | 954580 | | | | | | 56 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 60 CLINIC | | 180 | | | | | | 60 |
| 60.01 PARTIAL HOSPITALIZATION | | 295426 | | | | | | 60.01 |
| 61 EMERGENCY | | 420405 | | | | | | 61 |
| 62 OBSERVATION BEDS (NON-DISTINCT | | 2920 | | | | | | 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 | | 2596999 | | | | | | 101 |
| 102 CRNA CHARGES | | | | | | | | 102 |
| 103 PBP CLINIC LAB | | | | | | | | 103 |
| 104 NET CHARGES | | 2596999 | | | | | | 104 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0066) [] 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 | | 51840 | | | | | 37 |
| 40 ANESTHESIOLOGY | | 3929 | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 156738 | | | | | 41 |
| 44 LABORATORY | | 4386 | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | | 132054 | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | | | 50 |
| 50.01 INDUSTRIAL MEDICINE | | | | | | | 50.01 |
| 51 OCCUPATIONAL THERAPY | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | 12013 | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | | 65817 | | | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | 223951 | | | | | 56 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | 97 | | | | | 60 |
| 60.01 PARTIAL HOSPITALIZATION | | 380678 | | | | | 60.01 |
| 61 EMERGENCY | | 267256 | | | | | 61 |
| 62 OBSERVATION BEDS (NON-DISTINCT | | 1147 | | | | | 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 | | 1299906 | | | | | 101 |
| 102 CRNA CHARGES | | | | | | | 102 |
| 103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS | | | | | | | 103 |
| 104 NET CHARGES | | 1299906 | | | | | 104 |

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

| | HOSPITAL (PPS) (14-0066) | SUB I | SUB II | SUB III | SUB IV | SNF | |
|---|--------------------------------|-------|--------|---------|--------|-----|----|
| INPATIENT DAYS | 1 | 1 | 1 | 1 | 1 | 1 | |
| 1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN) | 7561 | | | | | | 1 |
| 2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS) | 7561 | | | | | | 2 |
| 3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | | | | | | | 3 |
| 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 7561 | | | | | | 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) | 2247 | | | | | | 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) (14-0066) | SUB I | SUB II | SUB III | SUB IV | SNF | |
|---|--------------------------------|-------|--------|---------|--------|-----|----|
| 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 | 5239925 | | | | | | 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 | 5239925 | | | | | | 27 |
| PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | | | | | | |
| 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 5987800 | | | | | | 28 |
| 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | | | | | | | 29 |
| 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 5987800 | | | | | | 30 |
| 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | .875100 | | | | | | 31 |
| 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE | | | | | | | 32 |
| 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 791.93 | | | | | | 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 | 5239925 | | | | | | 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) (14-0066) | 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 | 693.02 | | | | | | 38 |
| 39 | PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 1557216 | | | | | | 39 |
| 40 | MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM | | | | | | | 40 |
| 41 | TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 1557216 | | | | | | 41 |
| | | TOTAL I/P COST | TOTAL I/P DAYS | AVERAGE PER DIEM | PROGRAM DAYS | PROGRAM COST | | |
| | | 1 | 2 | 3 | 4 | 5 | | |
| 42 | NURSERY (TITLES V AND XIX ONLY) | | | | | | | 42 |
| 43 | INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS | | | | | | | |
| 44 | INTENSIVE CARE UNIT | 739265 | 379 | 1950.57 | 171 | 333547 | | 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 (PPS) (14-0066) | SUB I | SUB II | SUB III | SUB IV | | |
| | | 1 | 1 | 1 | 1 | 1 | | |
| 48 | PROGRAM INPATIENT ANCILLARY SERVICE COST | 1129786 | | | | | | 48 |
| 49 | TOTAL PROGRAM INPATIENT COSTS | 3020549 | | | | | | 49 |
| PASS THROUGH COST ADJUSTMENTS | | | | | | | | |
| 50 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES | 65257 | | | | | | 50 |
| 51 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES | 41290 | | | | | | 51 |
| 52 | TOTAL PROGRAM EXCLUDABLE COST | 106547 | | | | | | 52 |
| 53 | TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS | 2914002 | | | | | | 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) (14-0066) | SUB I | SUB II | SUB III | SUB IV | |
|--|--------------------------------|-------|--------|---------|--------|-------|
| TARGET AMOUNT AND LIMITATION COMPUTATION | 1 | 1 | 1 | 1 | 1 | |
| 54 PROGRAM DISCHARGES | | | | | | 54 |
| 55 TARGET AMOUNT PER DISCHARGE | | | | | | 55 |
| 56 TARGET AMOUNT | | | | | | 56 |
| 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT | | | | | | 57 |
| 58 BONUS PAYMENT | | | | | | 58 |
| 58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET | | | | | | 58.01 |
| 58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET | | | | | | 58.02 |
| 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 | | | | | | 58.03 |
| 58.04 RELIEF PAYMENT | | | | | | 58.04 |
| 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT | | | | | | 59 |
| 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY) | | | | | | 59.01 |
| 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1 | | | | | | 59.02 |
| 59.03 PROGRAM DISCHARGES AFTER JULY 1 | | | | | | 59.03 |
| 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS) | | | | | | 59.04 |
| 59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1 | | | | | | 59.05 |
| 59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 | | | | | | 59.06 |
| 59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY) | | | | | | 59.07 |
| 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.) | | | | | | 59.08 |
| PROGRAM INPATIENT ROUTINE SWING BED COST | | | | | | |
| 60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 60 |
| 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 61 |
| 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS | | | | | | 62 |
| 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 63 |
| 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 64 |
| 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS | | | | | | 65 |

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

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 |

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)
 (14-0066)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

| | | |
|---|--------|----|
| 83 TOTAL OBSERVATION BEDS | 40 | 83 |
| 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 693.02 | 84 |
| 85 OBSERVATION BED COST | 27721 | 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 | 96417 | 5239925 | .018400 | 27721 | 510 | 86 |
| 87 NEW CAPITAL-RELATED COST | 88905 | 5239925 | .016967 | 27721 | 470 | 87 |
| 88 NON PHYSICIAN ANESTHETIST | | 5239925 | | 27721 | | 88 |
| 89 MEDICAL EDUCATION | | 5239925 | | 27721 | | 89 |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0066) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

