

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

WORKSHEET S  
 PARTS I & II

INTERMEDIARY [ ] AUDITED DATE RECEIVED \_\_\_\_\_ [ XX ] INITIAL [ ] RE-OPENING  
 USE ONLY: [ ] DESK REVIEWED INTERMEDIARY NO. \_\_\_\_\_ [ ] FINAL [ XX ] MCR CODE 1

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 NORTHERN ILLINOIS MEDICAL CENTER (14-0116) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2007 AND ENDING 06/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) \_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

|                                      | TITLE V<br>1 | TITLE XVIII |             | TITLE XIX<br>4 |      |
|--------------------------------------|--------------|-------------|-------------|----------------|------|
|                                      |              | PART A<br>2 | PART B<br>3 |                |      |
| 1 HOSPITAL                           |              | 9905        | 45585       |                | 1    |
| 2 SUBPROVIDER I                      |              | -7769       |             |                | 2    |
| 2.01 SUBPROVIDER II                  |              | 613         |             |                | 2.01 |
| 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                            |              | 2749        | 45585       |                | 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  
 (CONTINUED)

OTHER INFORMATION

|       |   |      |    |       |
|-------|---|------|----|-------|
| 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)   | NO   | NO | 25.05 |
| 25.06 | HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)  | NO   | NO | 25.06 |
| 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: 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 |
|       | 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) |      |    |       |
| 28.03 | STAFFING  | 0.00 | N  | 28.03 |
| 28.04 | RECRUITMENT   | 0.00 | N  | 28.04 |
| 28.05 | RETENTION OF EMPLOYEES  | 0.00 | N  | 28.05 |
| 28.06 | TRAINING  | 0.00 | N  | 28.06 |
| 28.07 | OTHER (SPECIFY)   |      |    | 28.07 |
| 29    | IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?  | NO   |    | 29    |
| 30    | DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.  | NO   |    | 30    |
| 30.01 | IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.  |      |    | 30.01 |
| 30.02 | IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?  |      |    | 30.02 |
| 30.03 | IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)  |      |    | 30.03 |
| 30.04 | IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.  |      |    | 30.04 |
| 31    | IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).   | NO   |    | 31    |
| 31.01 | IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).   | NO   |    | 31.01 |
| 31.02 | IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).  | NO   |    | 31.02 |

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

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    |
| 35.01 | HAVE YOU ESTABLISHED A NEW SUBPROVIDER II (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)?   | NO |  |  | 35.01 |

|       |  |    |       |     |       |
|-------|--|----|-------|-----|-------|
|       |  | V  | XVIII | XIX |       |
|       |  | 1  | 2     | 3   |       |
| 36    | DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?                                      | NO | YES   | NO  | 36    |
| 36.01 | DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320? | NO | YES   | NO  | 36.01 |
| 37    | DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?  | NO | NO    | NO  | 37    |
| 37.01 | IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?                  |    |       |     | 37.01 |

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 | 14H122                    |  | 40    |
| 40.01 | NAME: NAME: CENTEGRA HEALTH SYST FI/CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICEFI/CONTRACTOR'S NUMBER:  |     |                           |  | 40.01 |
| 40.02 | STREET: STREET: STREET: 385 MILLENNIUM DR  |     | P.O.BOX:                  |  | 40.02 |
| 40.03 | CITY: CRYSTAL LAKE   |     | STATE: IL ZIP CODE: 60012 |  | 40.03 |
| 41    | ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?  | YES |                           |  | 41    |
| 42    | ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?   | NO  |                           |  | 42    |
| 42.01 | ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?   | NO  |                           |  | 42.01 |
| 42.02 | ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?   | NO  |                           |  | 42.02 |
| 43    | ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?  | NO  |                           |  | 43    |
| 44    | IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?  | NO  |                           |  | 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    |
| 48.01 | SUBPROVIDER II           | N      | N              | N                    | N                     | 48.01 |
| 49    | SKILLED NURSING FACILITY | N      | N              |                      |                       | 49    |
| 50    | HOME HEALTH AGENCY       | N      | N              |                      |                       | 50    |

|       |   |    |  |  |       |
|-------|---|----|--|--|-------|
| 52    | DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?   | NO |  |  | 52    |
| 52.01 | IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.   | NO |  |  | 52.01 |
| 53    | IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. |    |  |  | 53    |
| 53.01 | MDH PERIOD: BEGINNING: ENDING:  |    |  |  | 53.01 |
| 54    | LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 2609303 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.  | NO |  |  | 54.01 |
| 55    | DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.  | NO |  |  | 55    |

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

|             |   | DATE | Y/N | LIMIT  | Y/N      | FEE\$ |                |
|-------------|---|------|-----|--------|----------|-------|----------------|
|             |   | 0    | 1   | 2      | 3        | 4     |                |
| 56          | ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.   | / /  | NO  | 0.00   | NO       |       | 56             |
| 57          | ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?   |      | NO  |        |          |       | 57             |
| 58          | ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.   |      | YES |        |          |       | 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) |      | NO  |        |          |       | 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             |
| 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)   |      | YES | 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.)                                    |      | NO  |        |          |       | 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/<br>CAMPUS |
|             | 1   |      |     | 2      | 3        | 4     | 5              |





HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

| -----DISCHARGES-----  |                  |                      |                    |                             |
|---|------------------|----------------------|--------------------|-----------------------------|
| COMPONENT   | TITLE<br>V<br>12 | TITLE<br>XVIII<br>13 | TITLE<br>XIX<br>14 | TOTAL ALL<br>PATIENTS<br>15 |
| 1 HOSPITAL ADULTS & PEDS, EXCL.<br>SWING BED, OBSERV & HOSPICE DAYS |                  | 4807                 | 1001               | 10805                       |
| 2 HMO XIX   |                  |                      |                    | 2                           |
| 3 HOSPITAL ADULTS & PEDS -<br>SWING BED SNF                         |                  |                      |                    | 3                           |
| 4 HOSPITAL ADULTS & PEDS -<br>SWING BED NF                          |                  |                      |                    | 4                           |
| 5 TOTAL ADULTS & PEDS<br>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   |                  | 4807                 | 1001               | 10805                       |
| 13 RPCH VISITS  |                  |                      |                    | 13                          |
| 14 SUBPROVIDER I  |                  | 207                  | 6                  | 306                         |
| 14.01 INPATIENT PSYCHIATRY SUBPROVI                                 |                  |                      |                    | 14.01                       |
| 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 | ADJUSTED SALARIES | PAID HOURS RELATED TO SALARY | AVERAGE HOURLY WAGE | DATA SOURCE | WORKSHEET S-3 PART II |
|--|-----------------|----------------------|-------------------|------------------------------|---------------------|-------------|-----------------------|
|  |                 | FROM WKST. A-6       | (COL.1 + COL.2)   | IN COL.3                     | (COL.3 / COL.4)     |             |                       |
|  | 1               | 2                    | 3                 | 4                            | 5                   | 6           |                       |
| 1 SALARIES                                   |                 |                      |                   |                              |                     |             |                       |
| 2 TOTAL SALARIES                             | 82587399        | -14133161            | 68454238          | 2376354.00                   | 28.81               |             | 1                     |
| 3 NON-PHYSICIAN ANESTHETIST PART A           |                 |                      |                   |                              |                     |             | 2                     |
| 4 NON-PHYSICIAN ANESTHETIST PART B           |                 |                      |                   |                              |                     |             | 3                     |
| 5 PHYSICIAN - PART A                         |                 |                      |                   |                              |                     |             | 4                     |
| 4.01 TEACHING PHYSICIAN SALARIES             |                 |                      |                   |                              |                     |             | 4.01                  |
| 6 PHYSICIAN - PART B                         |                 |                      |                   |                              |                     |             | 5                     |
| 5.01 NON-PHYSICIAN - PART B                  |                 |                      |                   |                              |                     |             | 5.01                  |
| 7 INTERNS & RESIDENTS (IN APPR PGM)          |                 |                      |                   |                              |                     |             | 6                     |
| 6.01 CONTRACT SERVICES, I&R                  |                 |                      |                   |                              |                     |             | 6.01                  |
| 8 HOME OFFICE PERSONNEL                      |                 |                      |                   |                              |                     |             | 7                     |
| 9 SNF  |                 |                      |                   |                              |                     |             | 8                     |
| 8.01 EXCLUDED AREA SALARIES                  | 4871232         | 40772                | 4912004           | 117548.00                    | 41.79               |             | 8.01                  |
| 10 OTHER WAGES & RELATED COSTS               |                 |                      |                   |                              |                     |             |                       |
| 9 CONTRACT LABOR                             | 1883889         |                      | 1883889           | 27783.00                     | 67.81               |             | 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          |                 |                      |                   |                              |                     |             | 10                    |
| 10.01 TEACHING PHYSICIAN UNDER CONTRACT      |                 |                      |                   |                              |                     |             | 10.01                 |
| 11 HOME OFFICE SALARIES & WAGE REL COSTS     | 12330102        |                      | 12330102          | 283805.00                    | 43.45               |             | 11                    |
| 12 HOME OFFICE: PHYSICIAN PART A             |                 |                      |                   |                              |                     |             | 12                    |
| 12.01 TEACHING PHYSICIAN SALARIES            |                 |                      |                   |                              |                     |             | 12.01                 |
| 13 WAGE-RELATED COSTS                        |                 |                      |                   |                              |                     |             |                       |
| 14 WAGE RELATED COSTS (CORE)                 | 16831567        |                      | 16831567          |                              |                     | CMS 339     | 13                    |
| 15 WAGE RELATED COSTS (OTHER)                |                 |                      |                   |                              |                     | CMS 339     | 14                    |
| 16 EXCLUDED AREAS                            | 1084570         |                      | 1084570           |                              |                     | CMS 339     | 15                    |
| 17 NON-PHYSICIAN ANESTHETIST PART A          |                 |                      |                   |                              |                     | CMS 339     | 16                    |
| 18 NON-PHYSICIAN ANESTHETIST PART B          |                 |                      |                   |                              |                     | CMS 339     | 17                    |
| 19 PHYSICIAN PART A                          |                 |                      |                   |                              |                     | CMS 339     | 18                    |
| 18.01 PART A TEACHING PHYSICIANS             |                 |                      |                   |                              |                     | CMS 339     | 18.01                 |
| 20 PHYSICIAN PART B                          |                 |                      |                   |                              |                     | CMS 339     | 19                    |
| 19.01 WAGE RELATED COSTS (RHC/FQHC)          |                 |                      |                   |                              |                     | CMS 339     | 19.01                 |
| 21 INTERNS & RESIDENTS (IN APPR PGM)         |                 |                      |                   |                              |                     | CMS 339     | 20                    |
| 22 OVERHEAD COSTS - DIRECT SALARIES          |                 |                      |                   |                              |                     |             |                       |
| 23 EMPLOYEE BENEFITS                         | 914965          | -914179              | 786               | 47.57                        | 16.52               |             | 21                    |
| 24 ADMINISTRATIVE & GENERAL                  | 15786083        | -13191176            | 2594907           | 119539.78                    | 21.71               |             | 22                    |
| 22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT | 65829           |                      | 65829             | 3124.00                      | 21.07               |             | 22.01                 |
| 25 MAINTENANCE & REPAIRS                     | 798325          | 8869                 | 807194            | 35701.00                     | 22.61               |             | 23                    |
| 26 OPERATION OF PLANT                        | 923290          | 7922                 | 931212            | 26334.00                     | 35.36               |             | 24                    |
| 27 LAUNDRY & LINEN SERVICE                   | 52805           | 740                  | 53545             | 3869.00                      | 13.84               |             | 25                    |
| 28 HOUSEKEEPING                              | 1472701         | 16319                | 1489020           | 111992.00                    | 13.30               |             | 26                    |
| 26.01 HOUSEKEEPING UNDER CONTRACT            |                 |                      |                   |                              |                     |             | 26.01                 |
| 29 DIETARY                                   | 1757881         | -900997              | 856884            | 47806.00                     | 17.92               |             | 27                    |
| 27.01 DIETARY UNDER CONTRACT                 |                 |                      |                   |                              |                     |             | 27.01                 |
| 30 CAFETERIA                                 |                 | 916205               | 916205            | 52040.00                     | 17.61               |             | 28                    |
| 31 MAINTENANCE OF PERSONNEL                  |                 |                      |                   |                              |                     |             | 29                    |
| 32 NURSING ADMINISTRATION                    | 1344001         | 11033                | 1355034           | 32672.00                     | 41.47               |             | 30                    |
| 33 CENTRAL SERVICES AND SUPPLY               | 450023          | 6006                 | 456029            | 25673.00                     | 17.76               |             | 31                    |
| 34 PHARMACY                                  | 2336314         | 26686                | 2363000           | 63943.00                     | 36.95               |             | 32                    |
| 35 MEDICAL RECORDS & MEDICAL RECORDS LIBR    | 1511561         | 17879                | 1529440           | 75490.00                     | 20.26               |             | 33                    |
| 36 SOCIAL SERVICE                            |                 |                      |                   |                              |                     |             | 34                    |
| 37 OTHER GENERAL SERVICE                     |                 |                      |                   |                              |                     |             | 35                    |

HOSPITAL WAGE INDEX INFORMATION

| PART III - HOSPITAL WAGE INDEX SUMMARY    | AMOUNT REPORTED | RECLASS. OF SALARIES | ADJUSTED SALARIES | PAID HOURS RELATED TO SALARY | AVERAGE HOURLY WAGE | DATA SOURCE | WORKSHEET S-3 PART III |
|---|-----------------|----------------------|-------------------|------------------------------|---------------------|-------------|------------------------|
|   |                 | FROM WKST. A-6       | (COL.1 + COL.2)   | IN COL.3                     | (COL.3 / COL.4)     |             |                        |
|   | 1               | 2                    | 3                 | 4                            | 5                   | 6           |                        |
| 1 NET SALARIES                            | 82587399        | -14133161            | 68454238          | 2376354.00                   | 28.81               |             | 1                      |
| 2 EXCLUDED AREA SALARIES                  | 4871232         | 40772                | 4912004           | 117548.00                    | 41.79               |             | 2                      |
| 3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2) | 77716167        | -14173933            | 63542234          | 2258806.00                   | 28.13               |             | 3                      |
| 4 SUBTOTAL OTHER WAGES & REL COSTS        | 14213991        |                      | 14213991          | 311588.00                    | 45.62               |             | 4                      |
| 5 SUBTOTAL WAGE-RELATED COSTS             | 16831567        |                      | 16831567          |                              | 26.49%              |             | 5                      |
| 6 TOTAL (SUM OF LINES 3 THRU 5)           | 108761725       | -14173933            | 94587792          | 2570394.00                   | 36.80               |             | 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                   | 27413778        | -13994693            | 13419085          | 598231.35                    | 22.43               |             | 13                     |

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7455

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

| DESCRIPTION                 | TITLE V<br>1 | TITLE XVIII<br>2 | TITLE XIX<br>3 | OTHER<br>4 | TOTAL<br>5 |   |
|-----------------------------|--------------|------------------|----------------|------------|------------|---|
| 1 HOME HEALTH AIDE HOURS    |              | 4487             |                | 1480       | 5967       | 1 |
| 2 UNDUPLICATED CENSUS COUNT |              | 886.00           |                | 292.00     | 1178.00    | 2 |

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

| ENTER THE NUMBER OF HOURS<br>IN YOUR NORMAL WORK WEEK: | STAFF<br>1 | CONTRACT<br>2 | TOTAL<br>3 |    |
|--|------------|---------------|------------|----|
| 40.00  |            |               |            |    |
| 3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)         |            |               |            | 3  |
| 4 DIRECTORS AND ASSISTANT DIRECTOR(S)                  |            |               |            | 4  |
| 5 OTHER ADMINISTRATIVE PERSONNEL                       |            | 12.64         | 12.64      | 5  |
| 6 DIRECT NURSING SERVICE                               |            | 9.18          | 9.18       | 6  |
| 7 NURSING SUPERVISOR                                   |            |               |            | 7  |
| 8 PHYSICAL THERAPY SERVICE                             |            | 5.95          | 5.95       | 8  |
| 9 PHYSICAL THERAPY SUPERVISOR                          |            |               |            | 9  |
| 10 OCCUPATIONAL THERAPY SERVICE                        |            | 2.82          | 2.82       | 10 |
| 11 OCCUPATIONAL THERAPY SUPERVISOR                     |            |               |            | 11 |
| 12 SPEECH PATHOLOGY SERVICE                            |            |               |            | 12 |
| 13 SPEECH PATHOLOGY SUPERVISOR                         |            |               |            | 13 |
| 14 MEDICAL SOCIAL SERVICE                              |            | .90           | .90        | 14 |
| 15 MEDICAL SOCIAL SERVICE SUPERVISOR                   |            |               |            | 15 |
| 16 HOME HEALTH AIDE                                    |            | 2.87          | 2.87       | 16 |
| 17 HOME HEALTH AIDE SUPERVISOR                         |            |               |            | 17 |
| 18 OTHER (SPECIFY)                                     |            |               |            | 18 |

HOME HEALTH AGENCY MSA CODES

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

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7455

WORKSHEET S-4  
 (CONTINUED)

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

|    | FULL EPISODES                        |                       |                       |                           | SCIC<br>WITHIN<br>A PEP<br>5 | SCIC ONLY<br>EPISODES<br>6 | TOTAL<br>7 |    |
|----|--------------------------------------|-----------------------|-----------------------|---------------------------|------------------------------|----------------------------|------------|----|
|    | WITHOUT<br>OUTLIERS<br>1             | WITH<br>OUTLIERS<br>2 | LUPA<br>EPISODES<br>3 | PEP ONLY<br>EPISODES<br>4 |                              |                            |            |    |
| 21 | SKILLED NURSING VISITS               | 6777                  | 1084                  | 258                       | 187                          | 92                         | 8398       | 21 |
| 22 | SKILLED NURSING VISIT CHARGES        | 930758                | 144976                | 35508                     | 25484                        | 11842                      | 1148568    | 22 |
| 23 | PHYSICAL THERAPY VISITS              | 7398                  | 217                   | 64                        | 105                          | 37                         | 7821       | 23 |
| 24 | PHYSICAL THERAPY VISIT CHARGES       | 969424                | 26474                 | 7881                      | 13248                        | 4514                       | 1021541    | 24 |
| 25 | OCCUPATIONAL THERAPY VISITS          | 2850                  | 155                   | 3                         | 46                           | 26                         | 3080       | 25 |
| 26 | OCCUPATIONAL THERAPY VISIT CHARGES   | 363103                | 18910                 | 439                       | 5831                         | 3172                       | 391455     | 26 |
| 27 | SPEECH PATHOLOGY VISITS              | 461                   | 151                   | 1                         | 2                            |                            | 615        | 27 |
| 28 | SPEECH PATHOLOGY VISIT CHARGES       | 61812                 | 19026                 | 126                       | 252                          |                            | 81216      | 28 |
| 29 | MEDICAL SOCIAL SERVICE VISITS        |                       |                       |                           |                              |                            |            | 29 |
| 30 | MEDICAL SOCIAL SERVICE VISIT CHARGES |                       |                       |                           |                              |                            |            | 30 |
| 31 | HOME HEALTH AIDE VISITS              | 3380                  | 117                   | 8                         | 26                           | 16                         | 3547       | 31 |
| 32 | HOME HEALTH AIDE VISIT CHARGES       | 246996                | 8073                  | 552                       | 1835                         | 1104                       | 258560     | 32 |
| 33 | TOTAL VISITS                         | 20866                 | 1724                  | 334                       | 366                          | 171                        | 23461      | 33 |
| 34 | OTHER CHARGES                        |                       |                       |                           |                              |                            |            | 34 |
| 35 | TOTAL CHARGES                        | 2572093               | 217459                | 44506                     | 46650                        | 20632                      | 2901340    | 35 |
| 36 | TOTAL NUMBER OF EPISODES             | 1016                  |                       | 123                       | 41                           | 5                          | 1185       | 36 |
| 37 | TOTAL NUMBER OF OUTLIER EPISODES     |                       | 26                    |                           |                              |                            | 26         | 37 |
| 38 | TOTAL MEDICAL SUPPLY CHARGES         | 104595                | 9170                  | 8453                      | 1944                         | 3411                       | 127573     | 38 |

NHCMQ DEMONSTRATION STATISTICAL DATA  
 STATISTICAL DATA

WORKSHEET S-7

| GROUP | M3PI<br>REVENUE<br>CODE | SERVICES<br>PRIOR TO JANUARY 1 |      | SERVICES<br>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   | 23920610 17    |
| 17.01 | GROSS MEDICAID REVENUES   | 40141205 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   | 64061815 22    |
| 23    | TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS  | 40141205 23    |
| 24    | COST TO CHARGE RATIO  | 0.307225 24    |
| 25    | TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST  | 12332382 25    |
| 26    | TOTAL SCHIP CHARGES FROM YOUR RECORDS   | 26             |
| 27    | TOTAL SCHIP COST  | 27             |
| 28    | TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS  | 40141205 28    |
| 29    | TOTAL GROSS MEDICAID COST   | 12332382 29    |
| 30    | OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)  | 23920610 30    |
| 31    | UNCOMPENSATED CARE COST   | 7349009 31     |
| 32    | TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL   | 24664764 32    |