| COST CENTER DESCRIPTION | RATIO OF COST TO CHARGES 1 | INPATIENT PROGRAM CHARGES 2 | INPATIENT PROGRAM COSTS 3 | |
|--|----------------------------------|-----------------------------------|---------------------------------|-------|
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | |
| 25 ADULTS & PEDIATRICS | | 1808765 | | 25 |
| 26 INTENSIVE CARE UNIT | | 226575 | | 26 |
| ANCILLARY SERVICE COST CENTERS | | | | |
| 37 OPERATING ROOM | .710714 | 47977 | 34098 | 37 |
| 40 ANESTHESIOLOGY | .196597 | 8522 | 1675 | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | .301007 | 302449 | 91039 | 41 |
| 44 LABORATORY | .266593 | 924293 | 246410 | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | 46.30 |
| 49 RESPIRATORY THERAPY | .774224 | 390872 | 302622 | 49 |
| 50 PHYSICAL THERAPY | .854124 | 18071 | 15435 | 50 |
| 50.01 INDUSTRIAL MEDICINE | | | | |
| 51 OCCUPATIONAL THERAPY | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | 52 |
| 53 ELECTROCARDIOLOGY | .210877 | 55555 | 11715 | 53 |
| 54 ELECTROENCEPHALOGRAPHY | 1.837524 | 4836 | 8886 | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | .999255 | 80507 | 80447 | 55 |
| 56 DRUGS CHARGED TO PATIENTS | .234607 | 839361 | 196920 | 56 |
| OUTPATIENT SERVICE COST CENTERS | | | | |
| 60 CLINIC | .540457 | | | 60 |
| 60.01 PARTIAL HOSPITALIZATION | 1.288572 | | | 60.01 |
| 61 EMERGENCY | .636521 | 220226 | 140178 | 61 |
| 62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS | .392871 | 920 | 361 | 62 |
| 63.50 RHC | | | | 63.50 |
| 63.60 FQHC | | | | 63.60 |
| 101 TOTAL | | 2893589 | 1129786 | 101 |
| 102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | | 102 |
| 103 NET CHARGES | | 2893589 | | 103 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

| | HOSPITAL (14-0066) | SUB I | SUB II | SUB III | SUB IV | |
|--|-----------------------|-------|--------|---------|--------|------|
| DRG AMOUNT | | | | | | |
| 1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1 | 1643800 | | | | | 1 |
| 1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1 | 214163 | | | | | 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 | | | | | | 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 | 52597 | | | | | 2.01 |
| 3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD | 169.00 | | | | | 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 | | | | | | 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 | | | 3.07 |
| 3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS | | | | | | 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 | | | | | | 3.14 |
| 3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE.. | | | | | | 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 | | | | | | 3.16 |
| 3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO | 0.00 | | | | | 3.17 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

| | HOSPITAL (14-0066) | SUB I | SUB II | SUB III | SUB IV | |
|-------|-----------------------|-------|--------|---------|--------|-------|
| 3.18 | | | | | | 3.18 |
| 3.19 | | | | | | 3.19 |
| 3.20 | | | | | | 3.20 |
| 3.21 | | | | | | 3.21 |
| 3.22 | | | | | | 3.22 |
| 3.23 | | | | | | 3.23 |
| 3.24 | | | | | | 3.24 |
| 4 | 0.2655 | | | | | 4 |
| 4.01 | 0.3705 | | | | | 4.01 |
| 4.02 | 0.6360 | | | | | 4.02 |
| 4.03 | 0.4169 | | | | | 4.03 |
| 4.04 | 774585 | | | | | 4.04 |
| 5 | | | | | | 5 |
| 5.01 | | | | | | 5.01 |
| 5.02 | | | | | | 5.02 |
| 5.03 | | | | | | 5.03 |
| 5.04 | | | | | | 5.04 |
| 5.05 | | | | | | 5.05 |
| 5.06 | | | | | | 5.06 |
| 6 | 2685145 | | | | | 6 |
| 7 | | | | | | 7 |
| 7.01 | | | | | | 7.01 |
| 8 | 2685145 | | | | | 8 |
| 9 | 177411 | | | | | 9 |
| 10 | | | | | | 10 |
| 11 | | | | | | 11 |
| 11.01 | | | | | | 11.01 |
| 11.02 | | | | | | 11.02 |
| 12 | | | | | | 12 |
| 13 | | | | | | 13 |
| 14 | | | | | | 14 |
| 15 | | | | | | 15 |
| 16 | 2862556 | | | | | 16 |
| 17 | | | | | | 17 |
| 18 | 2862556 | | | | | 18 |
| 19 | 274256 | | | | | 19 |
| 20 | 19229 | | | | | 20 |
| 21 | 232711 | | | | | 21 |
| 21.01 | 162898 | | | | | 21.01 |
| 21.02 | | | | | | 21.02 |
| 22 | 2731969 | | | | | 22 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

| | HOSPITAL (14-0066) | SUB I | SUB II | SUB III | SUB IV | |
|-------|---|---------|--------|---------|--------|-------|
| 23 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | | | | | 23 |
| 24 | OTHER ADJUSTMENTS | | | | | 24 |
| 25 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | | | | 25 |
| 26 | AMOUNT DUE PROVIDER | 2731969 | | | | 26 |
| 27 | SEQUESTRATION ADJUSTMENT | | | | | 27 |
| 28 | INTERIM PAYMENTS | 2928734 | | | | 28 |
| 28.01 | TENTATIVE SETTLEMENT (FOR FI USE ONLY) | | | | | 28.01 |
| 29 | BALANCE DUE PROVIDER (PROGRAM) | -196765 | | | | 29 |
| 30 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2 | | | | | 30 |
| | TO BE COMPLETED BY INTERMEDIARY | | | | | |
| 50 | OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01 | | | | | 50 |
| 51 | CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01 | | | | | 51 |
| 52 | OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.) | | | | | 52 |
| 53 | CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS) | | | | | 53 |
| 54 | THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY | | | | | 54 |
| 55 | TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | | | | 55 |
| 56 | CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | | | | 56 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | HOSPITAL (14-0066) 1 | HOSPITAL (14-0066) 1.01 | HOSPITAL (14-0066) 1.02 | |
|--|----------------------------|-------------------------------|-------------------------------|-------|
| 1 MEDICAL AND OTHER SERVICES | | | | 1 |
| 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000 | 1299906 | | | 1.01 |
| 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS | 709885 | | | 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 | 709885 | | | 17.01 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | HOSPITAL (14-0066) 1 | HOSPITAL (14-0066) 1.01 | HOSPITAL (14-0066) 1.02 |
|---|----------------------------|-------------------------------|-------------------------------|
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | |
| 18 DEDUCTIBLES AND COINSURANCE | | | 18 |
| 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01 | 180208 | | 18.01 |
| 19 SUBTOTAL | 529677 | | 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 | 529677 | | 23 |
| 24 PRIMARY PAYER PAYMENTS | | | 24 |
| 25 SUBTOTAL | 529677 | | 25 |
| REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | | | |
| 26 COMPOSITE RATE ESRD | | | 26 |
| 27 BAD DEBTS | 111923 | | 27 |
| 27.01 REDUCED REIMBURSABLE BAD DEBTS | 78346 | | 27.01 |
| 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | | | 27.02 |
| 28 SUBTOTAL | 608023 | | 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 | 608023 | | 32 |
| 33 SEQUESTRATION ADJUSTMENT | | | 33 |
| 34 INTERIM PAYMENTS | 529677 | | 34 |
| 34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY) | | | 34.01 |
| 35 BALANCE DUE PROVIDER/PROGRAM | 78346 | | 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 C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

| | HOSPITAL (14-0066) 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
(14-0066)
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 (14-0066) 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 (14-0066)

WORKSHEET E-1

| DESCRIPTION | INPATIENT | | PART B | | |
|--|--|-------------|----------------------------|-------------|--|
| | PART A | | | | |
| | MM/DD/YYYY 1 | AMOUNT 2 | MM/DD/YYYY 3 | AMOUNT 4 | |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 2928734 | | 529677 | 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 ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | PROGRAM .01 TO .02 PROVIDER .03 TO .04 PROGRAM .05 PROVIDER .50 TO .51 PROGRAM .52 PROGRAM .54 | NONE | | NONE | 3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54 |
| SUBTOTAL | .99 | | | 3.99 | |
| 4 TOTAL INTERIM PAYMENTS | | 2928734 | | 529677 | 4 |
| TO BE COMPLETED BY INTERMEDIARY | | | | | |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52 | NONE | | NONE | 5.01 5.02 5.03 5.50 5.51 5.52 |
| SUBTOTAL | .99 | | | | 5.99 |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT. | PROGRAM TO PROVIDER .01 PROVIDER TO PROGRAM .02 | -196765 | | 78346 | 6.01 6.02 |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | 2731969 | | 608023 | 7 |
| NAME OF INTERMEDIARY: _____ | | | INTERMEDIARY NUMBER: _____ | | |
| SIGNATURE OF AUTHORIZED PERSON: _____ | | | DATE (MO/DAY/YR): _____ | | |

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 | 774518 | | | 1 |
| 2 | TEMPORARY INVESTMENTS | | | | 2 |
| 3 | NOTES RECEIVABLE | | | | 3 |
| 4 | ACCOUNTS RECEIVABLE | 4090228 | | | 4 |
| 5 | OTHER RECEIVABLES | 3118228 | | | 5 |
| 6 | ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE | -2317949 | | | 6 |
| 7 | INVENTORY | | | | 7 |
| 8 | PREPAID EXPENSES | | | | 8 |
| 9 | OTHER CURRENT ASSETS | 1035895 | | | 9 |
| 10 | DUE FROM OTHER FUNDS | | | | 10 |
| 11 | TOTAL CURRENT ASSETS | 6700920 | | | 11 |
| FIXED ASSETS | | | | | |
| 12 | LAND | 496427 | | | 12 |
| 12.01 | ACCUMULATED DEPRECIATION | | | | 12.01 |
| 13 | LAND IMPROVEMENTS | 555855 | | | 13 |
| 13.01 | ACCUMULATED DEPRECIATION | -493867 | | | 13.01 |
| 14 | BUILDINGS | 22534455 | | | 14 |
| 14.01 | ACCUMULATED DEPRECIATION | -18499211 | | | 14.01 |
| 15 | LEASEHOLD IMPROVEMENTS | | | | 15 |
| 15.01 | ACCUMULATED AMORTIZATION | | | | 15.01 |
| 16 | FIXED EQUIPMENT | 3319544 | | | 16 |
| 16.01 | ACCUMULATED DEPRECIATION | -3137759 | | | 16.01 |
| 17 | AUTOMOBILES AND TRUCKS | 51102 | | | 17 |
| 17.01 | ACCUMULATED DEPRECIATION | -51102 | | | 17.01 |
| 18 | MAJOR MOVABLE EQUIPMENT | 9682044 | | | 18 |
| 18.01 | ACCUMULATED DEPRECIATION | -8703217 | | | 18.01 |
| 19 | MINOR EQUIPMENT DEPRECIABLE | | | | 19 |
| 19.01 | ACCUMULATED DEPRECIATION | | | | 19.01 |
| 20 | MINOR EQUIPMENT-NONDEPRECIABLE | | | | 20 |
| 21 | TOTAL FIXED ASSETS | 5754271 | | | 21 |
| OTHER ASSETS | | | | | |
| 22 | INVESTMENTS | | | | 22 |
| 23 | DEPOSITS ON LEASES | | | | 23 |
| 24 | DUE FROM OWNERS/OFFICERS | | | | 24 |
| 25 | OTHER ASSETS | | | | 25 |
| 26 | TOTAL OTHER ASSETS | | | | 26 |
| 27 | TOTAL ASSETS | 12455191 | | | 27 |
| LIABILITIES AND FUND BALANCES | | | | | |
| | | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
| | | 1 | 2 | 3 | 4 |
| CURRENT LIABILITIES | | | | | |
| 28 | ACCOUNTS PAYABLE | 4022282 | | | 28 |
| 29 | SALARIES, WAGES & FEES PAYABLE | 891466 | | | 29 |
| 30 | PAYROLL TAXES PAYABLE | | | | 30 |
| 31 | NOTES & LOANS PAYABLE (SHORT TERM) | 266813 | | | 31 |
| 32 | DEFERRED INCOME | | | | 32 |
| 33 | ACCELERATED PAYMENTS | | | | 33 |
| 34 | DUE TO OTHER FUNDS | | | | 34 |
| 35 | OTHER CURRENT LIABILITIES | 1377249 | | | 35 |
| 36 | TOTAL CURRENT LIABILITIES | 6557810 | | | 36 |
| LONG-TERM LIABILITIES | | | | | |
| 37 | MORTGAGE PAYABLE | | | | 37 |
| 38 | NOTES PAYABLE | 32832 | | | 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 | 1535865 | | | 41 |
| 42 | TOTAL LONG TERM LIABILITIES | 1568697 | | | 42 |
| 43 | TOTAL LIABILITIES | 8126507 | | | 43 |
| CAPITAL ACCOUNTS | | | | | |
| 44 | GENERAL FUND BALANCE | 4328684 | | | 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 | 4328684 | | | 51 |
| 52 | TOTAL LIABILITIES AND FUND BALANCES | 12455191 | | | 52 |

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 | 7486953 | | | 1 |
| 2 NET INCOME (LOSS) | -3158269 | | | 2 |
| 3 TOTAL | 4328684 | | | 3 |
| 4 ADDITIONS (CREDIT ADJUSTMENTS) | | | | 4 |
| 5 | | | | 5 |
| 6 | | | | 6 |
| 7 | | | | 7 |
| 8 | | | | 8 |
| 9 | | | | 9 |
| 10 TOTAL ADDITIONS | | | | 10 |
| 11 SUBTOTAL | 4328684 | | | 11 |
| 12 DEDUCTIONS (DEBIT ADJUSTMENTS) | | | | 12 |
| 13 | | | | 13 |
| 14 | | | | 14 |
| 15 | | | | 15 |
| 16 | | | | 16 |
| 17 | | | | 17 |
| 18 TOTAL DEDUCTIONS | | | | 18 |
| 19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET | 4328684 | | | 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 | | | | 1 |
| 2 HOSPITAL | 5952520 | | 5952520 | 2 |
| 4 SUBPROVIDER I | | | | 4 |
| 5 SWING BED - SNF | | | | 5 |
| 6 SWING BED - NF | | | | 6 |
| 7 SKILLED NURSING FACILITY | | | | 7 |
| 8 NURSING FACILITY | | | | 8 |
| 9 OTHER LONG TERM CARE | | | | 9 |
| 10 TOTAL GENERAL INPATIENT CARE SERVICES | 5952520 | | 5952520 | 10 |
| 11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES | | | | 11 |
| 12 INTENSIVE CARE UNIT | 503500 | | 503500 | 12 |
| 13 CORONARY CARE UNIT | | | | 13 |
| 14 BURN INTENSIVE CARE UNIT | | | | 14 |
| 15 SURGICAL INTENSIVE CARE UNIT | | | | 15 |
| 16 OTHER SPECIAL CARE (SPECIFY) | | | | 16 |
| 17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE | 503500 | | 503500 | 17 |
| 18 TOTAL INPATIENT ROUTINE CARE SERVICES | 6456020 | | 6456020 | 18 |
| 18.50 ANCILLARY SERVICES | 9103957 | 34678014 | 43781971 | 18.50 |
| 18.60 OUTPATIENT SERVICES | | 717774 | 717774 | 18.60 |
| 19 RHC | | | | 19 |
| 20 FQHC | | | | 20 |
| 21 HOME HEALTH AGENCY | | | | 21 |
| 22 AMBULANCE | | | | 22 |
| 23 CORF | | | | 23 |
| 24 ASC | | | | 24 |
| 25 HOSPICE | | | | 25 |
| 26 OBSERVATION REVENUE | 35280 | 35280 | 70560 | 26 |
| 27 TOTAL PATIENT REVENUES | 15595257 | 35431068 | 51026325 | 27 |