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

| COST CENTER                         |                                      | SALARIES<br>1 | OTHER<br>2 | TOTAL<br>3 | RECLASSI-<br>FICATIONS<br>4 | RECLASS.<br>TRIAL<br>BALANCE<br>5 | ADJUST-<br>MENTS<br>6 | NET EXP<br>FOR<br>ALLOCATION<br>7 |       |
|-------------------------------------|--------------------------------------|---------------|------------|------------|-----------------------------|-----------------------------------|-----------------------|-----------------------------------|-------|
| GENERAL SERVICE COST CENTERS        |                                      |               |            |            |                             |                                   |                       |                                   |       |
| 1                                   | 0100 OLD CAP REL COSTS-BLDG & FIXT   |               |            |            |                             |                                   |                       |                                   | 1     |
| 2                                   | 0200 OLD CAP REL COSTS-MVBLE EQUIP   |               |            |            |                             |                                   |                       |                                   | 2     |
| 3                                   | 0300 NEW CAP REL COSTS-BLDG & FIXT   |               | 14795582   | 14795582   | -7957378                    | 6838204                           | -4492409              | 2345795                           | 3     |
| 4                                   | 0400 NEW CAP REL COSTS-MVBLE EQUIP   |               |            |            | 8183764                     | 8183764                           |                       | 8183764                           | 4     |
| 5                                   | 0500 EMPLOYEE BENEFITS               | 914965        | 16386513   | 17301478   | 451681                      | 17753159                          |                       | 17753159                          | 5     |
| 6                                   | 0600 ADMINISTRATIVE & GENERAL        | 15786083      | 27768019   | 43554102   | -2454516                    | 41099586                          | -11594081             | 29505505                          | 6     |
| 7                                   | 0700 MAINTENANCE & REPAIRS           | 798325        | 1950179    | 2748504    | 8819                        | 2757323                           |                       | 2757323                           | 7     |
| 8                                   | 0800 OPERATION OF PLANT              | 923290        | 823458     | 1746748    | 4157                        | 1750905                           | -203687               | 1547218                           | 8     |
| 9                                   | 0900 LAUNDRY & LINEN SERVICE         | 52805         | 648468     | 701273     | 740                         | 702013                            |                       | 702013                            | 9     |
| 10                                  | 1000 HOUSEKEEPING                    | 1472701       | 505020     | 1977721    | 16259                       | 1993980                           |                       | 1993980                           | 10    |
| 11                                  | 1100 DIETARY                         | 1757881       | 1282829    | 3040710    | -1569643                    | 1471067                           |                       | 1471067                           | 11    |
| 12                                  | 1200 CAFETERIA                       |               |            |            | 1584813                     | 1584813                           | -763019               | 821794                            | 12    |
| 13                                  | 1300 MAINTENANCE OF PERSONNEL        |               |            |            |                             |                                   |                       |                                   | 13    |
| 14                                  | 1400 NURSING ADMINISTRATION          | 1344001       | 57522      | 1401523    | 12045                       | 1413568                           |                       | 1413568                           | 14    |
| 15                                  | 1500 CENTRAL SERVICES & SUPPLY       | 450023        | 744301     | 1194324    | 21615                       | 1215939                           |                       | 1215939                           | 15    |
| 16                                  | 1600 PHARMACY                        | 2336314       | 8137008    | 10473322   | -7392158                    | 3081164                           |                       | 3081164                           | 16    |
| 17                                  | 1700 MEDICAL RECORDS & LIBRARY       | 1511561       | 189245     | 1700806    | 17879                       | 1718685                           | -7456                 | 1711229                           | 17    |
| 18                                  | 1800 SOCIAL SERVICE                  |               |            |            |                             |                                   |                       |                                   | 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             | 16401834      | 2142794    | 18544628   | -2015255                    | 16529373                          | -309404               | 16219969                          | 25    |
| 26                                  | 2600 INTENSIVE CARE UNIT             | 4771358       | 654270     | 5425628    | -194202                     | 5231426                           |                       | 5231426                           | 26    |
| 31                                  | 3100 SUBPROVIDER I                   | 1194254       | 73683      | 1267937    | -16907                      | 1251030                           |                       | 1251030                           | 31    |
| 31.01                               | 3101 INPATIENT PSYCHIATRY SUBPROVIDE |               |            |            |                             |                                   |                       |                                   | 31.01 |
| 33                                  | 3300 NURSERY                         |               |            |            | 987980                      | 987980                            |                       | 987980                            | 33    |
| ANCILLARY SERVICE COST CENTERS      |                                      |               |            |            |                             |                                   |                       |                                   |       |
| 37                                  | 3700 OPERATING ROOM                  | 7115341       | 11241830   | 18357171   | -9341626                    | 9015545                           | -197390               | 8818155                           | 37    |
| 39                                  | 3900 DELIVERY ROOM & LABOR ROOM      |               |            |            | 1385169                     | 1385169                           |                       | 1385169                           | 39    |
| 40                                  | 4000 ANESTHESIOLOGY                  | 130337        | 651861     | 782198     | -461473                     | 320725                            |                       | 320725                            | 40    |
| 41                                  | 4100 RADIOLOGY-DIAGNOSTIC            | 6497860       | 9575805    | 16073665   | -5956705                    | 10116960                          | -18592                | 10098368                          | 41    |
| 42                                  | 4200 RADIOLOGY-THERAPEUTIC           | 1765180       | 581130     | 2346310    | 7800                        | 2354110                           | -44125                | 2309985                           | 42    |
| 44                                  | 4400 LABORATORY                      | 2121029       | 4317104    | 6438133    | -1295826                    | 5142307                           |                       | 5142307                           | 44    |
| 46.30                               | 4650 BLOOD CLOTTING FACTORS ADMIN CO |               |            |            |                             |                                   |                       |                                   | 46.30 |
| 49                                  | 4900 RESPIRATORY THERAPY             | 1168692       | 451200     | 1619892    | -102718                     | 1517174                           | -166413               | 1350761                           | 49    |
| 50                                  | 5000 PHYSICAL THERAPY                | 4204634       | 822119     | 5026753    | 15892                       | 5042645                           | -2150                 | 5040495                           | 50    |
| 55                                  | 5500 MEDICAL SUPPLIES CHARGED TO PAT |               |            |            | 19514020                    | 19514020                          |                       | 19514020                          | 55    |
| 56                                  | 5600 DRUGS CHARGED TO PATIENTS       |               |            |            | 7410524                     | 7410524                           |                       | 7410524                           | 56    |
| 59                                  | 3140 CARDIAC REHABILITATION          | 1014041       | 271211     | 1285252    | 295951                      | 1581203                           |                       | 1581203                           | 59    |
| OUTPATIENT SERVICE COST CENTERS     |                                      |               |            |            |                             |                                   |                       |                                   |       |
| 60                                  | 6000 CLINIC                          | 331769        | 99032      | 430801     | -18323                      | 412478                            |                       | 412478                            | 60    |
| 60.03                               | 6001 ANTICOAGULATION CLINIC          |               |            |            |                             |                                   |                       |                                   | 60.03 |
| 61                                  | 6100 EMERGENCY                       | 4846143       | 1560594    | 6406737    | -965303                     | 5441434                           | -696418               | 4745016                           | 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              | 2382283       | 568849     | 2951132    | -93728                      | 2857404                           | -10483                | 2846921                           | 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                            | 81292704      | 106299626  | 187592330  | 83347                       | 187675677                         | -18505627             | 169170050                         | 95    |
| NONREIMBURSABLE COST CENTERS        |                                      |               |            |            |                             |                                   |                       |                                   |       |
| 96                                  | 9600 GIFT, FLOWER, COFFEE SHOP & CAN |               | 2416       | 2416       |                             | 2416                              |                       | 2416                              | 96    |
| 98.01                               | 9801 OCCUPATIONAL HEALTH             | 1294695       | 662219     | 1956914    | -77290                      | 1879624                           |                       | 1879624                           | 98.01 |
| 98.02                               | 9802 FLIGHT FOR LIFE                 |               | 2998       | 2998       | -6162                       | -3164                             |                       | -3164                             | 98.02 |
| 98.03                               | 9803 HOME HEALTH DME                 |               | 29         | 29         |                             | 29                                |                       | 29                                | 98.03 |
| 98.04                               | 9804 WELLNESS PROGRAM                |               | 207        | 207        | 105                         | 312                               |                       | 312                               | 98.04 |
| 101                                 | TOTAL                                | 82587399      | 106967495  | 189554894  |                             | 189554894                         | -18505627             | 171049267                         | 101   |

RECLASSIFICATIONS

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | INCREASE                      |             |             |             |
|---------------------------------------|------|-------------------------------|-------------|-------------|-------------|
|                                       |      | COST CENTER<br>2              | LINE #<br>3 | SALARY<br>4 |             |
| 1 CAPITAL RECLASS                     | A    | NEW CAP REL COSTS-MVBLE EQUIP | 4           |             | 8183764 1   |
| 2 SHARED FOOD AND PREPARATION         | B    | CAFETERIA                     | 12          | 916205      | 668608 2    |
| 3 CHARGEABLE MEDICAL SUPPLY COST      | C    | MEDICAL SUPPLIES CHARGED TO P | 55          |             | 19514020 3  |
| 4 CHARGEABLE MEDICAL SUPPLY COST      | C    |                               |             |             | 4           |
| 5 CHARGEABLE MEDICAL SUPPLY COST      | C    |                               |             |             | 5           |
| 6 CHARGEABLE MEDICAL SUPPLY COST      | C    |                               |             |             | 6           |
| 7 CHARGEABLE MEDICAL SUPPLY COST      | C    |                               |             |             | 7           |
| 8 CHARGEABLE MEDICAL SUPPLY COST      | C    |                               |             |             | 8           |
| 9 CHARGEABLE MEDICAL SUPPLY COST      | C    | CENTRAL SERVICES & SUPPLY     | 15          |             | 15609 9     |
| 10 CHARGEABLE MEDICAL SUPPLY COST     | C    |                               |             |             | 10          |
| 11 CHARGEABLE MEDICAL SUPPLY COST     | C    |                               |             |             | 11          |
| 12 CHARGEABLE MEDICAL SUPPLY COST     | C    |                               |             |             | 12          |
| 13 CHARGEABLE MEDICAL SUPPLY COST     | C    |                               |             |             | 13          |
| 14 CHARGEABLE MEDICAL SUPPLY COST     | C    |                               |             |             | 14          |
| 15 CHARGEABLE MEDICAL SUPPLY COST     | C    |                               |             |             | 15          |
| 16 CHARGEABLE MEDICAL SUPPLY COST     | C    |                               |             |             | 16          |
| 17 CHARGEABLE MEDICAL SUPPLY COST     | C    |                               |             |             | 17          |
| 18 CHARGEABLE MEDICAL SUPPLY COST     | C    |                               |             |             | 18          |
| 19 CHARGEABLE MEDICAL SUPPLY COST     | C    |                               |             |             | 19          |
| 20 CHARGEABLE MEDICAL SUPPLY COST     | C    |                               |             |             | 20          |
| 21 CHARGEABLE MEDICAL SUPPLY COST     | C    |                               |             |             | 21          |
| 22 CHARGEABLE MEDICAL SUPPLY COST     | C    |                               |             |             | 22          |
| 23 CHARGEABLE MEDICAL SUPPLY COST     | C    |                               |             |             | 23          |
| 24 CHARGEABLE MEDICAL SUPPLY COST     | C    |                               |             |             | 24          |
| 25 CHARGEABLE MEDICAL SUPPLY COST     | C    |                               |             |             | 25          |
| 26 CHARGEABLE MEDICAL SUPPLY COST     | C    |                               |             |             | 26          |
| 27 CHARGEABLE MEDICAL SUPPLY COST     | C    |                               |             |             | 27          |
| 28 CHARGEABLE MEDICAL SUPPLY COST     | C    |                               |             |             | 28          |
| 29 NURSERY AND LABOR & DELIVERY       | D    | NURSERY                       | 33          | 789668      | 198312 29   |
| 30 NURSERY AND LABOR & DELIVERY       | D    | DELIVERY ROOM & LABOR ROOM    | 39          | 1107131     | 278038 30   |
| 31 CHARGEABLE DRUG COST               | F    | DRUGS CHARGED TO PATIENTS     | 56          |             | 7410524 31  |
| 32 BUILDING RENTALS                   | G    | NEW CAP REL COSTS-BLDG & FIXT | 3           |             | 226386 32   |
| 33 BUILDING RENTALS                   | G    |                               |             |             | 33          |
| 34 BUILDING RENTALS                   | G    |                               |             |             | 34          |
| 35 BUILDING RENTALS                   | G    |                               |             |             | 35          |
| 36 SUBTOTAL                           |      |                               |             | 2813004     | 36495261 36 |

RECLASSIFICATIONS

| EXPLANATION OF<br>RECLASSIFICATION ENTRY | CODE | COST CENTER                   | DECREASE |         |          | WKST A-7<br>REF.<br>10 |
|--|------|-------------------------------|----------|---------|----------|------------------------|
|  |      |                               | LINE #   | SALARY  | OTHER    |                        |
|  | 1    | 6                             | 7        | 8       | 9        |                        |
| 1 CAPITAL RECLASS                        | A    | NEW CAP REL COSTS-BLDG & FIXT | 3        |         | 8183764  | 9 1                    |
| 2 SHARED FOOD AND PREPARATION            | B    | DIETARY                       | 11       | 916205  | 668608   | 2                      |
| 3 CHARGEABLE MEDICAL SUPPLY COST         | C    | ADMINISTRATIVE & GENERAL      | 6        |         | 40       | 3                      |
| 4 CHARGEABLE MEDICAL SUPPLY COST         | C    | MAINTENANCE & REPAIRS         | 7        |         | 50       | 4                      |
| 5 CHARGEABLE MEDICAL SUPPLY COST         | C    | OPERATION OF PLANT            | 8        |         | 1        | 5                      |
| 6 CHARGEABLE MEDICAL SUPPLY COST         | C    | HOUSEKEEPING                  | 10       |         | 60       | 6                      |
| 7 CHARGEABLE MEDICAL SUPPLY COST         | C    | DIETARY                       | 11       |         | 38       | 7                      |
| 8 CHARGEABLE MEDICAL SUPPLY COST         | C    | NURSING ADMINISTRATION        | 14       |         | 211      | 8                      |
| 9 CHARGEABLE MEDICAL SUPPLY COST         | C    |                               |          |         |          | 9                      |
| 10 CHARGEABLE MEDICAL SUPPLY COST        | C    | PHARMACY                      | 16       |         | 8320     | 10                     |
| 11 CHARGEABLE MEDICAL SUPPLY COST        | C    | ADULTS & PEDIATRICS           | 25       |         | 925399   | 11                     |
| 12 CHARGEABLE MEDICAL SUPPLY COST        | C    | INTENSIVE CARE UNIT           | 26       |         | 385879   | 12                     |
| 13 CHARGEABLE MEDICAL SUPPLY COST        | C    | SUBPROVIDER I                 | 31       |         | 30811    | 13                     |
| 14 CHARGEABLE MEDICAL SUPPLY COST        | C    |                               |          |         |          | 14                     |
| 15 CHARGEABLE MEDICAL SUPPLY COST        | C    | OPERATING ROOM                | 37       |         | 9438342  | 15                     |
| 16 CHARGEABLE MEDICAL SUPPLY COST        | C    | ANESTHESIOLOGY                | 40       |         | 463207   | 16                     |
| 17 CHARGEABLE MEDICAL SUPPLY COST        | C    | RADIOLOGY-DIAGNOSTIC          | 41       |         | 6034576  | 17                     |
| 18 CHARGEABLE MEDICAL SUPPLY COST        | C    | RADIOLOGY-THERAPEUTIC         | 42       |         | 17286    | 18                     |
| 19 CHARGEABLE MEDICAL SUPPLY COST        | C    | LABORATORY                    | 44       |         | 1263482  | 19                     |
| 20 CHARGEABLE MEDICAL SUPPLY COST        | C    | RESPIRATORY THERAPY           | 49       |         | 100120   | 20                     |
| 21 CHARGEABLE MEDICAL SUPPLY COST        | C    | PHYSICAL THERAPY              | 50       |         | 40527    | 21                     |
| 22 CHARGEABLE MEDICAL SUPPLY COST        | C    | CARDIAC REHABILITATION        | 59       |         | 16065    | 22                     |
| 23 CHARGEABLE MEDICAL SUPPLY COST        | C    | CLINIC                        | 60       |         | 23410    | 23                     |
| 24 CHARGEABLE MEDICAL SUPPLY COST        | C    | EMERGENCY                     | 61       |         | 641429   | 24                     |
| 25 CHARGEABLE MEDICAL SUPPLY COST        | C    | HOME HEALTH AGENCY            | 71       |         | 128048   | 25                     |
| 26 CHARGEABLE MEDICAL SUPPLY COST        | C    |                               |          |         |          | 26                     |
| 27 CHARGEABLE MEDICAL SUPPLY COST        | C    | OCCUPATIONAL HEALTH           | 98.01    |         | 6166     | 27                     |
| 28 CHARGEABLE MEDICAL SUPPLY COST        | C    | FLIGHT FOR LIFE               | 98.02    |         | 6162     | 28                     |
| 29 NURSERY AND LABOR & DELIVERY          | D    | ADULTS & PEDIATRICS           | 25       | 1896800 | 476350   | 29                     |
| 30 NURSERY AND LABOR & DELIVERY          | D    |                               |          |         |          | 30                     |
| 31 CHARGEABLE DRUG COST                  | F    | PHARMACY                      | 16       |         | 7410524  | 31                     |
| 32 BUILDING RENTALS                      | G    | OPERATION OF PLANT            | 8        |         | 3764     | 10 32                  |
| 33 BUILDING RENTALS                      | G    | ADMINISTRATIVE & GENERAL      | 6        |         | 9338     | 10 33                  |
| 34 BUILDING RENTALS                      | G    | CARDIAC REHABILITATION        | 59       |         | 72311    | 34                     |
| 35 BUILDING RENTALS                      | G    | EMERGENCY                     | 61       |         | 8408     | 35                     |
| 36 SUBTOTAL                              |      |                               |          | 2813005 | 36362696 | 36                     |

RECLASSIFICATIONS

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | INCREASE                  |        |         |             |
|---------------------------------------|------|---------------------------|--------|---------|-------------|
|                                       |      | COST CENTER               | LINE # | SALARY  | OTHER       |
|                                       | 1    | 2                         | 3      | 4       | 5           |
| 1 BUILDING RENTALS                    | G    |                           |        |         | 1           |
| 2 BUILDING RENTALS                    | G    |                           |        |         | 2           |
| 3 ATO RECLASS                         | H    | ADMINISTRATIVE & GENERAL  | 6      | 38238   | 3           |
| 4 ATO RECLASS                         | H    | MAINTENANCE & REPAIRS     | 7      | 8869    | 4           |
| 5 ATO RECLASS                         | H    | OPERATION OF PLANT        | 8      | 7922    | 5           |
| 6 ATO RECLASS                         | H    | LAUNDRY & LINEN SERVICE   | 9      | 740     | 6           |
| 7 ATO RECLASS                         | H    | HOUSEKEEPING              | 10     | 16319   | 7           |
| 8 ATO RECLASS                         | H    | DIETARY                   | 11     | 15208   | 8           |
| 9 ATO RECLASS                         | H    | NURSING ADMINISTRATION    | 14     | 12256   | 9           |
| 10 ATO RECLASS                        | H    | CENTRAL SERVICES & SUPPLY | 15     | 6006    | 10          |
| 11 ATO RECLASS                        | H    | PHARMACY                  | 16     | 26686   | 11          |
| 12 ATO RECLASS                        | H    | MEDICAL RECORDS & LIBRARY | 17     | 17879   | 12          |
| 13 ATO RECLASS                        | H    | ADULTS & PEDIATRICS       | 25     | 168957  | 13          |
| 14 ATO RECLASS                        | H    | INTENSIVE CARE UNIT       | 26     | 33750   | 14          |
| 15 ATO RECLASS                        | H    | SUBPROVIDER I             | 31     | 13904   | 15          |
| 16 ATO RECLASS                        | H    | OPERATING ROOM            | 37     | 96716   | 16          |
| 17 ATO RECLASS                        | H    | ANESTHESIOLOGY            | 40     | 1734    | 17          |
| 18 ATO RECLASS                        | H    | RADIOLOGY-DIAGNOSTIC      | 41     | 77871   | 18          |
| 19 ATO RECLASS                        | H    | RADIOLOGY-THERAPEUTIC     | 42     | 25086   | 19          |
| 20 ATO RECLASS                        | H    | LABORATORY                | 44     | 20432   | 20          |
| 21 ATO RECLASS                        | H    | RESPIRATORY THERAPY       | 49     | 12081   | 21          |
| 22 ATO RECLASS                        | H    | PHYSICAL THERAPY          | 50     | 56419   | 22          |
| 23 ATO RECLASS                        | H    | CARDIAC REHABILITATION    | 59     | 11856   | 23          |
| 24 ATO RECLASS                        | H    | CLINIC                    | 60     | 5087    | 24          |
| 25 ATO RECLASS                        | H    | EMERGENCY                 | 61     | 42326   | 25          |
| 26 ATO RECLASS                        | H    | HOME HEALTH AGENCY        | 71     | 34320   | 26          |
| 27 ATO RECLASS                        | H    | OCCUPATIONAL HEALTH       | 98.01  | 8665    | 27          |
| 28 ATO RECLASS                        | H    | WELLNESS PROGRAM          | 98.04  | 105     | 28          |
| 29 ATO RECLASS                        | H    |                           |        |         | 29          |
| 30 ATO RECLASS                        | H    |                           |        |         | 30          |
| 31 RECLASS CENTEGRA ALLOCATION        | J    | ADMINISTRATIVE & GENERAL  | 6      |         | 12012839 31 |
| 32 RECLASS CONTRACT LABOR             | K    | ADMINISTRATIVE & GENERAL  | 6      |         | 25082 32    |
| 33                                    | K    |                           |        |         | 33          |
| 34                                    | K    |                           |        |         | 34          |
| 35                                    | K    | NURSING ADMINISTRATION    | 14     |         | 1223 35     |
| 36 SUBTOTAL                           |      |                           |        | 3572436 | 48534405 36 |

RECLASSIFICATIONS

| EXPLANATION OF<br>RECLASSIFICATION ENTRY | CODE | -----<br>COST CENTER<br>6 | DECREASE ----- |             |            | WKST A-7<br>REF.<br>10 |
|--|------|---------------------------|----------------|-------------|------------|------------------------|
|  |      |                           | LINE #<br>7    | SALARY<br>8 | OTHER<br>9 |                        |
| 1 BUILDING RENTALS                       | G    | LABORATORY                | 44             |             | 52776      | 1                      |
| 2 BUILDING RENTALS                       | G    | OCCUPATIONAL HEALTH       | 98.01          |             | 79789      | 2                      |
| 3 ATO RECLASS                            | H    | EMPLOYEE BENEFITS         | 5              | 759431      |            | 3                      |
| 4 ATO RECLASS                            | H    |                           |                |             |            | 4                      |
| 5 ATO RECLASS                            | H    |                           |                |             |            | 5                      |
| 6 ATO RECLASS                            | H    |                           |                |             |            | 6                      |
| 7 ATO RECLASS                            | H    |                           |                |             |            | 7                      |
| 8 ATO RECLASS                            | H    |                           |                |             |            | 8                      |
| 9 ATO RECLASS                            | H    |                           |                |             |            | 9                      |
| 10 ATO RECLASS                           | H    |                           |                |             |            | 10                     |
| 11 ATO RECLASS                           | H    |                           |                |             |            | 11                     |
| 12 ATO RECLASS                           | H    |                           |                |             |            | 12                     |
| 13 ATO RECLASS                           | H    |                           |                |             |            | 13                     |
| 14 ATO RECLASS                           | H    |                           |                |             |            | 14                     |
| 15 ATO RECLASS                           | H    |                           |                |             |            | 15                     |
| 16 ATO RECLASS                           | H    |                           |                |             |            | 16                     |
| 17 ATO RECLASS                           | H    |                           |                |             |            | 17                     |
| 18 ATO RECLASS                           | H    |                           |                |             |            | 18                     |
| 19 ATO RECLASS                           | H    |                           |                |             |            | 19                     |
| 20 ATO RECLASS                           | H    |                           |                |             |            | 20                     |
| 21 ATO RECLASS                           | H    |                           |                |             |            | 21                     |
| 22 ATO RECLASS                           | H    |                           |                |             |            | 22                     |
| 23 ATO RECLASS                           | H    |                           |                |             |            | 23                     |
| 24 ATO RECLASS                           | H    |                           |                |             |            | 24                     |
| 25 ATO RECLASS                           | H    |                           |                |             |            | 25                     |
| 26 ATO RECLASS                           | H    |                           |                |             |            | 26                     |
| 27 ATO RECLASS                           | H    |                           |                |             |            | 27                     |
| 28 ATO RECLASS                           | H    |                           |                |             |            | 28                     |
| 29 ATO RECLASS                           | H    |                           |                |             |            | 29                     |
| 30 ATO RECLASS                           | H    |                           |                |             |            | 30                     |
| 31 RECLASS CENTEGRA ALLOCATION           | J    | ADMINISTRATIVE & GENERAL  | 6              | 12012839    |            | 31                     |
| 32 RECLASS CONTRACT LABOR                | K    | ADMINISTRATIVE & GENERAL  | 6              | 25082       |            | 32                     |
| 33                                       | K    |                           |                |             |            | 33                     |
| 34                                       | K    |                           |                |             |            | 34                     |
| 35                                       | K    | NURSING ADMINISTRATION    | 14             | 1223        |            | 35                     |
| 36 SUBTOTAL                              |      |                           |                | 15611580    | 36495261   | 36                     |

RECLASSIFICATIONS

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | INCREASE                |        |         |             |
|---------------------------------------|------|-------------------------|--------|---------|-------------|
|                                       |      | COST CENTER             | LINE # | SALARY  | OTHER       |
|                                       | 1    | 2                       | 3      | 4       | 5           |
| 1                                     | K    | ADULTS & PEDIATRICS     | 25     |         | 401784 1    |
| 2                                     | K    | INTENSIVE CARE UNIT     | 26     |         | 630249 2    |
| 3                                     | K    | RADIOLOGY-DIAGNOSTIC    | 41     |         | 113158 3    |
| 4                                     | K    | SUBPROVIDER I           | 31     |         | 16182 4     |
| 5                                     | K    | OPERATING ROOM          | 37     |         | 1410 5      |
| 6                                     | K    | RESPIRATORY THERAPY     | 49     |         | 57464 6     |
| 7                                     | K    | PHYSICAL THERAPY        | 50     |         | 230990 7    |
| 8                                     | K    | EMERGENCY               | 61     |         | 487992 8    |
| 9                                     | K    | OCCUPATIONAL HEALTH     | 98.01  |         | 40 9        |
| 10                                    | 0    |                         |        |         | 10          |
| 11                                    | L    | ADULTS & PEDIATRICS     | 25     | 1043592 | 70745 11    |
| 12                                    | L    | INTENSIVE CARE UNIT     | 26     | 147901  | 10026 12    |
| 13                                    | L    |                         |        |         | 13          |
| 14                                    | M    | EMPLOYEE BENEFITS       | 5      |         | 154748 14   |
| 15                                    |      |                         |        |         | 15          |
| 16                                    | N    | EMPLOYEE BENEFITS       | 5      |         | 1211112 16  |
| 17                                    |      |                         |        |         | 17          |
| 18                                    | O    | CARDIAC REHABILITATION  | 59     | 276889  | 95582 18    |
| 19                                    | O    |                         |        |         | 19          |
| 20                                    |      |                         |        |         | 20          |
| 21                                    |      |                         |        |         | 21          |
| 22                                    |      |                         |        |         | 22          |
| 23                                    |      |                         |        |         | 23          |
| 24                                    |      |                         |        |         | 24          |
| 25                                    |      |                         |        |         | 25          |
| 26                                    |      |                         |        |         | 26          |
| 27                                    |      |                         |        |         | 27          |
| 28                                    |      |                         |        |         | 28          |
| 29                                    |      |                         |        |         | 29          |
| 30                                    |      |                         |        |         | 30          |
| 31                                    |      |                         |        |         | 31          |
| 32                                    |      |                         |        |         | 32          |
| 33                                    |      |                         |        |         | 33          |
| 34                                    |      |                         |        |         | 34          |
| 35                                    |      |                         |        |         | 35          |
| 36                                    |      | TOTAL RECLASSIFICATIONS |        | 5040818 | 52015887 36 |

RECLASSIFICATIONS

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | COST CENTER                      | DECREASE |          |          | Wkst A-7 REF. 10 |
|---------------------------------------|------|----------------------------------|----------|----------|----------|------------------|
|                                       |      |                                  | LINE #   | SALARY   | OTHER    |                  |
|                                       | 1    | 6                                | 7        | 8        | 9        |                  |
| 1                                     | K    | ADULTS & PEDIATRICS              | 25       | 401784   |          | 1                |
| 2                                     | K    | INTENSIVE CARE UNIT              | 26       | 630249   |          | 2                |
| 3                                     | K    | RADIOLOGY-DIAGNOSTIC             | 41       | 113158   |          | 3                |
| 4                                     | K    | SUBPROVIDER I                    | 31       | 16182    |          | 4                |
| 5                                     | K    | OPERATING ROOM                   | 37       | 1410     |          | 5                |
| 6                                     | K    | RESPIRATORY THERAPY              | 49       | 57464    |          | 6                |
| 7                                     | K    | PHYSICAL THERAPY                 | 50       | 230990   |          | 7                |
| 8                                     | K    | EMERGENCY                        | 61       | 487992   |          | 8                |
| 9                                     | K    | OCCUPATIONAL HEALTH              | 98.01    | 40       |          | 9                |
| 10                                    | 0    |                                  |          |          |          | 10               |
| 11                                    | L    | RECLASS SOCIAL SVC / CASE MGMT   |          |          |          | 11               |
| 12                                    | L    |                                  |          |          |          | 12               |
| 13                                    | L    | ADMINISTRATIVE & GENERAL         | 6        | 1191493  | 80771    | 13               |
| 14                                    | M    | RECLASS PART OF ATO NOT PAID OUT | 5        | 154748   |          | 14               |
| 15                                    |      |                                  |          |          |          | 15               |
| 16                                    | N    | RECLASS WORKERS COMP             | 6        |          | 1211112  | 16               |
| 17                                    |      |                                  |          |          |          | 17               |
| 18                                    | O    | RECLASS EKG EXPENSE              | 49       | 10409    | 4270     | 18               |
| 19                                    | O    | EMERGENCY                        | 61       | 266480   | 91312    | 19               |
| 20                                    |      |                                  |          |          |          | 20               |
| 21                                    |      |                                  |          |          |          | 21               |
| 22                                    |      |                                  |          |          |          | 22               |
| 23                                    |      |                                  |          |          |          | 23               |
| 24                                    |      |                                  |          |          |          | 24               |
| 25                                    |      |                                  |          |          |          | 25               |
| 26                                    |      |                                  |          |          |          | 26               |
| 27                                    |      |                                  |          |          |          | 27               |
| 28                                    |      |                                  |          |          |          | 28               |
| 29                                    |      |                                  |          |          |          | 29               |
| 30                                    |      |                                  |          |          |          | 30               |
| 31                                    |      |                                  |          |          |          | 31               |
| 32                                    |      |                                  |          |          |          | 32               |
| 33                                    |      |                                  |          |          |          | 33               |
| 34                                    |      |                                  |          |          |          | 34               |
| 35                                    |      |                                  |          |          |          | 35               |
| 36                                    |      | TOTAL RECLASSIFICATIONS          |          | 19173979 | 37882726 | 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<br>BALANCES<br>1 | ----- ACQUISITIONS ----- |               |            | DISPOSALS<br>AND<br>RETIREMENTS<br>5 | ENDING<br>BALANCE<br>6 | FULLY<br>DEPRECIATED<br>ASSETS<br>7 |   |
|--------------------------|----------------------------|--------------------------|---------------|------------|--------------------------------------|------------------------|-------------------------------------|---|
|                          |                            | PURCHASE<br>2            | DONATION<br>3 | TOTAL<br>4 |                                      |                        |                                     |   |
| 1 LAND                   |                            |                          |               |            |                                      |                        |                                     | 1 |
| 2 LAND IMPROVEMENTS      |                            |                          |               |            |                                      |                        |                                     | 2 |
| 3 BUILDINGS AND FIXTURES |                            |                          |               |            |                                      |                        |                                     | 3 |
| 4 BUILDING IMPROVEMENTS  |                            |                          |               |            |                                      |                        |                                     | 4 |
| 5 FIXED EQUIPMENT        |                            |                          |               |            |                                      |                        |                                     | 5 |
| 6 MOVABLE EQUIPMENT      |                            |                          |               |            |                                      |                        |                                     | 6 |
| 7 SUBTOTAL               |                            |                          |               |            |                                      |                        |                                     | 7 |
| 8 RECONCILING ITEMS      |                            |                          |               |            |                                      |                        |                                     | 8 |
| 9 TOTAL                  |                            |                          |               |            |                                      |                        |                                     | 9 |

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

| DESCRIPTION              | BEGINNING<br>BALANCES<br>1 | ----- ACQUISITIONS ----- |               |            | DISPOSALS<br>AND<br>RETIREMENTS<br>5 | ENDING<br>BALANCE<br>6 | FULLY<br>DEPRECIATED<br>ASSETS<br>7 |   |
|--------------------------|----------------------------|--------------------------|---------------|------------|--------------------------------------|------------------------|-------------------------------------|---|
|                          |                            | PURCHASE<br>2            | DONATION<br>3 | TOTAL<br>4 |                                      |                        |                                     |   |
| 1 LAND                   | 65000                      |                          |               |            |                                      | 65000                  |                                     | 1 |
| 2 LAND IMPROVEMENTS      | 1261825                    |                          |               |            |                                      | 1261825                |                                     | 2 |
| 3 BUILDINGS AND FIXTURES | 58271559                   | 1832101                  |               | 1832101    |                                      | 60103660               |                                     | 3 |
| 4 BUILDING IMPROVEMENTS  | 77154                      |                          |               |            |                                      | 77154                  |                                     | 4 |
| 5 FIXED EQUIPMENT        | 12638790                   |                          |               |            |                                      | 12638790               |                                     | 5 |
| 6 MOVABLE EQUIPMENT      | 75701774                   | 10156383                 |               | 10156383   | 110133                               | 85748024               |                                     | 6 |
| 7 SUBTOTAL               | 148016102                  | 11988484                 |               | 11988484   | 110133                               | 159894453              |                                     | 7 |
| 8 RECONCILING ITEMS      |                            |                          |               |            |                                      |                        |                                     | 8 |
| 9 TOTAL                  | 148016102                  | 11988484                 |               | 11988484   | 110133                               | 159894453              |                                     | 9 |

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III & IV

| DESCRIPTION                     | COMPUTATION OF RATIOS |                    |                        |          | ALLOCATION OF |       | OTHER CAPITAL | TOTAL |
|---------------------------------|-----------------------|--------------------|------------------------|----------|---------------|-------|---------------|-------|
|                                 | GROSS ASSETS          | CAPITALIZED LEASES | GROSS ASSETS FOR RATIO | RATIO    | INSURANCE     | TAXES | RELATED COSTS |       |
|                                 | 1                     | 2                  | 3                      | 4        | 5             | 6     | 7             |       |
| 1 OLD CAP REL COSTS-BLDG & FIXT |                       |                    |                        | .000000  |               |       |               | 1     |
| 2 OLD CAP REL COSTS-MVBLE EQUIP |                       |                    |                        | .000000  |               |       |               | 2     |
| 3 NEW CAP REL COSTS-BLDG & FIXT | 58348713              |                    | 58348713               | .397959  |               |       |               | 3     |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | 88340564              | 69187              | 88271377               | .602041  |               |       |               | 4     |
| 5 TOTAL                         | 146689277             | 69187              | 146620090              | 1.000000 |               |       |               | 5     |

| DESCRIPTION                     | SUMMARY OF OLD AND NEW CAPITAL |        |          |           |       |                             |            |
|---------------------------------|--------------------------------|--------|----------|-----------|-------|-----------------------------|------------|
|                                 | DEPREC-IATION                  | LEASE  | INTEREST | INSURANCE | TAXES | OTHER CAPITAL-RELATED COSTS | TOTAL      |
|                                 | 9                              | 10     | 11       | 12        | 13    | 14                          | 15         |
| 1 OLD CAP REL COSTS-BLDG & FIXT |                                |        |          |           |       |                             | 1          |
| 2 OLD CAP REL COSTS-MVBLE EQUIP |                                |        |          |           |       |                             | 2          |
| 3 NEW CAP REL COSTS-BLDG & FIXT | 6611818                        | 226386 | -4492409 |           |       |                             | 2345795 3  |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | 8183764                        |        |          |           |       |                             | 8183764 4  |
| 5 TOTAL                         | 14795582                       | 226386 | -4492409 |           |       |                             | 10529559 5 |

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

| DESCRIPTION                     | SUMMARY OF OLD AND NEW CAPITAL |       |          |           |       |                             |            |
|---------------------------------|--------------------------------|-------|----------|-----------|-------|-----------------------------|------------|
|                                 | DEPREC-IATION                  | LEASE | INTEREST | INSURANCE | TAXES | OTHER CAPITAL-RELATED COSTS | TOTAL      |
|                                 | 9                              | 10    | 11       | 12        | 13    | 14                          | 15         |
| 1 OLD CAP REL COSTS-BLDG & FIXT |                                |       |          |           |       |                             | 1          |
| 2 OLD CAP REL COSTS-MVBLE EQUIP |                                |       |          |           |       |                             | 2          |
| 3 NEW CAP REL COSTS-BLDG & FIXT | 14795582                       |       |          |           |       |                             | 14795582 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP |                                |       |          |           |       |                             | 4          |
| 5 TOTAL                         | 14795582                       |       |          |           |       |                             | 14795582 5 |

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

| DESCRIPTION   | BASIS      | AMOUNT    | EXPENSE CLASSIFICATION ON WORKSHEET A TO/<br>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          | -2983380  | NEW CAP REL COSTS-BLDG & FIXT  | 3        | 11 3     |
| 4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT   |            |           | NEW CAP REL COSTS-MVBLE EQUIP  | 4        | 4        |
| 5 INVESTMENT INCOME-OTHER   |            |           |  |          | 5        |
| 6 TRADE, QUANTITY, AND TIME DISCOUNTS   |            |           |  |          | 6        |
| 7 REFUNDS AND REBATES OF EXPENSES   | B          | -2680     | ADMINISTRATIVE & GENERAL   | 6        | 7        |
| 8 RENTAL OF PROVIDER SPACE BY SUPPLIERS   |            |           |  |          | 8        |
| 9 TELEPHONE SERVICES (PAY STATIONS EXCL)  | A          | -140501   | ADMINISTRATIVE & GENERAL   | 6        | 9        |
| 10 TELEVISION AND RADIO SERVICE   | A          | -203687   | OPERATION OF PLANT   | 8        | 10       |
| 11 PARKING LOT  |            |           |  |          | 11       |
| 12 PROVIDER-BASED PHYSICIAN ADJUSTMENT  | WKST       |           |  |          |          |
|   | A-8-2      | -1254454  |  |          | 12       |
| 13 SALE OF SCRAP, WASTE, ETC.   |            |           |  |          | 13       |
| 14 RELATED ORGANIZATION TRANSACTIONS  | WKST       |           |  |          |          |
|   | A-8-1      | -5785015  |  |          | 14       |
| 15 LAUNDRY AND LINEN SERVICE  |            |           |  |          | 15       |
| 16 CAFETERIA - EMPLOYEES AND GUESTS   | B          | -735938   | 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          | -7456     | 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       |
|   | A-8-4      |           |  |          |          |
| 26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL                | WKST       |           | PHYSICAL THERAPY   | 50       | 26       |
|   | A-8-4      |           |  |          |          |
| 27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION                       | WKST       |           |  |          |          |
|   | A-8-3      |           | HOME HEALTH AGENCY   | 71       | 27       |
| 28 UTIL REVIEW-PHYSICIANS' COMPENSATION   |            |           | UTILIZATION REVIEW-SNF   | 89       | 28       |
| 29 DEPRECIATION--OLD BUILDINGS & FIXTURES   |            |           | OLD CAP REL COSTS-BLDG & FIXT  | 1        | 29       |
| 30 DEPRECIATION--OLD MOVABLE EQUIPMENT  |            |           | OLD CAP REL COSTS-MVBLE EQUIP  | 2        | 30       |
| 31 DEPRECIATION--NEW BUILDINGS & FIXTURES   |            |           | NEW CAP REL COSTS-BLDG & FIXT  | 3        | 31       |
| 32 DEPRECIATION--NEW MOVABLE EQUIPMENT  |            |           | NEW CAP REL COSTS-MVBLE EQUIP  | 4        | 32       |
| 33 NON-PHYSICIAN ANESTHETIST  |            |           | NONPHYSICIAN ANESTHETISTS  | 20       | 33       |
| 34 PHYSICIANS' ASSISTANT  |            |           |  |          | 34       |
| 35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL            | WKST       |           |  |          |          |
|   | WKST A-8-4 |           |  |          | 35       |
| 36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL                | WKST       |           |  |          |          |
|   | WKST A-8-4 |           |  |          | 36       |
| 37  |            |           |  |          | 37       |
| 38 OTHER INCOME   | B          | -272283   | ADMINISTRATIVE & GENERAL   | 6        | 38       |
| 39 RADIOLOGY X-RAY COPY FEE   | B          | -18592    | RADIOLOGY-DIAGNOSTIC   | 41       | 39       |
| 40 NURSING EDUCATION INCOME   | B          | -1598     | ADMINISTRATIVE & GENERAL   | 6        | 40       |
| 41 MEALS ON WHEELS  | B          | -27081    | CAFETERIA  | 12       | 41       |
| 42 OB BREAST FEEDING EDUCATION INC  | B          | -9725     | ADMINISTRATIVE & GENERAL   | 6        | 42       |
| 43 ER PUBLIC AID TRAUMA   | B          | -93886    | EMERGENCY  | 61       | 43       |
| 44 IDPA PROVIDER TAX  | A          | -4556932  | ADMINISTRATIVE & GENERAL   | 6        | 44       |
| 45 EDUCATION INCOME   | B          | -49414    | ADMINISTRATIVE & GENERAL   | 6        | 45       |
| 46 EMS TUITION INCOME   | B          | -61285    | EMERGENCY  | 61       | 46       |
| 47 MEDICAL STAFF FEES   | B          | -11406    | ADMINISTRATIVE & GENERAL   | 6        | 47       |
| 48 RSVP INCOME  | B          | -553      | ADMINISTRATIVE & GENERAL   | 6        | 48       |
| 49 VIS INCOME   | B          | -160      | ADMINISTRATIVE & GENERAL   | 6        | 49       |
| 49.02 CHILD CARE CENTER   | B          | -733627   | ADMINISTRATIVE & GENERAL   | 6        | 49.02    |
| 49.03 NELSON BUILDING RENT  | A          | -10483    | HOME HEALTH AGENCY   | 71       | 49.03    |
| 49.08 IHA LOBBYING EXPENSE  | A          | -26731    | ADMINISTRATIVE & GENERAL   | 6        | 49.08    |
| 49.10 1998 INTEREST INCOME  | B          | -24089    | NEW CAP REL COSTS-BLDG & FIXT  | 3        | 11 49.10 |
| 49.11 2002 INTEREST INCOME  | B          | -115265   | NEW CAP REL COSTS-BLDG & FIXT  | 3        | 11 49.11 |
| 49.12 1998 INTEREST EXPENSE   | A          | -1208919  | NEW CAP REL COSTS-BLDG & FIXT  | 3        | 11 49.12 |
| 49.13 2002 INTEREST EXPENSE   | A          | -160756   | NEW CAP REL COSTS-BLDG & FIXT  | 3        | 11 49.13 |
| 49.15 ONCOLOGY EDUCATION INCOME   | B          | -4125     | RADIOLOGY-THERAPEUTIC  | 42       | 49.15    |
| 49.16 NEURO DAY TRAUMA INCOME   | B          | -2150     | PHYSICAL THERAPY   | 50       | 49.16    |
| 49.17 MEMBERSHIP DUES   | B          | -3100     | ADMINISTRATIVE & GENERAL   | 6        | 49.17    |
| 49.18 RENTAL INCOME   | B          | -340      | ADMINISTRATIVE & GENERAL   | 6        | 49.18    |
| 49.19 PATIENT EXPRESS REVENUE   | B          | -16       | ADMINISTRATIVE & GENERAL   | 6        | 49.19    |
| 50 TOTAL  |            | -18505627 |  |          | 50       |

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

WORKSHEET A-8-1

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

| LINE NO. | COST CENTER | EXPENSE ITEMS            | AMOUNT OF ALLOWABLE COST | AMOUNT (INCL IN WKST A, COL 5) | NET ADJ- USTMENTS | WKST A-7 REF |      |
|----------|-------------|--------------------------|--------------------------|--------------------------------|-------------------|--------------|------|
| 1        | 2           | 3                        | 4                        | 5                              | 6                 | 7            |      |
| 1        |             |                          |                          |                                |                   | 1            |      |
| 2        |             |                          |                          |                                |                   | 2            |      |
| 3        |             |                          |                          |                                |                   | 3            |      |
| 4        |             |                          |                          |                                |                   | 4            |      |
| 4.03     | 6           | ADMINISTRATIVE & GENERAL | CENTEGRA ALLOCATION      | 4276664                        | 4276664           | 4.03         |      |
| 4.04     | 6           | ADMINISTRATIVE & GENERAL | CENTEGRA ALLOCATION      | 969145                         | 969145            | 4.04         |      |
| 4.05     | 6           | ADMINISTRATIVE & GENERAL | CENTEGRA ALLOCATION      | 2764456                        | 2764456           | 4.05         |      |
| 4.06     | 6           | ADMINISTRATIVE & GENERAL | CENTEGRA ALLOCATION      | 4533047                        | 4533047           | 4.06         |      |
| 4.07     | 6           | ADMINISTRATIVE & GENERAL | CENTEGRA ALLOCATION      | 11267378                       | 29595705          | -18328327    | 4.07 |
| 5        |             | TOTALS                   |                          | 23810690                       | 29595705          | -5785015     | 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 ----- |      |                      |             | TYPE OF BUSINESS |
|------------|------------------------|--|------|----------------------|-------------|------------------|
|            |                        | PERCENT OF OWNERSHIP                                   | NAME | PERCENT OF OWNERSHIP |             |                  |
| 1          | 2                      | 3  | 4    | 5                    | 6           |                  |
| B          | CENTEGRA HEALTH SYSTEM |  |      |                      | HOME OFFICE | 1                |
| 2          |                        |  |      |                      |             | 2                |
| 3          |                        |  |      |                      |             | 3                |
| 4          |                        |  |      |                      |             | 4                |
| 5          |                        |  |      |                      |             | 5                |

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

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

PROVIDER NO. 14-0116 NORTHERN ILLINOIS MEDICAL CENT  
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05  
 11/27/2008 15:14

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

| WKST        | A     | COST CENTER/<br>PHYSICIAN IDENTIFIER | AGGREGATE | TOTAL<br>REMUNERA-<br>TION INCL<br>FRINGES | PROFES-<br>SIONAL<br>COMPONENT | PROVIDER<br>COMPONENT | RCE<br>AMOUNT | PHYSICIAN/<br>PROVIDER<br>COMPONENT<br>HOURS | UNAD-<br>JUSTED<br>RCE<br>LIMIT | PERCENT<br>OF UNAD-<br>JUSTED<br>RCE LIMIT |
|-------------|-------|--------------------------------------|-----------|--|--------------------------------|-----------------------|---------------|--|---------------------------------|--|
| LINE<br>NO. | 1     | 2                                    |           | 3  | 4                              | 5                     | 6             | 7  | 8                               | 9  |
| 1           | 25    | ADULTS & PEDIATRICS                  | AGGREGATE | 309404                                     | 309404                         |                       |               |  |                                 |  |
| 2           | 31.01 | INPATIENT PSYCHIATRY SUB             | AGGREGATE |  |                                |                       |               |  |                                 |  |
| 3           | 42    | RADIOLOGY-THERAPEUTIC                | AGGREGATE | 40000                                      | 40000                          |                       |               |  |                                 |  |
| 4           | 44    | LABORATORY                           | AGGREGATE |  |                                |                       |               |  |                                 |  |
| 5           | 49    | RESPIRATORY THERAPY                  | AGGREGATE | 166413                                     | 166413                         |                       |               |  |                                 |  |
| 6           | 59    | CARDIAC REHABILITATION               | AGGREGATE |  |                                |                       |               |  |                                 |  |
| 7           | 61    | EMERGENCY                            | AGGREGATE | 541247                                     | 541247                         |                       |               |  |                                 |  |
| 8           | 37    | OPERATING ROOM                       | AGGREGATE | 197390                                     | 197390                         |                       |               |  |                                 |  |
| 101         |       | TOTAL                                |           | 1254454                                    | 1254454                        |                       |               |  |                                 |  |