PART II - OPERATING EXPENSES

| | 1 | 2 | |
|-----------------------------|---------|----------|----|
| 26 OPERATING EXPENSES | | 31290656 | 26 |
| 27 PROVISION FOR BAD DEBTS | 4166097 | | 27 |
| 28 | | | 28 |
| 29 | | | 29 |
| 30 | | | 30 |
| 31 | | | 31 |
| 32 | | | 32 |
| 33 TOTAL ADDITIONS | | 4166097 | 33 |
| 34 DEDUCT (SPECIFY) | | | 34 |
| 35 | | | 35 |
| 36 | | | 36 |
| 37 | | | 37 |
| 38 | | | 38 |
| 39 TOTAL DEDUCTIONS | | | 39 |
| 40 TOTAL OPERATING EXPENSES | | 35456753 | 40 |

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

| DESCRIPTION | | | |
|-------------|---|----------|-------|
| 1 | TOTAL PATIENT REVENUES | 51026325 | 1 |
| 2 | LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS | 21155733 | 2 |
| 3 | NET PATIENT REVENUES | 29870592 | 3 |
| 4 | LESS - TOTAL OPERATING EXPENSES | 35456753 | 4 |
| 5 | NET INCOME FROM SERVICE TO PATIENTS | -5586161 | 5 |
| 6 | CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC. | | 6 |
| 7 | INCOME FROM INVESTMENTS | 33732 | 7 |
| 8 | REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE | | 8 |
| 9 | REVENUE FROM TELEVISION AND RADIO SERVICE | | 9 |
| 10 | PURCHASE DISCOUNTS | | 10 |
| 11 | REBATES AND REFUNDS OF EXPENSES | 74319 | 11 |
| 12 | PARKING LOT RECEIPTS | | 12 |
| 13 | REVENUE FROM LAUNDRY AND LINEN SERVICE | | 13 |
| 14 | REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS | 171651 | 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 | 1233 | 18 |
| 19 | TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.) | | 19 |
| 20 | REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN | 71753 | 20 |
| 21 | RENTAL OF VENDING MACHINES | | 21 |
| 22 | RENTAL OF HOSPITAL SPACE | 946108 | 22 |
| 23 | GOVERNMENTAL APPROPRIATIONS | | 23 |
| 24 | GRANTS | 154565 | 24 |
| 24.01 | MISCELLANEOUS | 111671 | 24.01 |
| 24.02 | TRANSFER TO/FROM AFFILIATE | 862860 | 24.02 |
| 25 | TOTAL OTHER INCOME | 2427892 | 25 |
| 26 | TOTAL | -3158269 | 26 |
| 27 | | | 27 |
| 28 | | | 28 |
| 29 | | | 29 |
| 30 | TOTAL OTHER EXPENSES | | 30 |
| 31 | NET INCOME (OR LOSS) FOR THE PERIOD | -3158269 | 31 |

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7315

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 | 58231 | | 4684 | | 40629 | 103544 5 |
| 6 SKILLED NURSING CARE | 161888 | | 7057 | | | 168945 6 |
| 7 PHYSICAL THERAPY | 31175 | | 1197 | | | 32372 7 |
| 8 OCCUPATIONAL THERAPY | 11734 | | 456 | | | 12190 8 |
| 9 SPEECH PATHOLOGY | 2776 | | 84 | | | 2860 9 |
| 10 MEDICAL SOCIAL SERVICES | 43594 | | 2416 | | | 46010 10 |
| 11 HOME HEALTH AIDE | | | | | | 11 |
| 12 SUPPLIES | | | | | | 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 | 309398 | | 15894 | | 40629 | 365921 24 |

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7315

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 | | 103544 | | 103544 | 5 |
| 6 SKILLED NURSING CARE | | 168945 | | 168945 | 6 |
| 7 PHYSICAL THERAPY | | 32372 | | 32372 | 7 |
| 8 OCCUPATIONAL THERAPY | | 12190 | | 12190 | 8 |
| 9 SPEECH PATHOLOGY | | 2860 | | 2860 | 9 |
| 10 MEDICAL SOCIAL SERVICES | | 46010 | | 46010 | 10 |
| 11 HOME HEALTH AIDE | | | | | 11 |
| 12 SUPPLIES | | | | | 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 | | 365921 | | 365921 | 24 |

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7315

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 CAPITAL RELATED-BLDG & FIXT | | | | | | | | 1 |
| 2 CAPITAL RELATED-MOVABLE EQUIP | | | | | | | | 2 |
| 3 PLANT OPERATION & MAINTENANCE | | | | | | | | 3 |
| 4 TRANSPORTATION | | | | | | | | 4 |
| 5 ADMINISTRATIVE AND GENERAL | 103544 | | | | | 103544 | 103544 | 5 |
| HHA REIMBURSABLE SERVICES | | | | | | | | |
| 6 SKILLED NURSING CARE | 168945 | | | | | 168945 | 66672 | 235617 6 |
| 7 PHYSICAL THERAPY | 32372 | | | | | 32372 | 12775 | 45147 7 |
| 8 OCCUPATIONAL THERAPY | 12190 | | | | | 12190 | 4811 | 17001 8 |
| 9 SPEECH PATHOLOGY | 2860 | | | | | 2860 | 1129 | 3989 9 |
| 10 MEDICAL SOCIAL SERVICES | 46010 | | | | | 46010 | 18157 | 64167 10 |
| 11 HOME HEALTH AIDE | | | | | | | | 11 |
| 12 SUPPLIES | | | | | | | | 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 | 365921 | | | | | 365921 | | 365921 24 |

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7315

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 | | | | | -103544 | 262377 | 5 |
| 6 SKILLED NURSING CARE | | | | | | 168945 | 6 |
| 7 PHYSICAL THERAPY | | | | | | 32372 | 7 |
| 8 OCCUPATIONAL THERAPY | | | | | | 12190 | 8 |
| 9 SPEECH PATHOLOGY | | | | | | 2860 | 9 |
| 10 MEDICAL SOCIAL SERVICES | | | | | | 46010 | 10 |
| 11 HOME HEALTH AIDE | | | | | | | 11 |
| 12 SUPPLIES | | | | | | | 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 | | | | | -103544 | 262377 | 24 |
| 25 COST TO BE ALLOC (PER W/S H) | | | | | | 103544 | 25 |
| 26 UNIT COST MULTIPLIER | | | | | | .394638 | 26 |