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

| COST CENTER DESCRIPTION               | NET EXP FOR COST ALLOCATION<br>0 | NEW CAP BLDGS & FIXTURES<br>3 | NEW CAP MOVABLE EQUIPMENT<br>4 | EMPLOYEE BENEFITS<br>5 | SUBTOTAL<br>5A | ADMINIS- TRATIVE & GENERAL<br>6 | MAIN- TENANCE & REPAIRS<br>7 | OPERATION OF PLANT<br>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       | 2345795                          | 2345795                       |                                |                        |                |                                 |                              |                         | 3     |
| 4 NEW CAP REL COSTS-MVBLE EQUIP       | 8183764                          |                               | 8183764                        |                        |                |                                 |                              |                         | 4     |
| 5 EMPLOYEE BENEFITS                   | 17753159                         | 44967                         | 156875                         | 17955001               |                |                                 |                              |                         | 5     |
| 6 ADMINISTRATIVE & GENERAL            | 29505505                         | 60147                         | 209836                         | 680631                 | 30456119       | 30456119                        |                              |                         | 6     |
| 7 MAINTENANCE & REPAIRS               | 2757323                          | 10425                         | 36369                          | 211723                 | 3015840        | 653294                          | 3669134                      |                         | 7     |
| 8 OPERATION OF PLANT                  | 1547218                          | 200689                        | 700143                         | 244252                 | 2692302        | 583209                          | 330166                       | 3605677                 | 8     |
| 9 LAUNDRY & LINEN SERVICE             | 702013                           | 4336                          | 15127                          | 14045                  | 735521         | 159329                          | 7133                         | 7703                    | 9     |
| 10 HOUSEKEEPING                       | 1993980                          | 31566                         | 110125                         | 390563                 | 2526234        | 547235                          | 51932                        | 56080                   | 10    |
| 11 DIETARY                            | 1471067                          | 81901                         | 285726                         | 224756                 | 2063450        | 446987                          | 134740                       | 145502                  | 11    |
| 12 CAFETERIA                          | 821794                           |                               |                                | 240316                 | 1062110        | 230075                          |                              |                         | 12    |
| 13 MAINTENANCE OF PERSONNEL           |                                  |                               |                                |                        |                |                                 |                              |                         | 13    |
| 14 NURSING ADMINISTRATION             | 1413568                          | 17591                         | 61368                          | 355419                 | 1847946        | 400304                          | 28939                        | 31251                   | 14    |
| 15 CENTRAL SERVICES & SUPPLY          | 1215939                          | 56085                         | 195664                         | 119614                 | 1587302        | 343843                          | 92269                        | 99640                   | 15    |
| 16 PHARMACY                           | 3081164                          | 21059                         | 73470                          | 619803                 | 3795496        | 822184                          | 34646                        | 37414                   | 16    |
| 17 MEDICAL RECORDS & LIBRARY          | 1711229                          | 28298                         | 98724                          | 401164                 | 2239415        | 485104                          | 46555                        | 50274                   | 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                | 16219969                         | 426172                        | 1486782                        | 4017259                | 22150182       | 4798202                         | 701121                       | 757123                  | 25    |
| 26 INTENSIVE CARE UNIT                | 5231426                          | 83964                         | 292923                         | 1133838                | 6742151        | 1460491                         | 138134                       | 149168                  | 26    |
| 31 SUBPROVIDER I                      | 1251030                          | 48436                         | 168977                         | 312649                 | 1781092        | 385822                          | 79684                        | 86049                   | 31    |
| 31.01 INPATIENT PSYCHIATRY SUBPROVIDE |                                  |                               |                                |                        |                |                                 |                              |                         | 31.01 |
| 33 NURSERY                            | 987980                           | 47459                         | 165570                         | 207126                 | 1408135        | 305032                          | 78078                        | 84314                   | 33    |
| ANCILLARY SERVICE COST CENTERS        |                                  |                               |                                |                        |                |                                 |                              |                         |       |
| 37 OPERATING ROOM                     | 8818155                          | 409986                        | 1430318                        | 1891317                | 12549776       | 2718545                         | 674494                       | 728372                  | 37    |
| 39 DELIVERY ROOM & LABOR ROOM         | 1385169                          | 66537                         | 232129                         | 290395                 | 1974230        | 427660                          | 109465                       | 118209                  | 39    |
| 40 ANESTHESIOLOGY                     | 320725                           | 6107                          | 21305                          | 34642                  | 382779         | 82918                           | 10047                        | 10849                   | 40    |
| 41 RADIOLOGY-DIAGNOSTIC               | 10098368                         | 317369                        | 1107204                        | 1695101                | 13218042       | 2863305                         | 522124                       | 563830                  | 41    |
| 42 RADIOLOGY-THERAPEUTIC              | 2309985                          | 103270                        | 360278                         | 469578                 | 3243111        | 702526                          | 169896                       | 183467                  | 42    |
| 44 LABORATORY                         | 5142307                          | 10909                         | 38056                          | 561695                 | 5752967        | 1246213                         | 17946                        | 19380                   | 44    |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO |                                  |                               |                                |                        |                |                                 |                              |                         | 46.30 |
| 49 RESPIRATORY THERAPY                | 1350761                          | 20347                         | 70986                          | 291908                 | 1734002        | 375621                          | 33475                        | 36149                   | 49    |
| 50 PHYSICAL THERAPY                   | 5040495                          | 76743                         | 267733                         | 1057065                | 6442036        | 1395480                         | 126255                       | 136340                  | 50    |
| 55 MEDICAL SUPPLIES CHARGED TO PAT    | 19514020                         |                               |                                |                        | 19514020       | 4227147                         |                              |                         | 55    |
| 56 DRUGS CHARGED TO PATIENTS          | 7410524                          |                               |                                |                        | 7410524        | 1605275                         |                              |                         | 56    |
| 59 CARDIAC REHABILITATION             | 1581203                          | 15162                         | 52897                          | 341714                 | 1990976        | 431287                          | 24945                        | 26937                   | 59    |
| OUTPATIENT SERVICE COST CENTERS       |                                  |                               |                                |                        |                |                                 |                              |                         |       |
| 60 CLINIC                             | 412478                           | 23990                         | 83692                          | 88356                  | 608516         | 131817                          | 39467                        | 42619                   | 60    |
| 60.03 ANTICOAGULATION CLINIC          |                                  |                               |                                |                        |                |                                 |                              |                         | 60.03 |
| 61 EMERGENCY                          | 4745016                          | 79308                         | 276682                         | 1084327                | 6185333        | 1339873                         | 130475                       | 140897                  | 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                 | 2846921                          | 4309                          | 15032                          | 633863                 | 3500125        | 758201                          | 7088                         | 7655                    | 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                          | 169170050                        | 2297132                       | 8013991                        | 17613119               | 168609732      | 29926979                        | 3589074                      | 3519222                 | 95    |
| NONREIMBURSABLE COST CENTERS          |                                  |                               |                                |                        |                |                                 |                              |                         |       |
| 96 GIFT, FLOWER, COFFEE SHOP & CAN    | 2416                             | 22410                         | 78183                          |                        | 103009         | 22314                           | 36869                        | 39814                   | 96    |
| 98.01 OCCUPATIONAL HEALTH             | 1879624                          | 26253                         | 91590                          | 341854                 | 2339321        | 506746                          | 43191                        | 46641                   | 98.01 |
| 98.02 FLIGHT FOR LIFE                 | -3164                            |                               |                                |                        | -3164          |                                 |                              |                         | 98.02 |
| 98.03 HOME HEALTH DME                 | 29                               |                               |                                |                        | 29             | 6                               |                              |                         | 98.03 |
| 98.04 WELLNESS PROGRAM                | 312                              |                               |                                | 28                     | 340            | 74                              |                              |                         | 98.04 |
| 101 CROSS FOOT ADJUSTMENTS            |                                  |                               |                                |                        |                |                                 |                              |                         | 101   |
| 102 NEGATIVE COST CENTER              |                                  |                               |                                |                        |                |                                 |                              |                         | 102   |
| 103 TOTAL                             | 171049267                        | 2345795                       | 8183764                        | 17955001               | 171049267      | 30456119                        | 3669134                      | 3605677                 | 103   |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

| COST CENTER DESCRIPTION               | LAUNDRY & LINEN SERVICE<br>9 | HOUSE-KEEPING<br>10 | DIETARY<br>11 | CAFETERIA<br>12 | NURSING ADMINIS-TRATION<br>14 | CENTRAL SERVICES & SUPPLY<br>15 | PHARMACY<br>16 | MEDICAL RECORDS & LIBRARY<br>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     |
| 5 EMPLOYEE BENEFITS                   |                              |                     |               |                 |                               |                                 |                |                                 | 5     |
| 6 ADMINISTRATIVE & GENERAL            |                              |                     |               |                 |                               |                                 |                |                                 | 6     |
| 7 MAINTENANCE & REPAIRS               |                              |                     |               |                 |                               |                                 |                |                                 | 7     |
| 8 OPERATION OF PLANT                  |                              |                     |               |                 |                               |                                 |                |                                 | 8     |
| 9 LAUNDRY & LINEN SERVICE             | 909686                       |                     |               |                 |                               |                                 |                |                                 | 9     |
| 10 HOUSEKEEPING                       |                              | 3181481             |               |                 |                               |                                 |                |                                 | 10    |
| 11 DIETARY                            |                              | 130697              | 2921376       |                 |                               |                                 |                |                                 | 11    |
| 12 CAFETERIA                          |                              |                     |               | 1292185         |                               |                                 |                |                                 | 12    |
| 13 MAINTENANCE OF PERSONNEL           |                              |                     |               |                 |                               |                                 |                |                                 | 13    |
| 14 NURSING ADMINISTRATION             |                              | 28071               |               | 24303           | 2360814                       |                                 |                |                                 | 14    |
| 15 CENTRAL SERVICES & SUPPLY          |                              | 89501               |               | 19099           |                               | 2231654                         |                |                                 | 15    |
| 16 PHARMACY                           |                              | 33606               |               | 47560           |                               | 8838                            | 4779744        |                                 | 16    |
| 17 MEDICAL RECORDS & LIBRARY          |                              | 45158               |               | 56154           |                               | 355                             |                | 2923015                         | 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                | 463236                       | 680083              | 2250855       | 370717          | 1027743                       | 44431                           |                | 268465                          | 25    |
| 26 INTENSIVE CARE UNIT                | 70718                        | 133989              | 330829        | 82930           | 229895                        | 10940                           |                | 62012                           | 26    |
| 31 SUBPROVIDER I                      | 51375                        | 77293               | 242932        | 29853           | 82764                         | 1406                            |                | 21153                           | 31    |
| 31.01 INPATIENT PSYCHIATRY SUBPROVIDE |                              |                     |               |                 |                               |                                 |                |                                 | 31.01 |
| 33 NURSERY                            | 9240                         | 75735               |               | 17383           | 48185                         | 1758                            |                | 11778                           | 33    |
| ANCILLARY SERVICE COST CENTERS        |                              |                     |               |                 |                               |                                 |                |                                 |       |
| 37 OPERATING ROOM                     | 116895                       | 654255              |               | 169789          | 470697                        | 21710                           |                | 341662                          | 37    |
| 39 DELIVERY ROOM & LABOR ROOM         | 12954                        | 106180              | 96760         | 24368           | 67556                         | 2464                            |                | 16509                           | 39    |
| 40 ANESTHESIOLOGY                     |                              | 9745                |               | 4308            | 11933                         | 7219                            |                | 33456                           | 40    |
| 41 RADIOLOGY-DIAGNOSTIC               | 56875                        | 506456              |               | 131483          |                               | 33814                           |                | 713062                          | 41    |
| 42 RADIOLOGY-THERAPEUTIC              |                              | 164798              |               | 15590           |                               | 3051                            |                | 86008                           | 42    |
| 44 LABORATORY                         |                              | 17408               |               | 61142           |                               | 11113                           |                | 403688                          | 44    |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO |                              |                     |               |                 |                               |                                 |                |                                 | 46.30 |
| 49 RESPIRATORY THERAPY                |                              | 32470               |               | 27694           | 76770                         | 6978                            |                | 43139                           | 49    |
| 50 PHYSICAL THERAPY                   |                              | 122466              |               | 53303           |                               | 3781                            |                | 71510                           | 50    |
| 55 MEDICAL SUPPLIES CHARGED TO PAT    |                              |                     |               |                 |                               | 2051199                         |                | 327626                          | 55    |
| 56 DRUGS CHARGED TO PATIENTS          |                              |                     |               |                 |                               |                                 | 4779744        | 370139                          | 56    |
| 59 CARDIAC REHABILITATION             | 8988                         | 24196               |               | 25340           | 70256                         | 3152                            |                | 30027                           | 59    |
| OUTPATIENT SERVICE COST CENTERS       |                              |                     |               |                 |                               |                                 |                |                                 |       |
| 60 CLINIC                             |                              | 38282               |               | 4826            |                               | 878                             |                | 5097                            | 60    |
| 60.03 ANTICOAGULATION CLINIC          |                              |                     |               |                 |                               |                                 |                |                                 | 60.03 |
| 61 EMERGENCY                          | 119405                       | 126559              |               | 99200           | 275015                        | 15809                           |                | 117684                          | 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                 |                              | 6876                |               |                 |                               | 690                             |                |                                 | 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                          | 909686                       | 3103824             | 2921376       | 1265042         | 2360814                       | 2229586                         | 4779744        | 2923015                         | 95    |
| NONREIMBURSABLE COST CENTERS          |                              |                     |               |                 |                               |                                 |                |                                 |       |
| 96 GIFT, FLOWER, COFFEE SHOP & CAN    |                              | 35762               |               |                 |                               |                                 |                |                                 | 96    |
| 98.01 OCCUPATIONAL HEALTH             |                              | 41895               |               | 26873           |                               | 2065                            |                |                                 | 98.01 |
| 98.02 FLIGHT FOR LIFE                 |                              |                     |               |                 |                               |                                 |                |                                 | 98.02 |
| 98.03 HOME HEALTH DME                 |                              |                     |               |                 |                               | 3                               |                |                                 | 98.03 |
| 98.04 WELLNESS PROGRAM                |                              |                     |               | 270             |                               |                                 |                |                                 | 98.04 |
| 101 CROSS FOOT ADJUSTMENTS            |                              |                     |               |                 |                               |                                 |                |                                 | 101   |
| 102 NEGATIVE COST CENTER              |                              |                     |               |                 |                               |                                 |                |                                 | 102   |
| 103 TOTAL                             | 909686                       | 3181481             | 2921376       | 1292185         | 2360814                       | 2231654                         | 4779744        | 2923015                         | 103   |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

| COST CENTER DESCRIPTION               | SUBTOTAL  | I&R COST &<br>POST STEP-<br>DOWN ADJS | TOTAL     |       |
|---------------------------------------|-----------|---------------------------------------|-----------|-------|
|                                       | 25        | 26                                    | 27        |       |
| GENERAL SERVICE COST CENTERS          |           |                                       |           |       |
| 1 OLD CAP REL COSTS-BLDG & FIXT       |           |                                       |           | 1     |
| 2 OLD CAP REL COSTS-MVBLE EQUIP       |           |                                       |           | 2     |
| 3 NEW CAP REL COSTS-BLDG & FIXT       |           |                                       |           | 3     |
| 4 NEW CAP REL COSTS-MVBLE EQUIP       |           |                                       |           | 4     |
| 5 EMPLOYEE BENEFITS                   |           |                                       |           | 5     |
| 6 ADMINISTRATIVE & GENERAL            |           |                                       |           | 6     |
| 7 MAINTENANCE & REPAIRS               |           |                                       |           | 7     |
| 8 OPERATION OF PLANT                  |           |                                       |           | 8     |
| 9 LAUNDRY & LINEN SERVICE             |           |                                       |           | 9     |
| 10 HOUSEKEEPING                       |           |                                       |           | 10    |
| 11 DIETARY                            |           |                                       |           | 11    |
| 12 CAFETERIA                          |           |                                       |           | 12    |
| 13 MAINTENANCE OF PERSONNEL           |           |                                       |           | 13    |
| 14 NURSING ADMINISTRATION             |           |                                       |           | 14    |
| 15 CENTRAL SERVICES & SUPPLY          |           |                                       |           | 15    |
| 16 PHARMACY                           |           |                                       |           | 16    |
| 17 MEDICAL RECORDS & LIBRARY          |           |                                       |           | 17    |
| 18 SOCIAL SERVICE                     |           |                                       |           | 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                | 33512158  |                                       | 33512158  | 25    |
| 26 INTENSIVE CARE UNIT                | 9411257   |                                       | 9411257   | 26    |
| 31 SUBPROVIDER I                      | 2839423   |                                       | 2839423   | 31    |
| 31.01 INPATIENT PSYCHIATRY SUBPROVIDE |           |                                       |           | 31.01 |
| 33 NURSERY                            | 2039638   |                                       | 2039638   | 33    |
| ANCILLARY SERVICE COST CENTERS        |           |                                       |           |       |
| 37 OPERATING ROOM                     | 18446195  |                                       | 18446195  | 37    |
| 39 DELIVERY ROOM & LABOR ROOM         | 2956355   |                                       | 2956355   | 39    |
| 40 ANESTHESIOLOGY                     | 553254    |                                       | 553254    | 40    |
| 41 RADIOLOGY-DIAGNOSTIC               | 18608991  |                                       | 18608991  | 41    |
| 42 RADIOLOGY-THERAPEUTIC              | 4568447   |                                       | 4568447   | 42    |
| 44 LABORATORY                         | 7529857   |                                       | 7529857   | 44    |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO |           |                                       |           | 46.30 |
| 49 RESPIRATORY THERAPY                | 2366298   |                                       | 2366298   | 49    |
| 50 PHYSICAL THERAPY                   | 8351171   |                                       | 8351171   | 50    |
| 55 MEDICAL SUPPLIES CHARGED TO PAT    | 26119992  |                                       | 26119992  | 55    |
| 56 DRUGS CHARGED TO PATIENTS          | 14165682  |                                       | 14165682  | 56    |
| 59 CARDIAC REHABILITATION             | 2636104   |                                       | 2636104   | 59    |
| OUTPATIENT SERVICE COST CENTERS       |           |                                       |           |       |
| 60 CLINIC                             | 871502    |                                       | 871502    | 60    |
| 60.03 ANTICOAGULATION CLINIC          |           |                                       |           | 60.03 |
| 61 EMERGENCY                          | 8550250   |                                       | 8550250   | 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                 | 4280635   |                                       | 4280635   | 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                          | 167807209 |                                       | 167807209 | 95    |
| NONREIMBURSABLE COST CENTERS          |           |                                       |           |       |
| 96 GIFT, FLOWER, COFFEE SHOP & CAN    | 237768    |                                       | 237768    | 96    |
| 98.01 OCCUPATIONAL HEALTH             | 3006732   |                                       | 3006732   | 98.01 |
| 98.02 FLIGHT FOR LIFE                 | -3164     |                                       | -3164     | 98.02 |
| 98.03 HOME HEALTH DME                 | 38        |                                       | 38        | 98.03 |
| 98.04 WELLNESS PROGRAM                | 684       |                                       | 684       | 98.04 |
| 101 CROSS FOOT ADJUSTMENTS            |           |                                       |           | 101   |
| 102 NEGATIVE COST CENTER              |           |                                       |           | 102   |
| 103 TOTAL                             | 171049267 |                                       | 171049267 | 103   |

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

| COST CENTER DESCRIPTION               | DIR ASSGND<br>CAP-REL<br>COSTS<br>0 | NEW CAP<br>BLDGS &<br>FIXTURES<br>3 | NEW CAP<br>MOVABLE<br>EQUIPMENT<br>4 | CAP REL<br>COST TO<br>BE ALLOC<br>4A | EMPLOYEE<br>BENEFITS<br>5 | ADMINIS-<br>TRATIVE &<br>GENERAL<br>6 | MAIN-<br>TENANCE &<br>REPAIRS<br>7 | OPERATION<br>OF PLANT<br>8 |       |
|---------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|---------------------------|---------------------------------------|------------------------------------|----------------------------|-------|
| GENERAL SERVICE COST CENTERS          |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            |       |
| 1 OLD CAP REL COSTS-BLDG & FIXT       |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 1     |
| 2 OLD CAP REL COSTS-MVBLE EQUIP       |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 2     |
| 3 NEW CAP REL COSTS-BLDG & FIXT       |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 3     |
| 4 NEW CAP REL COSTS-MVBLE EQUIP       |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 4     |
| 5 EMPLOYEE BENEFITS                   |                                     | 44967                               | 156875                               | 201842                               | 201842                    |                                       |                                    |                            | 5     |
| 6 ADMINISTRATIVE & GENERAL            | 591606                              | 60147                               | 209836                               | 861589                               | 7652                      | 869241                                |                                    |                            | 6     |
| 7 MAINTENANCE & REPAIRS               |                                     | 10425                               | 36369                                | 46794                                | 2380                      | 18647                                 | 67821                              |                            | 7     |
| 8 OPERATION OF PLANT                  | 83                                  | 200689                              | 700143                               | 900915                               | 2746                      | 16647                                 | 6103                               | 926411                     | 8     |
| 9 LAUNDRY & LINEN SERVICE             |                                     | 4336                                | 15127                                | 19463                                | 158                       | 4548                                  | 132                                | 1979                       | 9     |
| 10 HOUSEKEEPING                       |                                     | 31566                               | 110125                               | 141691                               | 4391                      | 15620                                 | 960                                | 14409                      | 10    |
| 11 DIETARY                            | 11639                               | 81901                               | 285726                               | 379266                               | 2527                      | 12758                                 | 2491                               | 37384                      | 11    |
| 12 CAFETERIA                          |                                     |                                     |                                      |                                      | 2702                      | 6567                                  |                                    |                            | 12    |
| 13 MAINTENANCE OF PERSONNEL           |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 13    |
| 14 NURSING ADMINISTRATION             | 567                                 | 17591                               | 61368                                | 79526                                | 3996                      | 11426                                 | 535                                | 8029                       | 14    |
| 15 CENTRAL SERVICES & SUPPLY          | 419580                              | 56085                               | 195664                               | 671329                               | 1345                      | 9814                                  | 1706                               | 25601                      | 15    |
| 16 PHARMACY                           | 588262                              | 21059                               | 73470                                | 682791                               | 6968                      | 23468                                 | 640                                | 9613                       | 16    |
| 17 MEDICAL RECORDS & LIBRARY          | 11114                               | 28298                               | 98724                                | 138136                               | 4510                      | 13846                                 | 861                                | 12917                      | 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                |                                     | 426172                              | 1486782                              | 1912954                              | 45142                     | 136890                                | 12959                              | 194528                     | 25    |
| 26 INTENSIVE CARE UNIT                |                                     | 83964                               | 292923                               | 376887                               | 12748                     | 41687                                 | 2553                               | 38326                      | 26    |
| 31 SUBPROVIDER I                      |                                     | 48436                               | 168977                               | 217413                               | 3515                      | 11012                                 | 1473                               | 22109                      | 31    |
| 31.01 INPATIENT PSYCHIATRY SUBPROVIDE |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 31.01 |
| 33 NURSERY                            |                                     | 47459                               | 165570                               | 213029                               | 2329                      | 8706                                  | 1443                               | 21663                      | 33    |
| ANCILLARY SERVICE COST CENTERS        |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            |       |
| 37 OPERATING ROOM                     | 375970                              | 409986                              | 1430318                              | 2216274                              | 21264                     | 77595                                 | 12467                              | 187141                     | 37    |
| 39 DELIVERY ROOM & LABOR ROOM         |                                     | 66537                               | 232129                               | 298666                               | 3265                      | 12207                                 | 2023                               | 30371                      | 39    |
| 40 ANESTHESIOLOGY                     | 493                                 | 6107                                | 21305                                | 27905                                | 389                       | 2367                                  | 186                                | 2788                       | 40    |
| 41 RADIOLOGY-DIAGNOSTIC               | 274249                              | 317369                              | 1107204                              | 1698822                              | 19058                     | 81727                                 | 9651                               | 144866                     | 41    |
| 42 RADIOLOGY-THERAPEUTIC              | 149320                              | 103270                              | 360278                               | 612868                               | 5279                      | 20052                                 | 3140                               | 47138                      | 42    |
| 44 LABORATORY                         | 142406                              | 10909                               | 38056                                | 191371                               | 6315                      | 35571                                 | 332                                | 4979                       | 44    |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 46.30 |
| 49 RESPIRATORY THERAPY                | 49624                               | 20347                               | 70986                                | 140957                               | 3282                      | 10721                                 | 619                                | 9288                       | 49    |
| 50 PHYSICAL THERAPY                   | 437027                              | 76743                               | 267733                               | 781503                               | 11885                     | 39831                                 | 2334                               | 35030                      | 50    |
| 55 MEDICAL SUPPLIES CHARGED TO PAT    |                                     |                                     |                                      |                                      |                           | 120655                                |                                    |                            | 55    |
| 56 DRUGS CHARGED TO PATIENTS          |                                     |                                     |                                      |                                      |                           | 45819                                 |                                    |                            | 56    |
| 59 CARDIAC REHABILITATION             | 140462                              | 15162                               | 52897                                | 208521                               | 3842                      | 12310                                 | 461                                | 6921                       | 59    |
| OUTPATIENT SERVICE COST CENTERS       |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            |       |
| 60 CLINIC                             | 57076                               | 23990                               | 83692                                | 164758                               | 993                       | 3762                                  | 730                                | 10950                      | 60    |
| 60.03 ANTICOAGULATION CLINIC          |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 60.03 |
| 61 EMERGENCY                          | 20543                               | 79308                               | 276682                               | 376533                               | 12191                     | 38244                                 | 2412                               | 36201                      | 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                 | 32644                               | 4309                                | 15032                                | 51985                                | 7127                      | 21641                                 | 131                                | 1967                       | 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                          | 3302665                             | 2297132                             | 8013991                              | 13613788                             | 197999                    | 854138                                | 66342                              | 904198                     | 95    |
| NONREIMBURSABLE COST CENTERS          |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            |       |
| 96 GIFT, FLOWER, COFFEE SHOP & CAN    |                                     | 22410                               | 78183                                | 100593                               |                           | 637                                   | 681                                | 10229                      | 96    |
| 98.01 OCCUPATIONAL HEALTH             | 219678                              | 26253                               | 91590                                | 337521                               | 3843                      | 14464                                 | 798                                | 11984                      | 98.01 |
| 98.02 FLIGHT FOR LIFE                 | 24                                  |                                     |                                      | 24                                   |                           |                                       |                                    |                            | 98.02 |
| 98.03 HOME HEALTH DME                 |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 98.03 |
| 98.04 WELLNESS PROGRAM                |                                     |                                     |                                      |                                      |                           | 2                                     |                                    |                            | 98.04 |
| 101 CROSS FOOT ADJUSTMENTS            |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 101   |
| 102 NEGATIVE COST CENTER              |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 102   |
| 103 TOTAL                             | 3522367                             | 2345795                             | 8183764                              | 14051926                             | 201842                    | 869241                                | 67821                              | 926411                     | 103   |