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7315

WORKSHEET H-5
 PART I

| HHA COST CENTER | I&R COST & POST STEP- DOWN ADJS | SUBTOTAL | ALLOCATED | | |
|---------------------------------|---------------------------------------|----------|--------------|--------------------|-------|
| | | | HHA A & G | TOTAL HHA COSTS | |
| | 26 | 27 | 28 | 29 | |
| 1 ADMINISTRATIVE AND GENERAL | | 325291 | | | 1 |
| 2 SKILLED NURSING CARE | | 325986 | 209481 | 535467 | 2 |
| 3 PHYSICAL THERAPY | | 62501 | 40164 | 102665 | 3 |
| 4 OCCUPATIONAL THERAPY | | 23535 | 15124 | 38659 | 4 |
| 5 SPEECH PATHOLOGY | | 5528 | 3552 | 9080 | 5 |
| 6 MEDICAL SOCIAL SERVICES | | 88655 | 56970 | 145625 | 6 |
| 7 HOME HEALTH AIDE | | | | | 7 |
| 8 SUPPLIES | | | | | 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 | | 831496 | 325291 | 831496 | 20 |
| 21 UNIT COST MULTIPLIER | | | .642607 | | 21 |

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7315

WORKSHEET H-5
 PART II

| HHA COST CENTER | OLD CAP BLDGS & FIXTURES SQUARE T | OLD CAP MOVABLE EQUIPMENT DOLLAR VAL UE | NEW CAP BLDGS & FIXTURES SQUARE T | NEW CAP MOVABLE EQUIPMENT DOLLAR VAL UE | NEW CAP RE L COSTS - MOB SQUARE FEET | EMPLOYEE BENEFITS GROSS SALA RIES | NON PATIEN T TELEPHON ES NO. OF PHO NES | DATA SSING TIME SPENT | PROCE SSING 6.02 |
|---------------------------------|---|---|---|---|--|--|---|--------------------------------|------------------------|
| | 1 | 2 | 3 | 4 | 4.01 | 5 | 6.01 | 6.02 | |
| 1 ADMINISTRATIVE AND GENERAL | 5720 | 83705 | 5720 | 83705 | | 58231 | 10 | 406 | 1 |
| 2 SKILLED NURSING CARE | | | | | | 161888 | | | 2 |
| 3 PHYSICAL THERAPY | | | | | | 31175 | | | 3 |
| 4 OCCUPATIONAL THERAPY | | | | | | 11734 | | | 4 |
| 5 SPEECH PATHOLOGY | | | | | | 2776 | | | 5 |
| 6 MEDICAL SOCIAL SERVICES | | | | | | 43594 | | | 6 |
| 7 HOME HEALTH AIDE | | | | | | | | | 7 |
| 8 SUPPLIES | | | | | | | | | 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 | 5720 | 83705 | 5720 | 83705 | | 309398 | 10 | 406 | 20 |
| 21 TOTAL COST TO BE ALLOCATED | 15763 | 244 | 9574 | 2111 | | 62856 | 4761 | 26128 | 21 |
| 22 UNIT COST MULTIPLIER | 2.755769 | | 1.673776 | | | | 476.100000 | | 22 |
| 22 UNIT COST MULTIPLIER | | .002915 | | .025220 | | .203156 | | 64.354680 | 22 |

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7315

WORKSHEET H-5
 PART II

| HHA COST CENTER | PURCHASING | ADMITTING | CASHIERING | RECON- | OTHER ADMI | MAIN- | OPERATION | LAUNDRY |
|---------------------------------|------------------------------|---------------------------|--|-------------------|-------------------------------------|--|----------------------------------|---|
| | SUPPLIES E XPENSE 6.03 | GROSS REVE NUE 6.04 | /ACCOUNTS RECEIVABLE GROSS REVE NUE 6.05 | CILATION 6A.06 | NISTRATIVE ACCUM COST 6.06 | TENANCE & REPAIRS SQUARE FEE T 7 | OF PLANT SQUARE FEE T 8 | & LINEN SERVICE POUNDS OF LAUNDRY 9 |
| 1 ADMINISTRATIVE AND GENERAL | 4253 | | | | 71154 | 5720 | 5720 | 1 |
| 2 SKILLED NURSING CARE | | | | | 268506 | | | 2 |
| 3 PHYSICAL THERAPY | | | | | 51480 | | | 3 |
| 4 OCCUPATIONAL THERAPY | | | | | 19385 | | | 4 |
| 5 SPEECH PATHOLOGY | | | | | 4553 | | | 5 |
| 6 MEDICAL SOCIAL SERVICES | | | | | 73023 | | | 6 |
| 7 HOME HEALTH AIDE | | | | | | | | 7 |
| 8 SUPPLIES | | | | | | | | 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 | 4253 | | | | 488101 | 5720 | 5720 | 20 |
| 21 TOTAL COST TO BE ALLOCATED | 743 | | | | 104490 | 52418 | 139126 | 21 |
| 22 UNIT COST MULTIPLIER | .174700 | | | | .214075 | | 24.322727 | 22 |
| 22 UNIT COST MULTIPLIER | | | | | | 9.163986 | | 22 |

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7315

WORKSHEET H-5
 PART II

| HHA COST CENTER | HOUSE-KEEPING | DIETARY | CAFETERIA | MAIN-TENANCE & PERSONNEL | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY |
|---------------------------------|------------------|---------------------|--------------|--------------------------|------------------------|---------------------------|---------------|---------------------------|
| | HOURS OF SERVICE | MEALS SERVED TO PTS | MEALS SERVED | NUMBER HOURS | HOURS OF SERVICE | COSTED REQUIS | COSTED REQUIS | HOURS OF SERVICE |
| | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 1 ADMINISTRATIVE AND GENERAL | 972 | | 561 | | 10821 | 3047 | 29 | 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 | | | | | | | | 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 | 972 | | 561 | | 10821 | 3047 | 29 | 20 |
| 21 TOTAL COST TO BE ALLOCATED | 20874 | | 3815 | | 18902 | 3757 | 13 | 21 |
| 22 UNIT COST MULTIPLIER | 21.475309 | | 6.800357 | | 1.746789 | | .448276 | 22 |
| 22 UNIT COST MULTIPLIER | | | | | | 1.233016 | | 22 |

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7315

WORKSHEET H-5
 PART II

| HHA COST CENTER | SOCIAL SERVICE | NONPHYSIC. ANESTHET. | NURSING SCHOOL | I&R SALARY & FRINGES | I&R PROGRAM COSTS | PARAMED EDUCATION | |
|---------------------------------|------------------|----------------------|----------------|----------------------|-------------------|-------------------|-------|
| | HOURS OF SERVICE | S BLANK | NO ASSIGNMENT | ASSIGNED TIME | ASSIGNED TIME | ASSIGNED TIME | |
| | 18 | 20 | 21 | 22 | 23 | 24 | |
| 1 ADMINISTRATIVE AND GENERAL | | | | | | | 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 | | | | | | | 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 | | | | | | | 20 |
| 21 TOTAL COST TO BE ALLOCATED | | | | | | | 21 |
| 22 UNIT COST MULTIPLIER | | | | | | | 22 |
| 22 UNIT COST MULTIPLIER | | | | | | | 22 |