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

| 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     |
| 5                                   |                         |               |         |           |                         |                           |          |                           | 5     |
| 6                                   |                         |               |         |           |                         |                           |          |                           | 6     |
| 7                                   |                         |               |         |           |                         |                           |          |                           | 7     |
| 8                                   |                         |               |         |           |                         |                           |          |                           | 8     |
| 9                                   | 26280                   |               |         |           |                         |                           |          |                           | 9     |
| 10                                  |                         | 177071        |         |           |                         |                           |          |                           | 10    |
| 11                                  |                         | 7274          | 441700  |           |                         |                           |          |                           | 11    |
| 12                                  |                         |               |         | 9269      |                         |                           |          |                           | 12    |
| 13                                  |                         |               |         |           |                         |                           |          |                           | 13    |
| 14                                  |                         | 1562          |         | 174       | 105248                  |                           |          |                           | 14    |
| 15                                  |                         | 4981          |         | 137       |                         | 714913                    |          |                           | 15    |
| 16                                  |                         | 1870          |         | 341       |                         | 2831                      | 728522   |                           | 16    |
| 17                                  |                         | 2513          |         | 403       |                         | 114                       |          | 173300                    | 17    |
| 18                                  |                         |               |         |           |                         |                           |          |                           | 18    |
| 20                                  |                         |               |         |           |                         |                           |          |                           | 20    |
| 21                                  |                         |               |         |           |                         |                           |          |                           | 21    |
| 22                                  |                         |               |         |           |                         |                           |          |                           | 22    |
| 23                                  |                         |               |         |           |                         |                           |          |                           | 23    |
| 24                                  |                         |               |         |           |                         |                           |          |                           | 24    |
| INPATIENT ROUTINE SERV COST CENTERS |                         |               |         |           |                         |                           |          |                           |       |
| 25                                  | 13383                   | 37852         | 340320  | 2657      | 45818                   | 14233                     |          | 15936                     | 25    |
| 26                                  | 2043                    | 7457          | 50020   | 595       | 10249                   | 3505                      |          | 3681                      | 26    |
| 31                                  | 1484                    | 4302          | 36730   | 214       | 3690                    | 450                       |          | 1256                      | 31    |
| 31.01                               |                         |               |         |           |                         |                           |          |                           | 31.01 |
| 33                                  | 267                     | 4215          |         | 125       | 2148                    | 563                       |          | 699                       | 33    |
| ANCILLARY SERVICE COST CENTERS      |                         |               |         |           |                         |                           |          |                           |       |
| 37                                  | 3377                    | 36414         |         | 1218      | 20984                   | 6955                      |          | 20281                     | 37    |
| 39                                  | 374                     | 5910          | 14630   | 175       | 3012                    | 789                       |          | 980                       | 39    |
| 40                                  |                         | 542           |         | 31        | 532                     | 2313                      |          | 1986                      | 40    |
| 41                                  | 1643                    | 28188         |         | 943       |                         | 10832                     |          | 42117                     | 41    |
| 42                                  |                         | 9172          |         | 112       |                         | 978                       |          | 5105                      | 42    |
| 44                                  |                         | 969           |         | 439       |                         | 3560                      |          | 23963                     | 44    |
| 46.30                               |                         |               |         |           |                         |                           |          |                           | 46.30 |
| 49                                  |                         | 1807          |         | 199       | 3422                    | 2235                      |          | 2561                      | 49    |
| 50                                  |                         | 6816          |         | 382       |                         | 1211                      |          | 4245                      | 50    |
| 55                                  |                         |               |         |           |                         | 657105                    |          | 19448                     | 55    |
| 56                                  |                         |               |         |           |                         |                           | 728522   | 21971                     | 56    |
| 59                                  | 260                     | 1347          |         | 182       | 3132                    | 1010                      |          | 1782                      | 59    |
| OUTPATIENT SERVICE COST CENTERS     |                         |               |         |           |                         |                           |          |                           |       |
| 60                                  |                         | 2131          |         | 35        |                         | 281                       |          | 303                       | 60    |
| 60.03                               |                         |               |         |           |                         |                           |          |                           | 60.03 |
| 61                                  | 3449                    | 7044          |         | 712       | 12261                   | 5065                      |          | 6986                      | 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                                  |                         | 383           |         |           |                         | 221                       |          |                           | 71    |
| SPECIAL PURPOSE COST CENTERS        |                         |               |         |           |                         |                           |          |                           |       |
| 85.01                               |                         |               |         |           |                         |                           |          |                           | 85.01 |
| 85.02                               |                         |               |         |           |                         |                           |          |                           | 85.02 |
| 85.03                               |                         |               |         |           |                         |                           |          |                           | 85.03 |
| 95                                  | 26280                   | 172749        | 441700  | 9074      | 105248                  | 714251                    | 728522   | 173300                    | 95    |
| NONREIMBURSABLE COST CENTERS        |                         |               |         |           |                         |                           |          |                           |       |
| 96                                  |                         | 1990          |         |           |                         |                           |          |                           | 96    |
| 98.01                               |                         | 2332          |         | 193       |                         | 661                       |          |                           | 98.01 |
| 98.02                               |                         |               |         |           |                         |                           |          |                           | 98.02 |
| 98.03                               |                         |               |         |           |                         | 1                         |          |                           | 98.03 |
| 98.04                               |                         |               |         | 2         |                         |                           |          |                           | 98.04 |
| 101                                 |                         |               |         |           |                         |                           |          |                           | 101   |
| 102                                 |                         |               |         |           |                         |                           |          |                           | 102   |
| 103                                 | 26280                   | 177071        | 441700  | 9269      | 105248                  | 714913                    | 728522   | 173300                    | 103   |

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

| COST CENTER DESCRIPTION               | SUBTOTAL | I&R COST &<br>POST STEP-<br>DOWN ADJS | TOTAL    |       |
|---------------------------------------|----------|---------------------------------------|----------|-------|
|                                       | 25       | 26                                    | 27       |       |
| GENERAL SERVICE COST CENTERS          |          |                                       |          |       |
| 1 OLD CAP REL COSTS-BLDG & FIXT       |          |                                       |          | 1     |
| 2 OLD CAP REL COSTS-MVBLE EQUIP       |          |                                       |          | 2     |
| 3 NEW CAP REL COSTS-BLDG & FIXT       |          |                                       |          | 3     |
| 4 NEW CAP REL COSTS-MVBLE EQUIP       |          |                                       |          | 4     |
| 5 EMPLOYEE BENEFITS                   |          |                                       |          | 5     |
| 6 ADMINISTRATIVE & GENERAL            |          |                                       |          | 6     |
| 7 MAINTENANCE & REPAIRS               |          |                                       |          | 7     |
| 8 OPERATION OF PLANT                  |          |                                       |          | 8     |
| 9 LAUNDRY & LINEN SERVICE             |          |                                       |          | 9     |
| 10 HOUSEKEEPING                       |          |                                       |          | 10    |
| 11 DIETARY                            |          |                                       |          | 11    |
| 12 CAFETERIA                          |          |                                       |          | 12    |
| 13 MAINTENANCE OF PERSONNEL           |          |                                       |          | 13    |
| 14 NURSING ADMINISTRATION             |          |                                       |          | 14    |
| 15 CENTRAL SERVICES & SUPPLY          |          |                                       |          | 15    |
| 16 PHARMACY                           |          |                                       |          | 16    |
| 17 MEDICAL RECORDS & LIBRARY          |          |                                       |          | 17    |
| 18 SOCIAL SERVICE                     |          |                                       |          | 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                | 2772672  |                                       | 2772672  | 25    |
| 26 INTENSIVE CARE UNIT                | 549751   |                                       | 549751   | 26    |
| 31 SUBPROVIDER I                      | 303648   |                                       | 303648   | 31    |
| 31.01 INPATIENT PSYCHIATRY SUBPROVIDE |          |                                       |          | 31.01 |
| 33 NURSERY                            | 255187   |                                       | 255187   | 33    |
| ANCILLARY SERVICE COST CENTERS        |          |                                       |          |       |
| 37 OPERATING ROOM                     | 2603970  |                                       | 2603970  | 37    |
| 39 DELIVERY ROOM & LABOR ROOM         | 372402   |                                       | 372402   | 39    |
| 40 ANESTHESIOLOGY                     | 39039    |                                       | 39039    | 40    |
| 41 RADIOLOGY-DIAGNOSTIC               | 2037847  |                                       | 2037847  | 41    |
| 42 RADIOLOGY-THERAPEUTIC              | 703844   |                                       | 703844   | 42    |
| 44 LABORATORY                         | 267499   |                                       | 267499   | 44    |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO |          |                                       |          | 46.30 |
| 49 RESPIRATORY THERAPY                | 175091   |                                       | 175091   | 49    |
| 50 PHYSICAL THERAPY                   | 883237   |                                       | 883237   | 50    |
| 55 MEDICAL SUPPLIES CHARGED TO PAT    | 797208   |                                       | 797208   | 55    |
| 56 DRUGS CHARGED TO PATIENTS          | 796312   |                                       | 796312   | 56    |
| 59 CARDIAC REHABILITATION             | 239768   |                                       | 239768   | 59    |
| OUTPATIENT SERVICE COST CENTERS       |          |                                       |          |       |
| 60 CLINIC                             | 183943   |                                       | 183943   | 60    |
| 60.03 ANTICOAGULATION CLINIC          |          |                                       |          | 60.03 |
| 61 EMERGENCY                          | 501098   |                                       | 501098   | 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                 | 83455    |                                       | 83455    | 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                          | 13565971 |                                       | 13565971 | 95    |
| NONREIMBURSABLE COST CENTERS          |          |                                       |          |       |
| 96 GIFT, FLOWER, COFFEE SHOP & CAN    | 114130   |                                       | 114130   | 96    |
| 98.01 OCCUPATIONAL HEALTH             | 371796   |                                       | 371796   | 98.01 |
| 98.02 FLIGHT FOR LIFE                 | 24       |                                       | 24       | 98.02 |
| 98.03 HOME HEALTH DME                 | 1        |                                       | 1        | 98.03 |
| 98.04 WELLNESS PROGRAM                | 4        |                                       | 4        | 98.04 |
| 101 CROSS FOOT ADJUSTMENTS            |          |                                       |          | 101   |
| 102 NEGATIVE COST CENTER              |          |                                       |          | 102   |
| 103 TOTAL                             | 14051926 |                                       | 14051926 | 103   |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION             | NEW CAP                               | NEW CAP                                | EMPLOYEE                      | RECON-<br>CILIATION | ADMINIS-<br>TRATIVE &<br>GENERAL | MAIN-<br>TENANCE &<br>REPAIRS | OPERATION<br>OF PLANT |       |
|-------------------------------------|---------------------------------------|--|-------------------------------|---------------------|----------------------------------|-------------------------------|-----------------------|-------|
|                                     | BLDGS &<br>FIXTURES<br>SQUARE<br>FEET | MOVABLE<br>EQUIPMENT<br>SQUARE<br>FEET | BENEFITS<br>GROSS<br>SALARIES |                     | ACCUM<br>COST                    | FEET                          | SQUARE<br>FEET        |       |
|                                     | 3                                     | 4                                      | 5                             | 6A                  | 6                                | 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     | 256976                                |  |                               |                     |                                  |                               |                       | 3     |
| 4 NEW CAP REL COSTS-MVBLE EQUIP     |                                       | 256976                                 |                               |                     |                                  |                               |                       | 4     |
| 5 EMPLOYEE BENEFITS                 | 4926                                  | 4926                                   | 68453452                      |                     |                                  |                               |                       | 5     |
| 6 ADMINISTRATIVE & GENERAL          | 6589                                  | 6589                                   | 2594907                       | -30456119           | 140596312                        |                               |                       | 6     |
| 7 MAINTENANCE & REPAIRS             | 1142                                  | 1142                                   | 807194                        |                     | 3015840                          | 244319                        |                       | 7     |
| 8 OPERATION OF PLANT                | 21985                                 | 21985                                  | 931212                        |                     | 2692302                          | 21985                         | 222334                | 8     |
| 9 LAUNDRY & LINEN SERVICE           | 475                                   | 475                                    | 53545                         |                     | 735521                           | 475                           | 475                   | 9     |
| 10 HOUSEKEEPING                     | 3458                                  | 3458                                   | 1489020                       |                     | 2526234                          | 3458                          | 3458                  | 10    |
| 11 DIETARY                          | 8972                                  | 8972                                   | 856884                        |                     | 2063450                          | 8972                          | 8972                  | 11    |
| 12 CAFETERIA                        |                                       |  | 916205                        |                     | 1062110                          |                               |                       | 12    |
| 13 MAINTENANCE OF PERSONNEL         |                                       |  |                               |                     |                                  |                               |                       | 13    |
| 14 NURSING ADMINISTRATION           | 1927                                  | 1927                                   | 1355034                       |                     | 1847946                          | 1927                          | 1927                  | 14    |
| 15 CENTRAL SERVICES & SUPPLY        | 6144                                  | 6144                                   | 456029                        |                     | 1587302                          | 6144                          | 6144                  | 15    |
| 16 PHARMACY                         | 2307                                  | 2307                                   | 2363000                       |                     | 3795496                          | 2307                          | 2307                  | 16    |
| 17 MEDICAL RECORDS & LIBRARY        | 3100                                  | 3100                                   | 1529440                       |                     | 2239415                          | 3100                          | 3100                  | 17    |
| 18 SOCIAL SERVICE                   |                                       |  |                               |                     |                                  |                               |                       | 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              | 46686                                 | 46686                                  | 15315799                      |                     | 22150182                         | 46686                         | 46686                 | 25    |
| 26 INTENSIVE CARE UNIT              | 9198                                  | 9198                                   | 4322760                       |                     | 6742151                          | 9198                          | 9198                  | 26    |
| 31 SUBPROVIDER I                    | 5306                                  | 5306                                   | 1191976                       |                     | 1781092                          | 5306                          | 5306                  | 31    |
| 31.01 INPATIENT PSYCHIATRY SUBPROVI |                                       |  |                               |                     |                                  |                               |                       | 31.01 |
| 33 NURSERY                          | 5199                                  | 5199                                   | 789668                        |                     | 1408135                          | 5199                          | 5199                  | 33    |
| ANCILLARY SERVICE COST CENTERS      |                                       |  |                               |                     |                                  |                               |                       |       |
| 37 OPERATING ROOM                   | 44913                                 | 44913                                  | 7210647                       |                     | 12549776                         | 44913                         | 44913                 | 37    |
| 39 DELIVERY ROOM & LABOR ROOM       | 7289                                  | 7289                                   | 1107131                       |                     | 1974230                          | 7289                          | 7289                  | 39    |
| 40 ANESTHESIOLOGY                   | 669                                   | 669                                    | 132071                        |                     | 382779                           | 669                           | 669                   | 40    |
| 41 RADIOLOGY-DIAGNOSTIC             | 34767                                 | 34767                                  | 6462573                       |                     | 13218042                         | 34767                         | 34767                 | 41    |
| 42 RADIOLOGY-THERAPEUTIC            | 11313                                 | 11313                                  | 1790266                       |                     | 3243111                          | 11313                         | 11313                 | 42    |
| 44 LABORATORY                       | 1195                                  | 1195                                   | 2141461                       |                     | 5752967                          | 1195                          | 1195                  | 44    |
| 46.30 BLOOD CLOTTING FACTORS ADMIN  |                                       |  |                               |                     |                                  |                               |                       | 46.30 |
| 49 RESPIRATORY THERAPY              | 2229                                  | 2229                                   | 1112900                       |                     | 1734002                          | 2229                          | 2229                  | 49    |
| 50 PHYSICAL THERAPY                 | 8407                                  | 8407                                   | 4030063                       |                     | 6442036                          | 8407                          | 8407                  | 50    |
| 55 MEDICAL SUPPLIES CHARGED TO P    |                                       |  |                               |                     | 19514020                         |                               |                       | 55    |
| 56 DRUGS CHARGED TO PATIENTS        |                                       |  |                               |                     | 7410524                          |                               |                       | 56    |
| 59 CARDIAC REHABILITATION           | 1661                                  | 1661                                   | 1302786                       |                     | 1990976                          | 1661                          | 1661                  | 59    |
| OUTPATIENT SERVICE COST CENTERS     |                                       |  |                               |                     |                                  |                               |                       |       |
| 60 CLINIC                           | 2628                                  | 2628                                   | 336856                        |                     | 608516                           | 2628                          | 2628                  | 60    |
| 60.03 ANTICOAGULATION CLINIC        |                                       |  |                               |                     |                                  |                               |                       | 60.03 |
| 61 EMERGENCY                        | 8688                                  | 8688                                   | 4133997                       |                     | 6185333                          | 8688                          | 8688                  | 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               | 472                                   | 472                                    | 2416603                       |                     | 3500125                          | 472                           | 472                   | 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                        | 251645                                | 251645                                 | 67150027                      | -30456119           | 138153613                        | 238988                        | 217003                | 95    |
| NONREIMBURSABLE COST CENTERS        |                                       |  |                               |                     |                                  |                               |                       |       |
| 96 GIFT, FLOWER, COFFEE SHOP & C    | 2455                                  | 2455                                   |                               |                     | 103009                           | 2455                          | 2455                  | 96    |
| 98.01 OCCUPATIONAL HEALTH           | 2876                                  | 2876                                   | 1303320                       |                     | 2339321                          | 2876                          | 2876                  | 98.01 |
| 98.02 FLIGHT FOR LIFE               |                                       |  |                               | 3164                |                                  |                               |                       | 98.02 |
| 98.03 HOME HEALTH DME               |                                       |  |                               |                     | 29                               |                               |                       | 98.03 |
| 98.04 WELLNESS PROGRAM              |                                       |  | 105                           |                     | 340                              |                               |                       | 98.04 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION           | NEW CAP                               | NEW CAP                                | EMPLOYEE                      | RECON-<br>CILIATION | ADMINIS-<br>TRATIVE &<br>GENERAL | MAIN-<br>TENANCE &<br>REPAIRS | OPERATION                  |
|-----------------------------------|---------------------------------------|--|-------------------------------|---------------------|----------------------------------|-------------------------------|----------------------------|
|                                   | BLDGS &<br>FIXTURES<br>SQUARE<br>FEET | MOVABLE<br>EQUIPMENT<br>SQUARE<br>FEET | BENEFITS<br>GROSS<br>SALARIES |                     | ACCUM<br>COST                    | SQUARE<br>FEET                | OF PLANT<br>SQUARE<br>FEET |
|                                   | 3                                     | 4                                      | 5                             | 6A                  | 6                                | 7                             | 8                          |
| 101 CROSS FOOT ADJUSTMENTS        |                                       |  |                               |                     |                                  |                               | 101                        |
| 102 NEGATIVE COST CENTER          |                                       |  |                               |                     |                                  |                               | 102                        |
| 103 COST TO BE ALLOC PER B PT I   | 2345795                               | 8183764                                | 17955001                      |                     | 30456119                         | 3669134                       | 3605677 103                |
| 104 UNIT COST MULT-WS B PT I      |                                       | 31.846414                              |                               |                     |                                  | 15.017800                     | 104                        |
| 104 UNIT COST MULT-WS B PT I      | 9.128459                              |  | .262295                       |                     | .216621                          |                               | 16.217389 104              |
| 105 COST TO BE ALLOC PER B PT II  |                                       |  |                               |                     |                                  |                               | 105                        |
| 106 UNIT COST MULT-WS B PT II     |                                       |  |                               |                     |                                  |                               | 106                        |
| 106 UNIT COST MULT-WS B PT II     |                                       |  |                               |                     |                                  |                               | 106                        |
| 107 COST TO BE ALLOC PER B PT III |                                       |  | 201842                        |                     | 869241                           | 67821                         | 926411 107                 |
| 108 UNIT COST MULT-WS B PT III    |                                       |  |                               |                     |                                  | .277592                       | 108                        |
| 108 UNIT COST MULT-WS B PT III    |                                       |  | .002949                       |                     | .006183                          |                               | 4.166754 108               |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION             | LAUNDRY & LINEN SERVICE<br>POUNDS OF LAUNDRY<br>9 | HOUSE-KEEPING<br>SQUARE FEET<br>10 | DIETARY<br>MEALS SERVED<br>11 | CAFETERIA<br>MEALS SERVED<br>12 | NURSING ADMINIS-TRATION<br>DIRECT NRSING HRS<br>14 | CENTRAL SERVICES & SUPPLY<br>COSTED REQUIS.<br>15 | PHARMACY<br>COSTED REQUIS.<br>16 | MEDICAL RECORDS & LIBRARY<br>GROSS REVENUE<br>17 |       |
|-------------------------------------|---|------------------------------------|-------------------------------|---------------------------------|--|---|----------------------------------|--|-------|
| GENERAL SERVICE COST CENTERS        |   |                                    |                               |                                 |  |   |                                  |  |       |
| 1                                   |   |                                    |                               |                                 |  |   |                                  |  | 1     |
| 2                                   |   |                                    |                               |                                 |  |   |                                  |  | 2     |
| 3                                   |   |                                    |                               |                                 |  |   |                                  |  | 3     |
| 4                                   |   |                                    |                               |                                 |  |   |                                  |  | 4     |
| 5                                   |   |                                    |                               |                                 |  |   |                                  |  | 5     |
| 6                                   |   |                                    |                               |                                 |  |   |                                  |  | 6     |
| 7                                   |   |                                    |                               |                                 |  |   |                                  |  | 7     |
| 8                                   |   |                                    |                               |                                 |  |   |                                  |  | 8     |
| 9                                   | 1333510   |                                    |                               |                                 |  |   |                                  |  | 9     |
| 10                                  |   | 218401                             |                               |                                 |  |   |                                  |  | 10    |
| 11                                  |   | 8972                               | 138762                        |                                 |  |   |                                  |  | 11    |
| 12                                  |   |                                    |                               | 119683                          |  |   |                                  |  | 12    |
| 13                                  |   |                                    |                               |                                 |  |   |                                  |  | 13    |
| 14                                  |   | 1927                               |                               | 2251                            | 1144863  |   |                                  |  | 14    |
| 15                                  |   | 6144                               |                               | 1769                            |  | 21230784  |                                  |  | 15    |
| 16                                  |   | 2307                               |                               | 4405                            |  | 84084   | 7410524                          |  | 16    |
| 17                                  |   | 3100                               |                               | 5201                            |  | 3375  |                                  | 532268983  | 17    |
| 18                                  |   |                                    |                               |                                 |  |   |                                  |  | 18    |
| 20                                  |   |                                    |                               |                                 |  |   |                                  |  | 20    |
| 21                                  |   |                                    |                               |                                 |  |   |                                  |  | 21    |
| 22                                  |   |                                    |                               |                                 |  |   |                                  |  | 22    |
| 23                                  |   |                                    |                               |                                 |  |   |                                  |  | 23    |
| 24                                  |   |                                    |                               |                                 |  |   |                                  |  | 24    |
| INPATIENT ROUTINE SERV COST CENTERS |   |                                    |                               |                                 |  |   |                                  |  |       |
| 25                                  | 679059  | 46686                              | 106913                        | 34336                           | 498398   | 422695  |                                  | 48882855   | 25    |
| 26                                  | 103666  | 9198                               | 15714                         | 7681                            | 111486   | 104080  |                                  | 11291259   | 26    |
| 31                                  | 75310   | 5306                               | 11539                         | 2765                            | 40136  | 13374   |                                  | 3851531  | 31    |
| 31.01                               |   |                                    |                               |                                 |  |   |                                  |  | 31.01 |
| 33                                  | 13545   | 5199                               |                               | 1610                            | 23367  | 16723   |                                  | 2144493  | 33    |
| ANCILLARY SERVICE COST CENTERS      |   |                                    |                               |                                 |  |   |                                  |  |       |
| 37                                  | 171356  | 44913                              |                               | 15726                           | 228262   | 206541  |                                  | 62210832   | 37    |
| 39                                  | 18990   | 7289                               | 4596                          | 2257                            | 32761  | 23445   |                                  | 3005920  | 39    |
| 40                                  |   | 669                                |                               | 399                             | 5787   | 68682   |                                  | 6091708  | 40    |
| 41                                  | 83373   | 34767                              |                               | 12178                           |  | 321687  |                                  | 129874566  | 41    |
| 42                                  |   | 11313                              |                               | 1444                            |  | 29030   |                                  | 15660598   | 42    |
| 44                                  |   | 1195                               |                               | 5663                            |  | 105721  |                                  | 73504690   | 44    |
| 46.30                               |   |                                    |                               |                                 |  |   |                                  |  | 46.30 |
| 49                                  |   | 2229                               |                               | 2565                            | 37229  | 66382   |                                  | 7854851  | 49    |
| 50                                  |   | 8407                               |                               | 4937                            |  | 35971   |                                  | 13020767   | 50    |
| 55                                  |   |                                    |                               |                                 |  | 19514020  |                                  | 59655202   | 55    |
| 56                                  |   |                                    |                               |                                 |  |   | 7410524                          | 67396112   | 56    |
| 59                                  | 13175   | 1661                               |                               | 2347                            | 34070  | 29985   |                                  | 5467359  | 59    |
| OUTPATIENT SERVICE COST CENTERS     |   |                                    |                               |                                 |  |   |                                  |  |       |
| 60                                  |   | 2628                               |                               | 447                             |  | 8353  |                                  | 928064   | 60    |
| 60.03                               |   |                                    |                               |                                 |  |   |                                  |  | 60.03 |
| 61                                  | 175036  | 8688                               |                               | 9188                            | 133367   | 150403  |                                  | 21428176   | 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                                  |   | 472                                |                               |                                 |  | 6563  |                                  |  | 71    |
| SPECIAL PURPOSE COST CENTERS        |   |                                    |                               |                                 |  |   |                                  |  |       |
| 85.01                               |   |                                    |                               |                                 |  |   |                                  |  | 85.01 |
| 85.02                               |   |                                    |                               |                                 |  |   |                                  |  | 85.02 |
| 85.03                               |   |                                    |                               |                                 |  |   |                                  |  | 85.03 |
| 95                                  | 1333510   | 213070                             | 138762                        | 117169                          | 1144863  | 21211114  | 7410524                          | 532268983  | 95    |
| NONREIMBURSABLE COST CENTERS        |   |                                    |                               |                                 |  |   |                                  |  |       |
| 96                                  |   | 2455                               |                               |                                 |  |   |                                  |  | 96    |
| 98.01                               |   | 2876                               |                               | 2489                            |  | 19641   |                                  |  | 98.01 |
| 98.02                               |   |                                    |                               |                                 |  |   |                                  |  | 98.02 |
| 98.03                               |   |                                    |                               |                                 |  | 29  |                                  |  | 98.03 |
| 98.04                               |   |                                    |                               | 25                              |  |   |                                  |  | 98.04 |

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<br>9  | SQUARE FEET<br>10 | MEALS SERVED<br>11 | MEALS SERVED<br>12 | DIRECT NRSING HRS<br>14 | COSTED REQUIS.<br>15      | COSTED REQUIS.<br>16 | GROSS REVENUE<br>17       |     |
| 101 CROSS FOOT ADJUSTMENTS        |                         |                   |                    |                    |                         |                           |                      |                           | 101 |
| 102 NEGATIVE COST CENTER          |                         |                   |                    |                    |                         |                           |                      |                           | 102 |
| 103 COST TO BE ALLOC PER B PT I   | 909686                  | 3181481           | 2921376            | 1292185            | 2360814                 | 2231654                   | 4779744              | 2923015                   | 103 |
| 104 UNIT COST MULT-WS B PT I      | .682174                 |                   | 21.053141          |                    | 2.062093                |                           | .644994              |                           | 104 |
| 104 UNIT COST MULT-WS B PT I      |                         | 14.567154         |                    | 10.796730          |                         | .105114                   |                      | .005492                   | 104 |
| 105 COST TO BE ALLOC PER B PT II  |                         |                   |                    |                    |                         |                           |                      |                           | 105 |
| 106 UNIT COST MULT-WS B PT II     |                         |                   |                    |                    |                         |                           |                      |                           | 106 |
| 106 UNIT COST MULT-WS B PT II     |                         |                   |                    |                    |                         |                           |                      |                           | 106 |
| 107 COST TO BE ALLOC PER B PT III | 26280                   | 177071            | 441700             | 9269               | 105248                  | 714913                    | 728522               | 173300                    | 107 |
| 108 UNIT COST MULT-WS B PT III    | .019707                 |                   | 3.183148           |                    | .091931                 |                           | .098309              |                           | 108 |
| 108 UNIT COST MULT-WS B PT III    |                         | .810761           |                    | .077446            |                         | .033673                   |                      | .000326                   | 108 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

|                                     |                               |       |
|-------------------------------------|-------------------------------|-------|
| GENERAL SERVICE COST CENTERS        |                               |       |
| 1                                   | OLD CAP REL COSTS-BLDG & FIXT | 1     |
| 2                                   | OLD CAP REL COSTS-MVBLE EQUIP | 2     |
| 3                                   | NEW CAP REL COSTS-BLDG & FIXT | 3     |
| 4                                   | NEW CAP REL COSTS-MVBLE EQUIP | 4     |
| 5                                   | EMPLOYEE BENEFITS             | 5     |
| 6                                   | ADMINISTRATIVE & GENERAL      | 6     |
| 7                                   | MAINTENANCE & REPAIRS         | 7     |
| 8                                   | OPERATION OF PLANT            | 8     |
| 9                                   | LAUNDRY & LINEN SERVICE       | 9     |
| 10                                  | HOUSEKEEPING                  | 10    |
| 11                                  | DIETARY                       | 11    |
| 12                                  | CAFETERIA                     | 12    |
| 13                                  | MAINTENANCE OF PERSONNEL      | 13    |
| 14                                  | NURSING ADMINISTRATION        | 14    |
| 15                                  | CENTRAL SERVICES & SUPPLY     | 15    |
| 16                                  | PHARMACY                      | 16    |
| 17                                  | MEDICAL RECORDS & LIBRARY     | 17    |
| 18                                  | SOCIAL SERVICE                | 18    |
| 20                                  | NONPHYSICIAN ANESTHETISTS     | 20    |
| 21                                  | NURSING SCHOOL                | 21    |
| 22                                  | I&R SERVICES-SALARY & FRINGES | 22    |
| 23                                  | I&R SERVICES-OTHER PRGM COSTS | 23    |
| 24                                  | PARAMED ED PRGM-(SPECIFY)     | 24    |
| INPATIENT ROUTINE SERV COST CENTERS |                               |       |
| 25                                  | ADULTS & PEDIATRICS           | 25    |
| 26                                  | INTENSIVE CARE UNIT           | 26    |
| 31                                  | SUBPROVIDER I                 | 31    |
| 31.01                               | INPATIENT PSYCHIATRY SUBPROVI | 31.01 |
| 33                                  | NURSERY                       | 33    |
| ANCILLARY SERVICE COST CENTERS      |                               |       |
| 37                                  | OPERATING ROOM                | 37    |
| 39                                  | DELIVERY ROOM & LABOR ROOM    | 39    |
| 40                                  | ANESTHESIOLOGY                | 40    |
| 41                                  | RADIOLOGY-DIAGNOSTIC          | 41    |
| 42                                  | RADIOLOGY-THERAPEUTIC         | 42    |
| 44                                  | LABORATORY                    | 44    |
| 46.30                               | BLOOD CLOTTING FACTORS ADMIN  | 46.30 |
| 49                                  | RESPIRATORY THERAPY           | 49    |
| 50                                  | PHYSICAL THERAPY              | 50    |
| 55                                  | MEDICAL SUPPLIES CHARGED TO P | 55    |
| 56                                  | DRUGS CHARGED TO PATIENTS     | 56    |
| 59                                  | CARDIAC REHABILITATION        | 59    |
| OUTPATIENT SERVICE COST CENTERS     |                               |       |
| 60                                  | CLINIC                        | 60    |
| 60.03                               | ANTICOAGULATION CLINIC        | 60.03 |
| 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                     | 95    |
| NONREIMBURSABLE COST CENTERS        |                               |       |
| 96                                  | GIFT, FLOWER, COFFEE SHOP & C | 96    |
| 98.01                               | OCCUPATIONAL HEALTH           | 98.01 |
| 98.02                               | FLIGHT FOR LIFE               | 98.02 |
| 98.03                               | HOME HEALTH DME               | 98.03 |
| 98.04                               | WELLNESS PROGRAM              | 98.04 |

PROVIDER NO. 14-0116 NORTHERN ILLINOIS MEDICAL CENT  
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05  
11/27/2008 15:14

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

|     |                               |     |
|-----|-------------------------------|-----|
| 101 | CROSS FOOT ADJUSTMENTS        | 101 |
| 102 | NEGATIVE COST CENTER          | 102 |
| 103 | COST TO BE ALLOC PER B PT I   | 103 |
| 104 | UNIT COST MULT-WS B PT I      | 104 |
| 104 | UNIT COST MULT-WS B PT I      | 104 |
| 105 | COST TO BE ALLOC PER B PT II  | 105 |
| 106 | UNIT COST MULT-WS B PT II     | 106 |
| 106 | UNIT COST MULT-WS B PT II     | 106 |
| 107 | COST TO BE ALLOC PER B PT III | 107 |
| 108 | UNIT COST MULT-WS B PT III    | 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<br>(FROM WKST B,<br>PART I, COL 27)<br>1 | THERAPY<br>LIMIT<br>ADJUSTMENT<br>2 | TOTAL<br>COSTS<br>3 | RCE<br>DISALLOWANCE<br>4 | TOTAL<br>COSTS<br>5 |       |
|-------------------------------------|---|-------------------------------------|---------------------|--------------------------|---------------------|-------|
| INPATIENT ROUTINE SERV COST CENTERS |   |                                     |                     |                          |                     |       |
| 25 ADULTS & PEDIATRICS              | 33512158  |                                     | 33512158            |                          | 33512158            | 25    |
| 26 INTENSIVE CARE UNIT              | 9411257   |                                     | 9411257             |                          | 9411257             | 26    |
| 31 SUBPROVIDER I                    | 2839423   |                                     | 2839423             |                          | 2839423             | 31    |
| 31.01 INPATIENT PSYCHIATRY SUBPRO   |   |                                     |                     |                          |                     | 31.01 |
| 33 NURSERY                          | 2039638   |                                     | 2039638             |                          | 2039638             | 33    |
| ANCILLARY SERVICE COST CENTERS      |   |                                     |                     |                          |                     |       |
| 37 OPERATING ROOM                   | 18446195  |                                     | 18446195            |                          | 18446195            | 37    |
| 39 DELIVERY ROOM & LABOR ROOM       | 2956355   |                                     | 2956355             |                          | 2956355             | 39    |
| 40 ANESTHESIOLOGY                   | 553254  |                                     | 553254              |                          | 553254              | 40    |
| 41 RADIOLOGY-DIAGNOSTIC             | 18608991  |                                     | 18608991            |                          | 18608991            | 41    |
| 42 RADIOLOGY-THERAPEUTIC            | 4568447   |                                     | 4568447             |                          | 4568447             | 42    |
| 44 LABORATORY                       | 7529857   |                                     | 7529857             |                          | 7529857             | 44    |
| 46.30 BLOOD CLOTTING FACTORS ADMI   |   |                                     |                     |                          |                     | 46.30 |
| 49 RESPIRATORY THERAPY              | 2366298   |                                     | 2366298             |                          | 2366298             | 49    |
| 50 PHYSICAL THERAPY                 | 8351171   |                                     | 8351171             |                          | 8351171             | 50    |
| 55 MEDICAL SUPPLIES CHARGED TO      | 26119992  |                                     | 26119992            |                          | 26119992            | 55    |
| 56 DRUGS CHARGED TO PATIENTS        | 14165682  |                                     | 14165682            |                          | 14165682            | 56    |
| 59 CARDIAC REHABILITATION           | 2636104   |                                     | 2636104             |                          | 2636104             | 59    |
| OUTPATIENT SERVICE COST CENTERS     |   |                                     |                     |                          |                     |       |
| 60 CLINIC                           | 871502  |                                     | 871502              |                          | 871502              | 60    |
| 60.03 ANTICOAGULATION CLINIC        |   |                                     |                     |                          |                     | 60.03 |
| 61 EMERGENCY                        | 8550250   |                                     | 8550250             |                          | 8550250             | 61    |
| 62 OBSERVATION BEDS (NON-DISTI      | 2712391   |                                     | 2712391             |                          | 2712391             | 62    |
| 63.50 RHC                           |   |                                     |                     |                          |                     | 63.50 |
| 63.60 FQHC                          |   |                                     |                     |                          |                     | 63.60 |
| OTHER REIMBURSABLE COST CENTERS     |   |                                     |                     |                          |                     |       |
| 101 SUBTOTAL                        | 166238965   |                                     | 166238965           |                          | 166238965           | 101   |
| 102 LESS OBSERVATION BEDS           | 2712391   |                                     | 2712391             |                          | 2712391             | 102   |
| 103 TOTAL                           | 163526574   |                                     | 163526574           |                          | 163526574           | 103   |

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

| COST CENTER DESCRIPTION             | ----- CHARGES ----- |                 |            | COST<br>OR OTHER<br>RATIO<br>9 | TEFRA<br>INPATIENT<br>RATIO<br>10 | PPS<br>INPATIENT<br>RATIO<br>11 |
|-------------------------------------|---------------------|-----------------|------------|--------------------------------|-----------------------------------|---------------------------------|
|                                     | INPATIENT<br>6      | OUTPATIENT<br>7 | TOTAL<br>8 |                                |                                   |                                 |
| INPATIENT ROUTINE SERV COST CENTERS |                     |                 |            |                                |                                   |                                 |
| 25 ADULTS & PEDIATRICS              | 44512276            |                 | 44512276   |                                |                                   | 25                              |
| 26 INTENSIVE CARE UNIT              | 11291259            |                 | 11291259   |                                |                                   | 26                              |
| 31 SUBPROVIDER I                    | 3851531             |                 | 3851531    |                                |                                   | 31                              |
| 31.01 INPATIENT PSYCHIATRY SUBPRO   |                     |                 |            |                                |                                   | 31.01                           |
| 33 NURSERY                          | 2144493             |                 | 2144493    |                                |                                   | 33                              |
| ANCILLARY SERVICE COST CENTERS      |                     |                 |            |                                |                                   |                                 |
| 37 OPERATING ROOM                   | 21725940            | 40484892        | 62210832   | .296511                        | .296511                           | .296511 37                      |
| 39 DELIVERY ROOM & LABOR ROOM       | 2595185             | 410735          | 3005920    | .983511                        | .983511                           | .983511 39                      |
| 40 ANESTHESIOLOGY                   | 2862499             | 3229209         | 6091708    | .090821                        | .090821                           | .090821 40                      |
| 41 RADIOLOGY-DIAGNOSTIC             | 42855376            | 87019190        | 129874566  | .143284                        | .143284                           | .143284 41                      |
| 42 RADIOLOGY-THERAPEUTIC            | 796076              | 14864522        | 15660598   | .291716                        | .291716                           | .291716 42                      |
| 44 LABORATORY                       | 37856825            | 35647865        | 73504690   | .102440                        | .102440                           | .102440 44                      |
| 46.30 BLOOD CLOTTING FACTORS ADMI   |                     |                 |            |                                |                                   | 46.30                           |
| 49 RESPIRATORY THERAPY              | 6490684             | 1364167         | 7854851    | .301253                        | .301253                           | .301253 49                      |
| 50 PHYSICAL THERAPY                 | 5438293             | 7582474         | 13020767   | .641373                        | .641373                           | .641373 50                      |
| 55 MEDICAL SUPPLIES CHARGED TO      | 38810500            | 20844702        | 59655202   | .437849                        | .437849                           | .437849 55                      |
| 56 DRUGS CHARGED TO PATIENTS        | 41848769            | 25547343        | 67396112   | .210185                        | .210185                           | .210185 56                      |
| 59 CARDIAC REHABILITATION           | 1922408             | 3544951         | 5467359    | .482153                        | .482153                           | .482153 59                      |
| OUTPATIENT SERVICE COST CENTERS     |                     |                 |            |                                |                                   |                                 |
| 60 CLINIC                           | 8841                | 919223          | 928064     | .939054                        | .939054                           | .939054 60                      |
| 60.03 ANTICOAGULATION CLINIC        |                     |                 |            |                                |                                   | 60.03                           |
| 61 EMERGENCY                        | 7826834             | 13601342        | 21428176   | .399019                        | .399019                           | .399019 61                      |
| 62 OBSERVATION BEDS (NON-DISTI      |                     | 4370579         | 4370579    | .620602                        | .620602                           | .620602 62                      |
| 63.50 RHC                           |                     |                 |            |                                |                                   | 63.50                           |
| 63.60 FQHC                          |                     |                 |            |                                |                                   | 63.60                           |
| OTHER REIMBURSABLE COST CENTERS     |                     |                 |            |                                |                                   |                                 |
| 101 SUBTOTAL                        | 272837789           | 259431194       | 532268983  |                                |                                   | 101                             |
| 102 LESS OBSERVATION BEDS           |                     |                 |            |                                |                                   | 102                             |
| 103 TOTAL                           | 272837789           | 259431194       | 532268983  |                                |                                   | 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<br>1 | SWING-BED ADJUSTMENT<br>2 | REDUCED CAPITAL RELATED COST<br>3 | CAPITAL RELATED COST<br>4 | SWING-BED ADJUSTMENT<br>5 | REDUCED CAPITAL RELATED COST<br>6 |
| INPAT ROUTINE SERV COST CTRS          |                           |                           |                                   |                           |                           |                                   |
| 25 ADULTS & PEDIATRICS                |                           |                           |                                   | 2772672                   |                           | 2772672                           |
| 26 INTENSIVE CARE UNIT                |                           |                           |                                   | 549751                    |                           | 549751                            |
| 27 CORONARY CARE UNIT                 |                           |                           |                                   |                           |                           |                                   |
| 28 BURN INTENSIVE CARE UNIT           |                           |                           |                                   |                           |                           |                                   |
| 29 SURGICAL INTENSIVE CARE UNIT       |                           |                           |                                   |                           |                           |                                   |
| 30 OTHER SPECIAL CARE (SPECIFY)       |                           |                           |                                   |                           |                           |                                   |
| 31 SUBPROVIDER I                      |                           |                           |                                   | 303648                    |                           | 303648                            |
| 31.01 INPATIENT PSYCHIATRY SUBPROVIDE |                           |                           |                                   |                           |                           |                                   |
| 33 NURSERY                            |                           |                           |                                   | 255187                    |                           | 255187                            |
| 101 TOTAL                             |                           |                           |                                   | 3881258                   |                           | 3881258                           |