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7315

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 | 2 | 535467 | | 535467 | 3907 | 137.05 | 1 |
| 2 | PHYSICAL THERAPY | 3 | 102665 | | 102665 | 1006 | 102.05 | 2 |
| 3 | OCCUPATIONAL THERAPY | 4 | 38659 | | 38659 | 304 | 127.17 | 3 |
| 4 | SPEECH PATHOLOGY | 5 | 9080 | | 9080 | 100 | 90.80 | 4 |
| 5 | MEDICAL SOCIAL SERV | 6 | 145625 | | 145625 | 60 | 2427.08 | 5 |
| 6 | HOME HEALTH AIDE SERV | 7 | | | | | | 6 |
| 7 | TOTAL | | 831496 | | 831496 | 5377 | | 7 |

| LIMITATION COST COMPUTATION | | MSA | | | | PROGRAM | |
|-----------------------------|-----------------------|-----|---|---|---|----------------|----|
| PATIENT SERVICES | | NO. | | | | COST LIMITS | |
| | | 1 | 2 | 3 | 4 | 5 | |
| 8 | SKILLED NURSING CARE | | | | | | 8 |
| 9 | PHYSICAL THERAPY | | | | | | 9 |
| 10 | OCCUPATIONAL THERAPY | | | | | | 10 |
| 11 | SPEECH PATHOLOGY | | | | | | 11 |
| 12 | MEDICAL SOCIAL SERV | | | | | | 12 |
| 13 | HOME HEALTH AIDE SERV | | | | | | 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 | 8 | | | | 5312 | | 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 | | | 17 |
| 18 | PER BENEFICIARY COST LIMITATION | | | 18 |
| 19 | PER BENEFICIARY COST LIMITATION | | | 19 |

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7315

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 | |
| REASONABLE COST OF PROGRAM SERVICES | | | | 1 |
| 1 REASONABLE COST OF SERVICES | | | | 1 |
| 2 TOTAL CHARGES | | | | 2 |
| CUSTOMARY CHARGES | | | | |
| 3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | | | | 3 |
| 4 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 |
| 5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000) | | | | 5 |
| 6 TOTAL CUSTOMARY CHARGES | | | | 6 |
| 7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST | | | | 7 |
| 8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES | | | | 8 |
| 9 PRIMARY PAYOR PAYMENTS | | | | 9 |

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

| DESCRIPTION | PART A SERVICES 1 | PART B SERVICES 2 | |
|--|-------------------------|-------------------------|-------|
| | | | |
| 10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS | 162120 | 108039 | 10.01 |
| 10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS | | | 10.02 |
| 10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES | 318 | 320 | 10.03 |
| 10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES | | | 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 | | | 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 | 162438 | 108359 | 12 |
| 13 EXCESS REASONABLE COST | | | 13 |
| 14 SUBTOTAL | 162438 | 108359 | 14 |
| 15 COINSURANCE BILLED TO PROGRAM PATIENTS | | | 15 |
| 16 NET COST | 162438 | 108359 | 16 |
| 17 REIMBURSABLE BAD DEBTS | | | 17 |
| 17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | | | 17.01 |
| 18 TOTAL COSTS - CURRENT COST REPORTING PERIOD | 162438 | 108359 | 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 | 162438 | 108359 | 22 |
| 23 SEQUESTRATION ADJUSTMENT | | | 23 |
| 24 SUBTOTAL | 162438 | 108359 | 24 |
| 25 TOTAL INTERIM PAYMENTS | 162438 | 108359 | 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.: 14-7315

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 | | 162438 | | 108359 | 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 | | | | 3.02 |
| REVISION OF THE INTERIM RATE FOR THE COST | TO | | | | 3.03 |
| REPORTING PERIOD. ALSO SHOW DATE OF EACH | PROVIDER | NONE | | NONE | 3.04 |
| PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | | | | | 3.05 |
| | | | | | 3.50 |
| | PROVIDER | | | | 3.51 |
| | TO | | | | 3.52 |
| | PROGRAM | NONE | | NONE | 3.53 |
| | | | | | 3.54 |
| SUBTOTAL | | | | | 3.99 |
| 4 TOTAL INTERIM PAYMENTS | | 162438 | | 108359 | 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 | | | | 5.02 |
| | PROVIDER | NONE | | NONE | 5.03 |
| | PROVIDER | | | | 5.50 |
| | TO | | | | 5.51 |
| | PROGRAM | NONE | | NONE | 5.52 |
| SUBTOTAL | | | | | 5.99 |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT. | PROGRAM TO | | | | 6.01 |
| | PROVIDER | .01 | | | 6.01 |
| | PROVIDER TO | .02 | | | 6.02 |
| | PROGRAM | | | | |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | 162438 | | 108359 | 7 |

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

| | HOSPITAL (14-0066) | HOSPITAL (14-0066) | SUB I | SUB II | SUB III |
|---|-----------------------|-----------------------|-------|--------|---|
| | 1 | 1.01 | | | |
| PART I - FULLY PROSPECTIVE METHOD | | | | | |
| 1 | | | | | 1 |
| | | | | | CAPITAL FEDERAL AMOUNT |
| 2 | | | | | 2 |
| | | | | | CAPITAL DRG OTHER THAN OUTLIER |
| 3 | 155966 | | | | 3 |
| | | | | | CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997 |
| 3.01 | | | | | 3.01 |
| | | | | | CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997 |
| 4 | | | | | 4 |
| | | | | | INDIRECT MEDICAL EDUCATION ADJUSTMENT |
| | | | | | TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18] [E,PT A,LN.3.17][x E-3,PT VI,LN.1] |
| 4.01 | | 0.00 | | 0.00 | 4.01 |
| | | | | | NO. OF INTERNS & RESIDENTS |
| 4.02 | | | | | 4.02 |
| | | | | | INDIRECT MEDICAL EDUCATION PERCENTAGE |
| 4.03 | | | | | 4.03 |
| | | | | | INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT |
| 5 | | | | | 5 |
| | | | | | % OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS |
| 5.01 | | | | | 5.01 |
| | | | | | % OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I |
| 5.02 | | | | | 5.02 |
| | | | | | SUM OF LINES 5 AND 5.01 |
| 5.03 | | | | | 5.03 |
| | | | | | ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE |
| 5.04 | | | | | 5.04 |
| | | | | | DISPROPORTIONATE SHARE ADJUSTMENT |
| 6 | | | | | 6 |
| | | | | | TOTAL PROSPECTIVE CAPITAL PAYMENTS |
| PART II - HOLD HARMLESS METHOD | | | | | |
| 1 | | | | | 1 |
| | | | | | NEW CAPITAL |
| 2 | | | | | 2 |
| | | | | | OLD CAPITAL |
| 3 | | | | | 3 |
| | | | | | TOTAL CAPITAL |
| 4 | | | | | 4 |
| | | | | | RATIO OF NEW CAPITAL TO TOTAL CAPITAL |
| 5 | | | | | 5 |
| | | | | | TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE |
| 6 | | | | | 6 |
| | | | | | REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT |
| 7 | | | | | 7 |
| | | | | | REDUCED OLD CAPITAL AMOUNT |
| 8 | | | | | 8 |
| | | | | | HOLD HARMLESS PAYMENT FOR NEW CAPITAL |
| 9 | | | | | 9 |
| | | | | | SUBTOTAL |
| 10 | | | | | 10 |
| | | | | | PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9) |
| PART III - PAYMENT UNDER REASONABLE COST | | | | | |
| 1 | | | | | 1 |
| | | | | | PROGRAM INPATIENT ROUTINE CAPITAL COST |
| 2 | | | | | 2 |
| | | | | | PROGRAM INPATIENT ANCILLARY CAPITAL COST |
| 3 | | | | | 3 |
| | | | | | TOTAL INPATIENT PROGRAM CAPITAL |
| 4 | | | | | 4 |
| | | | | | CAPITAL COST PAYMENT FACTOR |
| 5 | | | | | 5 |
| | | | | | TOTAL INPATIENT PROGRAM CAPITAL COST |
| PART IV - COMPUTATION OF EXCEPTION PAYMENTS | | | | | |
| 1 | | | | | 1 |
| | | | | | PROGRAM INPATIENT CAPITAL COSTS |
| 2 | | | | | 2 |
| | | | | | PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES |
| 3 | | | | | 3 |
| | | | | | NET PROGRAM INPATIENT CAPITAL COSTS |
| 4 | | | | | 4 |
| | | | | | APPLICABLE EXCEPTION PERCENTAGE |
| 5 | | | | | 5 |
| | | | | | CAPITAL COST FOR COMPARISON TO PAYMENTS |
| 6 | | | | | 6 |
| | | | | | PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES |
| 7 | | | | | 7 |
| | | | | | ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES |
| 8 | | | | | 8 |
| | | | | | CAPITAL MINIMUM PAYMENT LEVEL |
| 9 | | | | | 9 |
| | | | | | CURRENT YEAR CAPITAL PAYMENTS |
| 10 | | | | | 10 |
| | | | | | CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS |
| 11 | | | | | 11 |
| | | | | | CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT |
| 12 | | | | | 12 |
| | | | | | NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS |
| 13 | | | | | 13 |
| | | | | | CURRENT YEAR EXCEPTION PAYMENT |
| 14 | | | | | 14 |
| | | | | | CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD |
| 15 | | | | | 15 |
| | | | | | CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS) |
| 16 | | | | | 16 |
| | | | | | CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS) |
| 17 | | | | | 17 |
| | | | | | CURRENT YEAR EXCEPTION OFFSET AMOUNT |