| COST CENTER DESCRIPTION               | OLD CAPITAL             |                             |               | NEW CAPITAL                          |                |                                      |
|---------------------------------------|-------------------------|-----------------------------|---------------|--------------------------------------|----------------|--------------------------------------|
|                                       | TOTAL PATIENT DAYS<br>7 | INPATIENT PROGRAM DAYS<br>8 | PER DIEM<br>9 | INPATIENT PROGRAM CAPITAL COST<br>10 | PER DIEM<br>11 | INPATIENT PROGRAM CAPITAL COST<br>12 |
| INPAT ROUTINE SERV COST CTRS          |                         |                             |               |                                      |                |                                      |
| 25 ADULTS & PEDIATRICS                | 39932                   | 20097                       |               |                                      | 69.43          | 1395335                              |
| 26 INTENSIVE CARE UNIT                | 5217                    | 2999                        |               |                                      | 105.38         | 316035                               |
| 27 CORONARY CARE UNIT                 |                         |                             |               |                                      |                |                                      |
| 28 BURN INTENSIVE CARE UNIT           |                         |                             |               |                                      |                |                                      |
| 29 SURGICAL INTENSIVE CARE UNIT       |                         |                             |               |                                      |                |                                      |
| 30 OTHER SPECIAL CARE (SPECIFY)       |                         |                             |               |                                      |                |                                      |
| 31 SUBPROVIDER I                      | 3831                    | 2647                        |               |                                      | 79.26          | 209801                               |
| 31.01 INPATIENT PSYCHIATRY SUBPROVIDE |                         |                             |               |                                      |                |                                      |
| 33 NURSERY                            | 2285                    |                             |               |                                      | 111.68         |                                      |
| 101 TOTAL                             | 51265                   | 25743                       |               |                                      |                | 1921171                              |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0116) [ ] 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                  |               | INPATIENT PROGRAM CHARGES | ---- OLD CAPITAL ----    |               | ---- NEW CAPITAL ----    |               |
|------------------------------------|----------------------|----------------------|---------------|---------------------------|--------------------------|---------------|--------------------------|---------------|
|                                    | CAPITAL RELATED COST | CAPITAL RELATED COST | TOTAL CHARGES |                           | 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                  |                      | 2603970              | 62210832      | 10058027                  |                          |               | .041857                  | 420999 37     |
| 39 DELIVERY ROOM & LABOR ROOM      |                      | 372402               | 3005920       |                           |                          |               | .123890                  | 39            |
| 40 ANESTHESIOLOGY                  |                      | 39039                | 6091708       | 1007300                   |                          |               | .006409                  | 6456 40       |
| 41 RADIOLOGY-DIAGNOSTIC            |                      | 2037847              | 129874566     | 23522757                  |                          |               | .015691                  | 369096 41     |
| 42 RADIOLOGY-THERAPEUTIC           |                      | 703844               | 15660598      | 404846                    |                          |               | .044944                  | 18195 42      |
| 44 LABORATORY                      |                      | 267499               | 73504690      | 21207466                  |                          |               | .003639                  | 77174 44      |
| 46.30 BLOOD CLOTTING FACTORS ADMIN |                      |                      |               |                           |                          |               |                          | 46.30         |
| 49 RESPIRATORY THERAPY             |                      | 175091               | 7854851       | 3563912                   |                          |               | .022291                  | 79443 49      |
| 50 PHYSICAL THERAPY                |                      | 883237               | 13020767      | 1788136                   |                          |               | .067833                  | 121295 50     |
| 55 MEDICAL SUPPLIES CHARGED TO P   |                      | 797208               | 59655202      | 19928073                  |                          |               | .013364                  | 266319 55     |
| 56 DRUGS CHARGED TO PATIENTS       |                      | 796312               | 67396112      | 22437450                  |                          |               | .011815                  | 265098 56     |
| 59 CARDIAC REHABILITATION          |                      | 239768               | 5467359       | 1472357                   |                          |               | .043854                  | 64569 59      |
| OUTPATIENT SERVICE COST CENTERS    |                      |                      |               |                           |                          |               |                          |               |
| 60 CLINIC                          |                      | 183943               | 928064        | 4371                      |                          |               | .198201                  | 866 60        |
| 60.03 ANTICOAGULATION CLINIC       |                      |                      |               |                           |                          |               |                          | 60.03         |
| 61 EMERGENCY                       |                      | 501098               | 21428176      | 3354590                   |                          |               | .023385                  | 78447 61      |
| 62 OBSERVATION BEDS (NON-DISTINC   |                      | 224412               | 4370579       |                           |                          |               | .051346                  | 62            |
| 63.50 RHC                          |                      |                      |               |                           |                          |               |                          | 63.50         |
| 63.60 FQHC                         |                      |                      |               |                           |                          |               |                          | 63.60         |
| OTHER REIMBURSABLE COST CENTERS    |                      |                      |               |                           |                          |               |                          |               |
| 101 TOTAL                          |                      | 9825670              | 470469424     | 108749285                 |                          |               |                          | 1767957 101   |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

| COST CENTER DESCRIPTION             | NONPHYSICIAN     | MEDICAL        | SWING-BED         | TOTAL COSTS | TOTAL        | PER DIEM | INPATIENT    | INPATIENT               |
|-------------------------------------|------------------|----------------|-------------------|-------------|--------------|----------|--------------|-------------------------|
|                                     | ANESTHETIST COST | EDUCATION COST | ADJUSTMENT AMOUNT |             | PATIENT DAYS |          | PROGRAM DAYS | PROGRAM PASS THRU COSTS |
|                                     | 1                | 2              | 3                 | 4           | 5            | 6        | 7            | 8                       |
| INPAT ROUTINE SERV COST CTRS        |                  |                |                   |             |              |          |              |                         |
| 25 ADULTS & PEDIATRICS              |                  |                |                   |             | 39932        |          | 20097        | 25                      |
| 26 INTENSIVE CARE UNIT              |                  |                |                   |             | 5217         |          | 2999         | 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                    |                  |                |                   |             | 3831         |          | 2647         | 31                      |
| 31.01 INPATIENT PSYCHIATRY SUBPROVI |                  |                |                   |             |              |          |              | 31.01                   |
| 33 NURSERY                          |                  |                |                   |             | 2285         |          |              | 33                      |
| 34 SKILLED NURSING FACILITY         |                  |                |                   |             |              |          |              | 34                      |
| 35 NURSING FACILITY                 |                  |                |                   |             |              |          |              | 35                      |
| 101 TOTAL                           |                  |                |                   |             | 51265        |          | 25743        | 101                     |

PROVIDER NO. 14-0116 NORTHERN ILLINOIS MEDICAL CENT  
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05  
 11/27/2008 15:14

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

|            |      |                  |      |                    |     |        |     |       |
|------------|------|------------------|------|--------------------|-----|--------|-----|-------|
| CHECK      | [ ]  | TITLE V          | [XX] | HOSPITAL (14-0116) | [ ] | 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          |
| 39 DELIVERY ROOM & LABOR ROOM      |                               |                               |                        |      |      |      | 39          |
| 40 ANESTHESIOLOGY                  |                               |                               |                        |      |      |      | 40          |
| 41 RADIOLOGY-DIAGNOSTIC            |                               |                               |                        |      |      |      | 41          |
| 42 RADIOLOGY-THERAPEUTIC           |                               |                               |                        |      |      |      | 42          |
| 44 LABORATORY                      |                               |                               |                        |      |      |      | 44          |
| 46.30 BLOOD CLOTTING FACTORS ADMIN |                               |                               |                        |      |      |      | 46.30       |
| 49 RESPIRATORY THERAPY             |                               |                               |                        |      |      |      | 49          |
| 50 PHYSICAL THERAPY                |                               |                               |                        |      |      |      | 50          |
| 55 MEDICAL SUPPLIES CHARGED TO P   |                               |                               |                        |      |      |      | 55          |
| 56 DRUGS CHARGED TO PATIENTS       |                               |                               |                        |      |      |      | 56          |
| 59 CARDIAC REHABILITATION          |                               |                               |                        |      |      |      | 59          |
| OUTPATIENT SERVICE COST CENTERS    |                               |                               |                        |      |      |      |             |
| 60 CLINIC                          |                               |                               |                        |      |      |      | 60          |
| 60.03 ANTICOAGULATION CLINIC       |                               |                               |                        |      |      |      | 60.03       |
| 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 (14-0116) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

| COST CENTER DESCRIPTION            | OUTPATIENT   | TOTAL     | RATIO OF | OUTPATIENT    | INPATIENT | INPATIENT    | OUTPATIENT   |
|------------------------------------|--------------|-----------|----------|---------------|-----------|--------------|--------------|
|                                    | PASS THROUGH |           | COST TO  | RATIO OF COST | PROGRAM   | PROGRAM      |              |
|                                    | COSTS        | CHARGES   | CHARGES  | TO CHARGES    | CHARGES   | PASS THROUGH | PROGRAM      |
|                                    | 3.01         | 4         | 5        | 5.01          | 6         | 7            | 8            |
| ANCILLARY SERVICE COST CENTERS     |              |           |          |               |           |              |              |
| 37 OPERATING ROOM                  |              | 62210832  |          |               | 10058027  |              | 8542019 37   |
| 39 DELIVERY ROOM & LABOR ROOM      |              | 3005920   |          |               |           |              | 39           |
| 40 ANESTHESIOLOGY                  |              | 6091708   |          |               | 1007300   |              | 513450 40    |
| 41 RADIOLOGY-DIAGNOSTIC            |              | 129874566 |          |               | 23522757  |              | 18643613 41  |
| 42 RADIOLOGY-THERAPEUTIC           |              | 15660598  |          |               | 404846    |              | 6885629 42   |
| 44 LABORATORY                      |              | 73504690  |          |               | 21207466  |              | 1172153 44   |
| 46.30 BLOOD CLOTTING FACTORS ADMIN |              |           |          |               |           |              | 46.30        |
| 49 RESPIRATORY THERAPY             |              | 7854851   |          |               | 3563912   |              | 431952 49    |
| 50 PHYSICAL THERAPY                |              | 13020767  |          |               | 1788136   |              | 50           |
| 55 MEDICAL SUPPLIES CHARGED TO P   |              | 59655202  |          |               | 19928073  |              | 4939318 55   |
| 56 DRUGS CHARGED TO PATIENTS       |              | 67396112  |          |               | 22437450  |              | 9939571 56   |
| 59 CARDIAC REHABILITATION          |              | 5467359   |          |               | 1472357   |              | 1001274 59   |
| OUTPATIENT SERVICE COST CENTERS    |              |           |          |               |           |              |              |
| 60 CLINIC                          |              | 928064    |          |               | 4371      |              | 135592 60    |
| 60.03 ANTICOAGULATION CLINIC       |              |           |          |               |           |              | 60.03        |
| 61 EMERGENCY                       |              | 21428176  |          |               | 3354590   |              | 1660872 61   |
| 62 OBSERVATION BEDS (NON-DISTINC   |              | 4370579   |          |               |           |              | 1168050 62   |
| 63.50 RHC                          |              |           |          |               |           |              | 63.50        |
| 63.60 FQHC                         |              |           |          |               |           |              | 63.60        |
| OTHER REIMBURSABLE COST CENTERS    |              |           |          |               |           |              |              |
| 101 TOTAL                          |              | 470469424 |          |               | 108749285 |              | 55033493 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0116) [ ] 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<br>PROGRAM<br>CHARGES<br>8.01 | OUTPATIENT<br>PROGRAM<br>CHARGES<br>8.02 | OUTPATIENT<br>PROGRAM<br>PASS THROUGH<br>COSTS<br>9 | OUTPATIENT<br>PROGRAM<br>PASS THROUGH<br>COSTS<br>9.01 | OUTPATIENT<br>PROGRAM<br>PASS THROUGH<br>COSTS<br>9.02 |       |
|------------------------------------|--|--|---|--|--|-------|
| ANCILLARY SERVICE COST CENTERS     |  |  |   |  |  |       |
| 37 OPERATING ROOM                  |  |  |   |  |  | 37    |
| 39 DELIVERY ROOM & LABOR ROOM      |  |  |   |  |  | 39    |
| 40 ANESTHESIOLOGY                  |  |  |   |  |  | 40    |
| 41 RADIOLOGY-DIAGNOSTIC            |  |  |   |  |  | 41    |
| 42 RADIOLOGY-THERAPEUTIC           |  |  |   |  |  | 42    |
| 44 LABORATORY                      |  |  |   |  |  | 44    |
| 46.30 BLOOD CLOTTING FACTORS ADMIN |  |  |   |  |  | 46.30 |
| 49 RESPIRATORY THERAPY             |  |  |   |  |  | 49    |
| 50 PHYSICAL THERAPY                |  |  |   |  |  | 50    |
| 55 MEDICAL SUPPLIES CHARGED TO P   |  |  |   |  |  | 55    |
| 56 DRUGS CHARGED TO PATIENTS       |  |  |   |  |  | 56    |
| 59 CARDIAC REHABILITATION          |  |  |   |  |  | 59    |
| OUTPATIENT SERVICE COST CENTERS    |  |  |   |  |  |       |
| 60 CLINIC                          |  |  |   |  |  | 60    |
| 60.03 ANTICOAGULATION CLINIC       |  |  |   |  |  | 60.03 |
| 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 (14-0116) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

| COST CENTER DESCRIPTION                     | COST TO CHARGE RATIO FROM WORKSHEET C, |                          |                           | PROGRAM CHARGES                                     |                              |  |       |
|---|--|--------------------------|---------------------------|---|------------------------------|--|-------|
|   | PART II<br>COL. 8<br>1                 | PART I<br>COL. 9<br>1.01 | PART II<br>COL. 9<br>1.02 | OUTPATIENT<br>AMBULATORY<br>SURGICAL<br>CENTER<br>2 | OUTPATIENT<br>RADIOLOGY<br>3 | OTHER<br>OUTPATIENT<br>DIAGNOSTIC<br>4 |       |
| ANCILLARY SERVICE COST CENTERS              |  |                          |                           |   |                              |  |       |
| 37 OPERATING ROOM                           | .296511                                | .296511                  | .296511                   |   |                              |  | 37    |
| 39 DELIVERY ROOM & LABOR ROOM               | .983511                                | .983511                  | .983511                   |   |                              |  | 39    |
| 40 ANESTHESIOLOGY                           | .090821                                | .090821                  | .090821                   |   |                              |  | 40    |
| 41 RADIOLOGY-DIAGNOSTIC                     | .143284                                | .143284                  | .143284                   |   |                              |  | 41    |
| 42 RADIOLOGY-THERAPEUTIC                    | .291716                                | .291716                  | .291716                   |   |                              |  | 42    |
| 44 LABORATORY                               | .102440                                | .102440                  | .102440                   |   |                              |  | 44    |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO       |  |                          |                           |   |                              |  | 46.30 |
| 49 RESPIRATORY THERAPY                      | .301253                                | .301253                  | .301253                   |   |                              |  | 49    |
| 50 PHYSICAL THERAPY                         | .641373                                | .641373                  | .641373                   |   |                              |  | 50    |
| 55 MEDICAL SUPPLIES CHARGED TO PAT          | .437849                                | .437849                  | .437849                   |   |                              |  | 55    |
| 56 DRUGS CHARGED TO PATIENTS                | .210185                                | .210185                  | .210185                   |   |                              |  | 56    |
| 59 CARDIAC REHABILITATION                   | .482153                                | .482153                  | .482153                   |   |                              |  | 59    |
| OUTPATIENT SERVICE COST CENTERS             |  |                          |                           |   |                              |  |       |
| 60 CLINIC                                   | .939054                                | .939054                  | .939054                   |   |                              |  | 60    |
| 60.03 ANTICOAGULATION CLINIC                |  |                          |                           |   |                              |  | 60.03 |
| 61 EMERGENCY                                | .399019                                | .399019                  | .399019                   |   |                              |  | 61    |
| 62 OBSERVATION BEDS (NON-DISTINCT           | .620602                                | .620602                  | .620602                   |   |                              |  | 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 | .210185 | 1    |
| 2 PROGRAM VACCINE CHARGES                              | 1306    | 2    |
| 2.01 PROGRAM VACCINE CHARGES                           |         | 2.01 |
| 3 PROGRAM COSTS  | 275     | 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 (14-0116) [ ] 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 | OUTPATIENT OTHER DIAGNOSTIC |
|                                      | (SEE INSTRU.)   | (SEE INSTRU.) | (SEE INSTRU.) | (SEE INSTRU.) | (SEE INSTRU.) | 6                            | 7                    | 8                           |
| 37 ANCILLARY SERVICE COST CENTERS    |                 |               |               |               |               |                              |                      |                             |
| 37 OPERATING ROOM                    |                 | 8542019       |               |               |               |                              |                      | 37                          |
| 39 DELIVERY ROOM & LABOR ROOM        |                 |               |               |               |               |                              |                      | 39                          |
| 40 ANESTHESIOLOGY                    |                 | 513450        |               |               |               |                              |                      | 40                          |
| 41 RADIOLOGY-DIAGNOSTIC              |                 | 18643613      |               |               |               |                              |                      | 41                          |
| 42 RADIOLOGY-THERAPEUTIC             |                 | 6885629       |               |               |               |                              |                      | 42                          |
| 44 LABORATORY                        |                 | 1172153       |               |               |               |                              |                      | 44                          |
| 46.30 BLOOD CLOTTING FACTORS ADMIN C |                 |               |               |               |               |                              |                      | 46.30                       |
| 49 RESPIRATORY THERAPY               |                 | 431952        | 58            |               |               |                              |                      | 49                          |
| 50 PHYSICAL THERAPY                  |                 |               |               |               |               |                              |                      | 50                          |
| 55 MEDICAL SUPPLIES CHARGED TO PA    |                 | 4939318       |               |               |               |                              |                      | 55                          |
| 56 DRUGS CHARGED TO PATIENTS         |                 | 9939571       |               |               |               |                              |                      | 56                          |
| 59 CARDIAC REHABILITATION            |                 | 1001274       |               |               |               |                              |                      | 59                          |
| OUTPATIENT SERVICE COST CENTERS      |                 |               |               |               |               |                              |                      |                             |
| 60 CLINIC                            |                 | 135592        |               |               |               |                              |                      | 60                          |
| 60.03 ANTICOAGULATION CLINIC         |                 |               |               |               |               |                              |                      | 60.03                       |
| 61 EMERGENCY                         |                 | 1660872       |               |               |               |                              |                      | 61                          |
| 62 OBSERVATION BEDS (NON-DISTINCT    |                 | 1168050       |               |               |               |                              |                      | 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                         |                 | 55033493      | 58            |               |               |                              |                      | 101                         |
| 102 CRNA CHARGES                     |                 |               |               |               |               |                              |                      | 102                         |
| 103 PBP CLINIC LAB                   |                 |               |               |               |               |                              |                      | 103                         |
| 104 NET CHARGES                      |                 | 55033493      | 58            |               |               |                              |                      | 104                         |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0116) [ ] 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<br>(COLS 1x5)<br>9 | PPS SERVICES<br>(COLUMNS 1.01x5.01)<br>9.01 | ALL OTHER<br>(COLUMNS 1.01x5.02)<br>9.02 | PPS SERVICES<br>(COLUMNS 1.01x5.03)<br>9.03 | PPS SERVICES<br>(COLUMNS 1.01x5.04)<br>9.04 | I/P PART B<br>CHARGES<br>(SEE INSTRU.)<br>10 | I/P PART B<br>COST<br>(COLUMNS 1.02x10)<br>11 |
| ANCILLARY SERVICE COST CENTERS              |                              |   |  |   |   |  |   |
| 37 OPERATING ROOM                           |                              | 2532803                                     |  |   |   |  | 37  |
| 39 DELIVERY ROOM & LABOR ROOM               |                              |   |  |   |   |  | 39  |
| 40 ANESTHESIOLOGY                           |                              | 46632                                       |  |   |   |  | 40  |
| 41 RADIOLOGY-DIAGNOSTIC                     |                              | 2671331                                     |  |   |   |  | 41  |
| 42 RADIOLOGY-THERAPEUTIC                    |                              | 2008648                                     |  |   |   |  | 42  |
| 44 LABORATORY                               |                              | 120075                                      |  |   |   |  | 44  |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO       |                              |   |  |   |   |  | 46.30   |
| 49 RESPIRATORY THERAPY                      |                              | 130127                                      | 17                                       |   |   |  | 49  |
| 50 PHYSICAL THERAPY                         |                              |   |  |   |   |  | 50  |
| 55 MEDICAL SUPPLIES CHARGED TO PAT          |                              | 2162675                                     |  |   |   |  | 55  |
| 56 DRUGS CHARGED TO PATIENTS                |                              | 2089149                                     |  |   |   |  | 56  |
| 59 CARDIAC REHABILITATION                   |                              | 482767                                      |  |   |   |  | 59  |
| OUTPATIENT SERVICE COST CENTERS             |                              |   |  |   |   |  |   |
| 60 CLINIC                                   |                              | 127328                                      |  |   |   |  | 60  |
| 60.03 ANTICOAGULATION CLINIC                |                              |   |  |   |   |  | 60.03   |
| 61 EMERGENCY                                |                              | 662719                                      |  |   |   |  | 61  |
| 62 OBSERVATION BEDS (NON-DISTINCT           |                              | 724894                                      |  |   |   |  | 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                                |                              | 13759148                                    | 17                                       |   |   |  | 101   |
| 102 CRNA CHARGES                            |                              |   |  |   |   |  | 102   |
| 103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS |                              |   |  |   |   |  | 103   |
| 104 NET CHARGES                             |                              | 13759148                                    | 17                                       |   |   |  | 104   |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T116) [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

| COST CENTER DESCRIPTION            | OLD CAPITAL RELATED COST |         | NEW CAPITAL RELATED COST |         | INPATIENT PROGRAM CHARGES | ---- OLD CAPITAL ----    |               | ---- NEW CAPITAL ----    |               |
|------------------------------------|--------------------------|---------|--------------------------|---------|---------------------------|--------------------------|---------------|--------------------------|---------------|
|                                    | 1                        | 2       | 3                        | 4       |                           | RATIO OF COST TO CHARGES | CAPITAL COSTS | RATIO OF COST TO CHARGES | CAPITAL COSTS |
| ANCILLARY SERVICE COST CENTERS     |                          |         |                          |         |                           |                          |               |                          |               |
| 37 OPERATING ROOM                  |                          | 2603970 | 62210832                 | 9419    |                           |                          | .041857       | 394                      | 37            |
| 39 DELIVERY ROOM & LABOR ROOM      |                          | 372402  | 3005920                  |         |                           |                          | .123890       |                          | 39            |
| 40 ANESTHESIOLOGY                  |                          | 39039   | 6091708                  |         |                           |                          | .006409       |                          | 40            |
| 41 RADIOLOGY-DIAGNOSTIC            |                          | 2037847 | 129874566                | 146841  |                           |                          | .015691       | 2304                     | 41            |
| 42 RADIOLOGY-THERAPEUTIC           |                          | 703844  | 15660598                 | 5381    |                           |                          | .044944       | 242                      | 42            |
| 44 LABORATORY                      |                          | 267499  | 73504690                 | 422505  |                           |                          | .003639       | 1537                     | 44            |
| 46.30 BLOOD CLOTTING FACTORS ADMIN |                          |         |                          |         |                           |                          |               |                          | 46.30         |
| 49 RESPIRATORY THERAPY             |                          | 175091  | 7854851                  | 56104   |                           |                          | .022291       | 1251                     | 49            |
| 50 PHYSICAL THERAPY                |                          | 883237  | 13020767                 | 2037629 |                           |                          | .067833       | 138218                   | 50            |
| 55 MEDICAL SUPPLIES CHARGED TO P   |                          | 797208  | 59655202                 | 104887  |                           |                          | .013364       | 1402                     | 55            |
| 56 DRUGS CHARGED TO PATIENTS       |                          | 796312  | 67396112                 | 699163  |                           |                          | .011815       | 8261                     | 56            |
| 59 CARDIAC REHABILITATION          |                          | 239768  | 5467359                  | 7623    |                           |                          | .043854       | 334                      | 59            |
| OUTPATIENT SERVICE COST CENTERS    |                          |         |                          |         |                           |                          |               |                          |               |
| 60 CLINIC                          |                          | 183943  | 928064                   |         |                           |                          | .198201       |                          | 60            |
| 60.03 ANTICOAGULATION CLINIC       |                          |         |                          |         |                           |                          |               |                          | 60.03         |
| 61 EMERGENCY                       |                          | 501098  | 21428176                 | 12472   |                           |                          | .023385       | 292                      | 61            |
| 62 OBSERVATION BEDS (NON-DISTINC   |                          | 224412  | 4370579                  |         |                           |                          | .051346       |                          | 62            |
| 63.50 RHC                          |                          |         |                          |         |                           |                          |               |                          | 63.50         |
| 63.60 FQHC                         |                          |         |                          |         |                           |                          |               |                          | 63.60         |
| OTHER REIMBURSABLE COST CENTERS    |                          |         |                          |         |                           |                          |               |                          |               |
| 101 TOTAL                          |                          | 9825670 | 470469424                | 3502024 |                           |                          |               | 154235                   | 101           |