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 |
| 4.01 NEW CAP REL COSTS-MOB | | | | | 4.01 |
| 5 EMPLOYEE BENEFITS | | | | | 5 |
| 6.01 NONPATIENT TELEPHONES | | | | | 6.01 |
| 6.02 DATA PROCESSING | | | | | 6.02 |
| 6.03 PURCHASING, RECEIVINGAND STORES | | | | | 6.03 |
| 6.04 ADMITTING | | | | | 6.04 |
| 6.05 CASHIERING/ACCOUNTS RECEIVABLE | | | | | 6.05 |
| 6.06 OTHER GENERAL AND ADMINISTRATIV | | | | | 6.06 |
| 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 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 37 OPERATING ROOM | | | | | 37 |
| 40 ANESTHESIOLOGY | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | 41 |
| 44 LABORATORY | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | 50 |
| 50.01 INDUSTRIAL MEDICINE | | | | | 50.01 |
| 51 OCCUPATIONAL THERAPY | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | | | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | 56 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 60 CLINIC | | | | | 60 |
| 60.01 PARTIAL HOSPITALIZATION | | | | | 60.01 |
| 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 |
| 95 SUBTOTALS | | | | | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | |
| 96 GIFT, FLOWER, COFFEE SHOP & CAN | | | | | 96 |
| 98 PHYSICIANS' PRIVATE OFFICES | | | | | 98 |
| 00 OTHER NONREIMBURSABLE COST CENT | | | | | 00 |

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 | |
| 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 | 29.72 | | | | | 29.72 25 |
| 26 | INTENSIVE CARE UNIT | 45.12 | | | | | 45.12 26 |
| UTILIZATION PERCENTAGES BASED ON CHARGES | | | | | | | |
| 37 | OPERATING ROOM | 4.38 | 6.66 | | | | 11.04 37 |
| 40 | ANESTHESIOLOGY | 3.92 | 9.19 | | | | 13.11 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | 5.05 | 8.69 | | | | 13.74 41 |
| 44 | LABORATORY | 10.75 | 0.19 | | | | 10.94 44 |
| 49 | RESPIRATORY THERAPY | 36.80 | 16.06 | | | | 52.86 49 |
| 50 | PHYSICAL THERAPY | 13.69 | | | | | 13.69 50 |
| 53 | ELECTROCARDIOLOGY | 7.46 | 7.65 | | | | 15.11 53 |
| 54 | ELECTROENCEPHALOGRAPHY | 36.51 | | | | | 36.51 54 |
| 55 | MEDICAL SUPPLIES CHARGED TO PAT | 25.63 | 20.97 | | | | 46.60 55 |
| 56 | DRUGS CHARGED TO PATIENTS | 6.68 | 7.59 | | | | 14.27 56 |
| 60 | CLINIC | | 0.01 | | | | 0.01 60 |
| 60.01 | PARTIAL HOSPITALIZATION | | 74.57 | | | | 74.57 60.01 |
| 61 | EMERGENCY | 2.30 | 4.39 | | | | 6.69 61 |
| 62 | OBSERVATION BEDS (NON-DISTINCT | 1.30 | 4.14 | | | | 5.44 62 |
| 101 | TOTAL CHARGES | 5.75 | 5.16 | | | | 10.91 101 |

| COST CENTER | --- DIRECT COSTS --- | | -- ALLOCATED OVERHEAD -- | | --- TOTAL COSTS --- | | |
|-------------------------------------|----------------------------------|---------|--------------------------|----------|---------------------|---------|-------|
| | AMOUNT | % | AMOUNT | % | AMOUNT | % | |
| GENERAL SERVICE COST CENTERS | | | | | | | |
| 1 | OLD CAP REL COSTS-BLDG & FIXT | 453214 | 1.71 | -453214 | -3.08 | | 1 |
| 2 | OLD CAP REL COSTS-MVBLE EQUIP | 28331 | .11 | -28331 | -.19 | | 2 |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 275281 | 1.04 | -275281 | -1.87 | | 3 |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 245447 | .93 | -245447 | -1.67 | | 4 |
| 4.01 | NEW CAP REL COSTS-MOB | 89898 | .34 | -89898 | -.61 | | 4.01 |
| 5 | EMPLOYEE BENEFITS | 2520755 | 9.52 | -2520755 | -17.13 | | 5 |
| 6.01 | NONPATIENT TELEPHONES | 162548 | .61 | -162548 | -1.10 | | 6.01 |
| 6.02 | DATA PROCESSING | 549125 | 2.07 | -549125 | -3.73 | | 6.02 |
| 6.03 | PURCHASING, RECEIVING AND STORES | 107226 | .40 | -107226 | -.73 | | 6.03 |
| 6.04 | ADMITTING | 400178 | 1.51 | -400178 | -2.72 | | 6.04 |
| 6.05 | CASHIERING/ACCOUNTS RECEIVABLE | 554014 | 2.09 | -554014 | -3.76 | | 6.05 |
| 6.06 | OTHER GENERAL AND ADMINISTRATIV | 4202747 | 15.87 | -4202747 | -28.55 | | 6.06 |
| 7 | MAINTENANCE & REPAIRS | 662066 | 2.50 | -662066 | -4.50 | | 7 |
| 8 | OPERATION OF PLANT | 1727550 | 6.52 | -1727550 | -11.74 | | 8 |
| 9 | LAUNDRY & LINEN SERVICE | 33984 | .13 | -33984 | -.23 | | 9 |
| 10 | HOUSEKEEPING | 628590 | 2.37 | -628590 | -4.27 | | 10 |
| 11 | DIETARY | 661746 | 2.50 | -661746 | -4.50 | | 11 |
| 12 | CAFETERIA | 59572 | .22 | -59572 | -.40 | | 12 |
| 13 | MAINTENANCE OF PERSONNEL | | | | | | 13 |
| 14 | NURSING ADMINISTRATION | 347225 | 1.31 | -347225 | -2.36 | | 14 |
| 15 | CENTRAL SERVICES & SUPPLY | 77641 | .29 | -77641 | -.53 | | 15 |
| 16 | PHARMACY | 383776 | 1.45 | -383776 | -2.61 | | 16 |
| 17 | MEDICAL RECORDS & LIBRARY | 506143 | 1.91 | -506143 | -3.44 | | 17 |
| 18 | SOCIAL SERVICE | 42321 | .16 | -42321 | -.29 | | 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 | 2255050 | 8.51 | 2984875 | 20.28 | 5239925 | 19.78 |
| 26 | INTENSIVE CARE UNIT | 444542 | 1.68 | 294723 | 2.00 | 739265 | 2.79 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 | OPERATING ROOM | 380059 | 1.43 | 398605 | 2.71 | 778664 | 2.94 |
| 40 | ANESTHESIOLOGY | 5094 | .02 | 37669 | .26 | 42763 | .16 |
| 41 | RADIOLOGY-DIAGNOSTIC | 806717 | 3.05 | 995972 | 6.77 | 1802689 | 6.80 |
| 44 | LABORATORY | 1190232 | 4.49 | 1102289 | 7.49 | 2292521 | 8.65 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN CO | | | | | | 46.30 |
| 49 | RESPIRATORY THERAPY | 406145 | 1.53 | 416091 | 2.83 | 822236 | 3.10 |
| 50 | PHYSICAL THERAPY | 51969 | .20 | 60807 | .41 | 112776 | .43 |
| 50.01 | INDUSTRIAL MEDICINE | | | | | | 50.01 |
| 51 | OCCUPATIONAL THERAPY | | | | | | 51 |
| 52 | SPEECH PATHOLOGY | | | | | | 52 |
| 53 | ELECTROCARDIOLOGY | 59360 | .22 | 97739 | .66 | 157099 | .59 |
| 54 | ELECTROENCEPHALOGRAPHY | 1249 | .00 | 23089 | .16 | 24338 | .09 |
| 55 | MEDICAL SUPPLIES CHARGED TO PAT | 124618 | .47 | 189226 | 1.29 | 313844 | 1.18 |

| COST CENTER | --- DIRECT COSTS --- | | -- ALLOCATED OVERHEAD -- | | --- TOTAL COSTS --- | | |
|---------------------------------------|----------------------|--------|--------------------------|-------|---------------------|--------|-------|
| | AMOUNT | % | AMOUNT | % | AMOUNT | % | |
| 56 DRUGS CHARGED TO PATIENTS | 1547779 | 5.84 | 1401911 | 9.52 | 2949690 | 11.13 | 56 |
| 60 CLINIC | 819614 | 3.09 | 844486 | 5.74 | 1664100 | 6.28 | 60 |
| 60.01 PARTIAL HOSPITALIZATION | 194407 | .73 | 316066 | 2.15 | 510473 | 1.93 | 60.01 |
| 61 EMERGENCY | 2999133 | 11.32 | 3082190 | 20.94 | 6081323 | 22.96 | 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 | 365921 | 1.38 | 465575 | 3.16 | 831496 | 3.14 | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | | 85.03 |
| NONREIMBURSABLE COST CENTERS | | | | | | | |
| 96 GIFT, FLOWER, COFFEE SHOP & CAN | 88499 | .33 | 73522 | .50 | 162021 | .61 | 96 |
| 98 PHYSICIANS' PRIVATE OFFICES | 2219 | .01 | 64108 | .44 | 66327 | .25 | 98 |
| 100 OTHER NONREIMBURSABLE COST CENT | 28680 | .11 | 1870435 | 12.71 | 1899115 | 7.17 | 100 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | 102 |
| 103 TOTAL | 26490665 | 100.00 | 0 | .00 | 26490665 | 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 | 72206 | 1095608 | .065905 | 47977 | 3162 | 37 |
| 40 ANESTHESIOLOGY | 14628 | 217516 | .067250 | 8522 | 573 | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | 111932 | 5988868 | .018690 | 302449 | 5653 | 41 |
| 44 LABORATORY | 71369 | 8599318 | .008299 | 924293 | 7671 | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | 46.30 |
| 49 RESPIRATORY THERAPY | 31146 | 1062013 | .029327 | 390872 | 11463 | 49 |
| 50 PHYSICAL THERAPY | 10159 | 132037 | .076941 | 18071 | 1391 | 50 |
| 50.01 INDUSTRIAL MEDICINE | | | | | | 50.01 |
| 51 OCCUPATIONAL THERAPY | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | 10485 | 744981 | .014074 | 55555 | 782 | 53 |
| 54 ELECTROENCEPHALOGRAPHY | 1185 | 13245 | .089468 | 4836 | 433 | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | 17673 | 314078 | .056269 | 80507 | 4530 | 55 |
| 56 DRUGS CHARGED TO PATIENTS | 41465 | 12572897 | .003298 | 839361 | 2768 | 56 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 60 CLINIC | 66120 | 3079060 | .021474 | | | 60 |
| 60.01 PARTIAL HOSPITALIZATION | 26890 | 396154 | .067878 | | | 60.01 |
| 61 EMERGENCY | 123862 | 9566196 | .012948 | 220226 | 2851 | 61 |
| 62 OBSERVATION BEDS (NON-DISTINCT | 980 | 70560 | .013889 | 920 | 13 | 62 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 63.50 RHC | | | | | | 63.50 |
| 63.60 FQHC | | | | | | 63.60 |
| 101 TOTAL | 600100 | 43852531 | | 2893589 | 41290 | 101 |

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

| COST CENTER DESCRIPTION | CAPITAL | SWING-BED | TOTAL | TOTAL | PER | INPATIENT | MEDICARE |
|--|---------|------------|--------|---------|-------|-----------|-------------|
| | RELATED | ADJUSTMENT | | PATIENT | | | INPATIENT |
| | COSTS | AMOUNT | COST | DAYS | DIEM | PROGRAM | PPS CAPITAL |
| | 1 | 2 | 3 | 4 | 5 | DAYS | COSTS |
| | | | | | | 6 | 7 |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | | |
| 25 ADULTS & PEDIATRICS | 185322 | | 185322 | 7561 | 24.51 | 2247 | 55074 25 |
| 26 INTENSIVE CARE UNIT | 22569 | | 22569 | 379 | 59.55 | 171 | 10183 26 |
| 101 TOTAL | 207891 | | 207891 | | | 2418 | 65257 101 |

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS

65257

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS

41290

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS

106547

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) | 2914002 |
| 2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT) | 4928929 |
| 3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2) | .591 |

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) | 106547 |
| 2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2) | .022 |

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) | 1299906 |
| 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) | 2596999 |
| 3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2) | .501 |