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T116) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

| COST CENTER DESCRIPTION            | OUTPATIENT   | TOTAL     | RATIO OF | OUTPATIENT    | INPATIENT | INPATIENT    | OUTPATIENT |
|------------------------------------|--------------|-----------|----------|---------------|-----------|--------------|------------|
|                                    | PASS THROUGH |           | COST TO  | RATIO OF COST | PROGRAM   | PROGRAM      |            |
|                                    | COSTS        | CHARGES   | CHARGES  | TO CHARGES    | CHARGES   | PASS THROUGH | PROGRAM    |
|                                    | 3.01         | 4         | 5        | 5.01          | 6         | 7            | 8          |
| ANCILLARY SERVICE COST CENTERS     |              |           |          |               |           |              |            |
| 37 OPERATING ROOM                  |              | 62210832  |          |               | 9419      |              | 37         |
| 39 DELIVERY ROOM & LABOR ROOM      |              | 3005920   |          |               |           |              | 39         |
| 40 ANESTHESIOLOGY                  |              | 6091708   |          |               |           |              | 40         |
| 41 RADIOLOGY-DIAGNOSTIC            |              | 129874566 |          |               | 146841    |              | 41         |
| 42 RADIOLOGY-THERAPEUTIC           |              | 15660598  |          |               | 5381      |              | 42         |
| 44 LABORATORY                      |              | 73504690  |          |               | 422505    |              | 44         |
| 46.30 BLOOD CLOTTING FACTORS ADMIN |              |           |          |               |           |              | 46.30      |
| 49 RESPIRATORY THERAPY             |              | 7854851   |          |               | 56104     |              | 49         |
| 50 PHYSICAL THERAPY                |              | 13020767  |          |               | 2037629   |              | 50         |
| 55 MEDICAL SUPPLIES CHARGED TO P   |              | 59655202  |          |               | 104887    |              | 55         |
| 56 DRUGS CHARGED TO PATIENTS       |              | 67396112  |          |               | 699163    |              | 56         |
| 59 CARDIAC REHABILITATION          |              | 5467359   |          |               | 7623      |              | 59         |
| OUTPATIENT SERVICE COST CENTERS    |              |           |          |               |           |              |            |
| 60 CLINIC                          |              | 928064    |          |               |           |              | 60         |
| 60.03 ANTICOAGULATION CLINIC       |              |           |          |               |           |              | 60.03      |
| 61 EMERGENCY                       |              | 21428176  |          |               | 12472     |              | 61         |
| 62 OBSERVATION BEDS (NON-DISTINC   |              | 4370579   |          |               |           |              | 62         |
| 63.50 RHC                          |              |           |          |               |           |              | 63.50      |
| 63.60 FQHC                         |              |           |          |               |           |              | 63.60      |
| OTHER REIMBURSABLE COST CENTERS    |              |           |          |               |           |              |            |
| 101 TOTAL                          |              | 470469424 |          |               | 3502024   |              | 101        |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T116) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

| COST CENTER DESCRIPTION            | OUTPATIENT<br>PROGRAM<br>CHARGES<br>8.01 | OUTPATIENT<br>PROGRAM<br>CHARGES<br>8.02 | OUTPATIENT<br>PROGRAM<br>PASS THROUGH<br>COSTS<br>9 | OUTPATIENT<br>PROGRAM<br>PASS THROUGH<br>COSTS<br>9.01 | OUTPATIENT<br>PROGRAM<br>PASS THROUGH<br>COSTS<br>9.02 |       |
|------------------------------------|--|--|---|--|--|-------|
| ANCILLARY SERVICE COST CENTERS     |  |  |   |  |  |       |
| 37 OPERATING ROOM                  |  |  |   |  |  | 37    |
| 39 DELIVERY ROOM & LABOR ROOM      |  |  |   |  |  | 39    |
| 40 ANESTHESIOLOGY                  |  |  |   |  |  | 40    |
| 41 RADIOLOGY-DIAGNOSTIC            |  |  |   |  |  | 41    |
| 42 RADIOLOGY-THERAPEUTIC           |  |  |   |  |  | 42    |
| 44 LABORATORY                      |  |  |   |  |  | 44    |
| 46.30 BLOOD CLOTTING FACTORS ADMIN |  |  |   |  |  | 46.30 |
| 49 RESPIRATORY THERAPY             |  |  |   |  |  | 49    |
| 50 PHYSICAL THERAPY                |  |  |   |  |  | 50    |
| 55 MEDICAL SUPPLIES CHARGED TO P   |  |  |   |  |  | 55    |
| 56 DRUGS CHARGED TO PATIENTS       |  |  |   |  |  | 56    |
| 59 CARDIAC REHABILITATION          |  |  |   |  |  | 59    |
| OUTPATIENT SERVICE COST CENTERS    |  |  |   |  |  |       |
| 60 CLINIC                          |  |  |   |  |  | 60    |
| 60.03 ANTICOAGULATION CLINIC       |  |  |   |  |  | 60.03 |
| 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 CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [XX] TEFRA  
 BOXES [ ] TITLE XIX [XX] SUB II (14-S116)

| 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                  |                      | 2603970              | 62210832      |                           |                          |               | .041857                  | 37            |  |
| 39 DELIVERY ROOM & LABOR ROOM      |                      | 372402               | 3005920       |                           |                          |               | .123890                  | 39            |  |
| 40 ANESTHESIOLOGY                  |                      | 39039                | 6091708       |                           |                          |               | .006409                  | 40            |  |
| 41 RADIOLOGY-DIAGNOSTIC            |                      | 2037847              | 129874566     |                           |                          |               | .015691                  | 41            |  |
| 42 RADIOLOGY-THERAPEUTIC           |                      | 703844               | 15660598      |                           |                          |               | .044944                  | 42            |  |
| 44 LABORATORY                      |                      | 267499               | 73504690      |                           |                          |               | .003639                  | 44            |  |
| 46.30 BLOOD CLOTTING FACTORS ADMIN |                      |                      |               |                           |                          |               |                          | 46.30         |  |
| 49 RESPIRATORY THERAPY             |                      | 175091               | 7854851       |                           |                          |               | .022291                  | 49            |  |
| 50 PHYSICAL THERAPY                |                      | 883237               | 13020767      |                           |                          |               | .067833                  | 50            |  |
| 55 MEDICAL SUPPLIES CHARGED TO P   |                      | 797208               | 59655202      |                           |                          |               | .013364                  | 55            |  |
| 56 DRUGS CHARGED TO PATIENTS       |                      | 796312               | 67396112      |                           |                          |               | .011815                  | 56            |  |
| 59 CARDIAC REHABILITATION          |                      | 239768               | 5467359       |                           |                          |               | .043854                  | 59            |  |
| OUTPATIENT SERVICE COST CENTERS    |                      |                      |               |                           |                          |               |                          |               |  |
| 60 CLINIC                          |                      | 183943               | 928064        |                           |                          |               | .198201                  | 60            |  |
| 60.03 ANTICOAGULATION CLINIC       |                      |                      |               |                           |                          |               |                          | 60.03         |  |
| 61 EMERGENCY                       |                      | 501098               | 21428176      |                           |                          |               | .023385                  | 61            |  |
| 62 OBSERVATION BEDS (NON-DISTINC   |                      | 224412               | 4370579       |                           |                          |               | .051346                  | 62            |  |
| 63.50 RHC                          |                      |                      |               |                           |                          |               |                          | 63.50         |  |
| 63.60 FQHC                         |                      |                      |               |                           |                          |               |                          | 63.60         |  |
| OTHER REIMBURSABLE COST CENTERS    |                      |                      |               |                           |                          |               |                          |               |  |
| 101 TOTAL                          |                      | 9825670              | 470469424     |                           |                          |               |                          | 101           |  |

PROVIDER NO. 14-0116 NORTHERN ILLINOIS MEDICAL CENT  
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05  
 11/27/2008 15:14

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] SUB II (14-S116) [ ] 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          |
| 39 DELIVERY ROOM & LABOR ROOM      |                               |                               |                        |      |      |      | 39          |
| 40 ANESTHESIOLOGY                  |                               |                               |                        |      |      |      | 40          |
| 41 RADIOLOGY-DIAGNOSTIC            |                               |                               |                        |      |      |      | 41          |
| 42 RADIOLOGY-THERAPEUTIC           |                               |                               |                        |      |      |      | 42          |
| 44 LABORATORY                      |                               |                               |                        |      |      |      | 44          |
| 46.30 BLOOD CLOTTING FACTORS ADMIN |                               |                               |                        |      |      |      | 46.30       |
| 49 RESPIRATORY THERAPY             |                               |                               |                        |      |      |      | 49          |
| 50 PHYSICAL THERAPY                |                               |                               |                        |      |      |      | 50          |
| 55 MEDICAL SUPPLIES CHARGED TO P   |                               |                               |                        |      |      |      | 55          |
| 56 DRUGS CHARGED TO PATIENTS       |                               |                               |                        |      |      |      | 56          |
| 59 CARDIAC REHABILITATION          |                               |                               |                        |      |      |      | 59          |
| OUTPATIENT SERVICE COST CENTERS    |                               |                               |                        |      |      |      |             |
| 60 CLINIC                          |                               |                               |                        |      |      |      | 60          |
| 60.03 ANTICOAGULATION CLINIC       |                               |                               |                        |      |      |      | 60.03       |
| 61 EMERGENCY                       |                               |                               |                        |      |      |      | 61          |
| 62 OBSERVATION BEDS (NON-DISTINC   |                               |                               |                        |      |      |      | 62          |
| 63.50 RHC                          |                               |                               |                        |      |      |      | 63.50       |
| 63.60 FQHC                         |                               |                               |                        |      |      |      | 63.60       |
| OTHER REIMBURSABLE COST CENTERS    |                               |                               |                        |      |      |      |             |
| 101 TOTAL                          |                               |                               |                        |      |      |      | 101         |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] SUB II (14-S116) [ ] NF  
 [ ] SUB III [ ] ICF/MR

| COST CENTER DESCRIPTION            | OUTPATIENT   | TOTAL     | RATIO OF | OUTPATIENT    | INPATIENT | INPATIENT    | OUTPATIENT |
|------------------------------------|--------------|-----------|----------|---------------|-----------|--------------|------------|
|                                    | PASS THROUGH |           | COST TO  | RATIO OF COST | PROGRAM   | PROGRAM      | PROGRAM    |
|                                    | COSTS        | CHARGES   | CHARGES  | TO CHARGES    | CHARGES   | PASS THROUGH | PROGRAM    |
|                                    | 3.01         | 4         | 5        | 5.01          | 6         | 7            | 8          |
| ANCILLARY SERVICE COST CENTERS     |              |           |          |               |           |              |            |
| 37 OPERATING ROOM                  |              | 62210832  |          |               |           |              | 37         |
| 39 DELIVERY ROOM & LABOR ROOM      |              | 3005920   |          |               |           |              | 39         |
| 40 ANESTHESIOLOGY                  |              | 6091708   |          |               |           |              | 40         |
| 41 RADIOLOGY-DIAGNOSTIC            |              | 129874566 |          |               |           |              | 41         |
| 42 RADIOLOGY-THERAPEUTIC           |              | 15660598  |          |               |           |              | 42         |
| 44 LABORATORY                      |              | 73504690  |          |               |           |              | 44         |
| 46.30 BLOOD CLOTTING FACTORS ADMIN |              |           |          |               |           |              | 46.30      |
| 49 RESPIRATORY THERAPY             |              | 7854851   |          |               |           |              | 49         |
| 50 PHYSICAL THERAPY                |              | 13020767  |          |               |           |              | 50         |
| 55 MEDICAL SUPPLIES CHARGED TO P   |              | 59655202  |          |               |           |              | 55         |
| 56 DRUGS CHARGED TO PATIENTS       |              | 67396112  |          |               |           |              | 56         |
| 59 CARDIAC REHABILITATION          |              | 5467359   |          |               |           |              | 59         |
| OUTPATIENT SERVICE COST CENTERS    |              |           |          |               |           |              |            |
| 60 CLINIC                          |              | 928064    |          |               |           |              | 60         |
| 60.03 ANTICOAGULATION CLINIC       |              |           |          |               |           |              | 60.03      |
| 61 EMERGENCY                       |              | 21428176  |          |               |           |              | 61         |
| 62 OBSERVATION BEDS (NON-DISTINC   |              | 4370579   |          |               |           |              | 62         |
| 63.50 RHC                          |              |           |          |               |           |              | 63.50      |
| 63.60 FQHC                         |              |           |          |               |           |              | 63.60      |
| OTHER REIMBURSABLE COST CENTERS    |              |           |          |               |           |              |            |
| 101 TOTAL                          |              | 470469424 |          |               |           |              | 101        |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] SUB II (14-S116) [ ] NF  
 [ ] SUB III [ ] ICF/MR

| COST CENTER DESCRIPTION            | OUTPATIENT<br>PROGRAM<br>CHARGES<br>8.01 | OUTPATIENT<br>PROGRAM<br>CHARGES<br>8.02 | OUTPATIENT<br>PROGRAM<br>PASS THROUGH<br>COSTS<br>9 | OUTPATIENT<br>PROGRAM<br>PASS THROUGH<br>COSTS<br>9.01 | OUTPATIENT<br>PROGRAM<br>PASS THROUGH<br>COSTS<br>9.02 |       |
|------------------------------------|--|--|---|--|--|-------|
| ANCILLARY SERVICE COST CENTERS     |  |  |   |  |  |       |
| 37 OPERATING ROOM                  |  |  |   |  |  | 37    |
| 39 DELIVERY ROOM & LABOR ROOM      |  |  |   |  |  | 39    |
| 40 ANESTHESIOLOGY                  |  |  |   |  |  | 40    |
| 41 RADIOLOGY-DIAGNOSTIC            |  |  |   |  |  | 41    |
| 42 RADIOLOGY-THERAPEUTIC           |  |  |   |  |  | 42    |
| 44 LABORATORY                      |  |  |   |  |  | 44    |
| 46.30 BLOOD CLOTTING FACTORS ADMIN |  |  |   |  |  | 46.30 |
| 49 RESPIRATORY THERAPY             |  |  |   |  |  | 49    |
| 50 PHYSICAL THERAPY                |  |  |   |  |  | 50    |
| 55 MEDICAL SUPPLIES CHARGED TO P   |  |  |   |  |  | 55    |
| 56 DRUGS CHARGED TO PATIENTS       |  |  |   |  |  | 56    |
| 59 CARDIAC REHABILITATION          |  |  |   |  |  | 59    |
| OUTPATIENT SERVICE COST CENTERS    |  |  |   |  |  |       |
| 60 CLINIC                          |  |  |   |  |  | 60    |
| 60.03 ANTICOAGULATION CLINIC       |  |  |   |  |  | 60.03 |
| 61 EMERGENCY                       |  |  |   |  |  | 61    |
| 62 OBSERVATION BEDS (NON-DISTINC   |  |  |   |  |  | 62    |
| 63.50 RHC                          |  |  |   |  |  | 63.50 |
| 63.60 FQHC                         |  |  |   |  |  | 63.60 |
| OTHER REIMBURSABLE COST CENTERS    |  |  |   |  |  |       |
| 101 TOTAL                          |  |  |   |  |  | 101   |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

| COST CENTER DESCRIPTION               | OLD CAPITAL               |                           |                                   | NEW CAPITAL               |                           |                                   |
|---------------------------------------|---------------------------|---------------------------|-----------------------------------|---------------------------|---------------------------|-----------------------------------|
|                                       | CAPITAL RELATED COST<br>1 | SWING-BED ADJUSTMENT<br>2 | REDUCED CAPITAL RELATED COST<br>3 | CAPITAL RELATED COST<br>4 | SWING-BED ADJUSTMENT<br>5 | REDUCED CAPITAL RELATED COST<br>6 |
| INPAT ROUTINE SERV COST CTRS          |                           |                           |                                   |                           |                           |                                   |
| 25 ADULTS & PEDIATRICS                |                           |                           |                                   | 2772672                   |                           | 2772672                           |
| 26 INTENSIVE CARE UNIT                |                           |                           |                                   | 549751                    |                           | 549751                            |
| 27 CORONARY CARE UNIT                 |                           |                           |                                   |                           |                           |                                   |
| 28 BURN INTENSIVE CARE UNIT           |                           |                           |                                   |                           |                           |                                   |
| 29 SURGICAL INTENSIVE CARE UNIT       |                           |                           |                                   |                           |                           |                                   |
| 30 OTHER SPECIAL CARE (SPECIFY)       |                           |                           |                                   |                           |                           |                                   |
| 31 SUBPROVIDER I                      |                           |                           |                                   | 303648                    |                           | 303648                            |
| 31.01 INPATIENT PSYCHIATRY SUBPROVIDE |                           |                           |                                   |                           |                           |                                   |
| 33 NURSERY                            |                           |                           |                                   | 255187                    |                           | 255187                            |
| 101 TOTAL                             |                           |                           |                                   | 3881258                   |                           | 3881258                           |

| COST CENTER DESCRIPTION               | OLD CAPITAL             |                             |               | NEW CAPITAL                          |                |                                      |
|---------------------------------------|-------------------------|-----------------------------|---------------|--------------------------------------|----------------|--------------------------------------|
|                                       | TOTAL PATIENT DAYS<br>7 | INPATIENT PROGRAM DAYS<br>8 | PER DIEM<br>9 | INPATIENT PROGRAM CAPITAL COST<br>10 | PER DIEM<br>11 | INPATIENT PROGRAM CAPITAL COST<br>12 |
| INPAT ROUTINE SERV COST CTRS          |                         |                             |               |                                      |                |                                      |
| 25 ADULTS & PEDIATRICS                | 39932                   | 2908                        |               |                                      | 69.43          | 201902                               |
| 26 INTENSIVE CARE UNIT                | 5217                    | 300                         |               |                                      | 105.38         | 31614                                |
| 27 CORONARY CARE UNIT                 |                         |                             |               |                                      |                |                                      |
| 28 BURN INTENSIVE CARE UNIT           |                         |                             |               |                                      |                |                                      |
| 29 SURGICAL INTENSIVE CARE UNIT       |                         |                             |               |                                      |                |                                      |
| 30 OTHER SPECIAL CARE (SPECIFY)       |                         |                             |               |                                      |                |                                      |
| 31 SUBPROVIDER I                      | 3831                    | 62                          |               |                                      | 79.26          | 4914                                 |
| 31.01 INPATIENT PSYCHIATRY SUBPROVIDE |                         |                             |               |                                      |                |                                      |
| 33 NURSERY                            | 2285                    | 784                         |               |                                      | 111.68         | 87557                                |
| 101 TOTAL                             | 51265                   | 4054                        |               |                                      |                | 325987                               |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0116) [ ] SUB III [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [XX] OTHER

| COST CENTER DESCRIPTION            | OLD                             | NEW                             |                       | INPATIENT<br>PROGRAM<br>CHARGES | ---- OLD CAPITAL ----               |                       | ---- NEW CAPITAL ----               |                       |
|------------------------------------|---------------------------------|---------------------------------|-----------------------|---------------------------------|-------------------------------------|-----------------------|-------------------------------------|-----------------------|
|                                    | CAPITAL<br>RELATED<br>COST<br>1 | CAPITAL<br>RELATED<br>COST<br>2 | TOTAL<br>CHARGES<br>3 |                                 | RATIO OF<br>COST TO<br>CHARGES<br>5 | CAPITAL<br>COSTS<br>6 | RATIO OF<br>COST TO<br>CHARGES<br>7 | CAPITAL<br>COSTS<br>8 |
| ANCILLARY SERVICE COST CENTERS     |                                 |                                 |                       |                                 |                                     |                       |                                     |                       |
| 37 OPERATING ROOM                  |                                 | 2603970                         | 62210832              |                                 |                                     |                       | .041857                             | 37                    |
| 39 DELIVERY ROOM & LABOR ROOM      |                                 | 372402                          | 3005920               |                                 |                                     |                       | .123890                             | 39                    |
| 40 ANESTHESIOLOGY                  |                                 | 39039                           | 6091708               |                                 |                                     |                       | .006409                             | 40                    |
| 41 RADIOLOGY-DIAGNOSTIC            |                                 | 2037847                         | 129874566             |                                 |                                     |                       | .015691                             | 41                    |
| 42 RADIOLOGY-THERAPEUTIC           |                                 | 703844                          | 15660598              |                                 |                                     |                       | .044944                             | 42                    |
| 44 LABORATORY                      |                                 | 267499                          | 73504690              |                                 |                                     |                       | .003639                             | 44                    |
| 46.30 BLOOD CLOTTING FACTORS ADMIN |                                 |                                 |                       |                                 |                                     |                       |                                     | 46.30                 |
| 49 RESPIRATORY THERAPY             |                                 | 175091                          | 7854851               |                                 |                                     |                       | .022291                             | 49                    |
| 50 PHYSICAL THERAPY                |                                 | 883237                          | 13020767              |                                 |                                     |                       | .067833                             | 50                    |
| 55 MEDICAL SUPPLIES CHARGED TO P   |                                 | 797208                          | 59655202              |                                 |                                     |                       | .013364                             | 55                    |
| 56 DRUGS CHARGED TO PATIENTS       |                                 | 796312                          | 67396112              |                                 |                                     |                       | .011815                             | 56                    |
| 59 CARDIAC REHABILITATION          |                                 | 239768                          | 5467359               |                                 |                                     |                       | .043854                             | 59                    |
| OUTPATIENT SERVICE COST CENTERS    |                                 |                                 |                       |                                 |                                     |                       |                                     |                       |
| 60 CLINIC                          |                                 | 183943                          | 928064                |                                 |                                     |                       | .198201                             | 60                    |
| 60.03 ANTICOAGULATION CLINIC       |                                 |                                 |                       |                                 |                                     |                       |                                     | 60.03                 |
| 61 EMERGENCY                       |                                 | 501098                          | 21428176              |                                 |                                     |                       | .023385                             | 61                    |
| 62 OBSERVATION BEDS (NON-DISTINC   |                                 | 224412                          | 4370579               |                                 |                                     |                       | .051346                             | 62                    |
| 63.50 RHC                          |                                 |                                 |                       |                                 |                                     |                       |                                     | 63.50                 |
| 63.60 FQHC                         |                                 |                                 |                       |                                 |                                     |                       |                                     | 63.60                 |
| OTHER REIMBURSABLE COST CENTERS    |                                 |                                 |                       |                                 |                                     |                       |                                     |                       |
| 101 TOTAL                          |                                 | 9825670                         | 470469424             |                                 |                                     |                       |                                     | 101                   |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

| COST CENTER DESCRIPTION             | NONPHYSICIAN ANESTHETIST COST<br>1 | MEDICAL EDUCATION COST<br>2 | SWING-BED ADJUSTMENT AMOUNT<br>3 | TOTAL COSTS<br>4 | TOTAL PATIENT DAYS<br>5 | PER DIEM<br>6 | INPATIENT PROGRAM DAYS<br>7 | INPATIENT PROGRAM PASS THRU COSTS<br>8 |
|-------------------------------------|------------------------------------|-----------------------------|----------------------------------|------------------|-------------------------|---------------|-----------------------------|--|
| INPAT ROUTINE SERV COST CTRS        |                                    |                             |                                  |                  |                         |               |                             |  |
| 25 ADULTS & PEDIATRICS              |                                    |                             |                                  |                  | 39932                   |               | 2908                        | 25                                     |
| 26 INTENSIVE CARE UNIT              |                                    |                             |                                  |                  | 5217                    |               | 300                         | 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                    |                                    |                             |                                  |                  | 3831                    |               | 62                          | 31                                     |
| 31.01 INPATIENT PSYCHIATRY SUBPROVI |                                    |                             |                                  |                  |                         |               |                             | 31.01                                  |
| 33 NURSERY                          |                                    |                             |                                  |                  | 2285                    |               | 784                         | 33                                     |
| 34 SKILLED NURSING FACILITY         |                                    |                             |                                  |                  |                         |               |                             | 34                                     |
| 35 NURSING FACILITY                 |                                    |                             |                                  |                  |                         |               |                             | 35                                     |
| 101 TOTAL                           |                                    |                             |                                  |                  | 51265                   |               | 4054                        | 101                                    |

PROVIDER NO. 14-0116 NORTHERN ILLINOIS MEDICAL CENT  
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05  
 11/27/2008 15:14

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0116) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

| COST CENTER DESCRIPTION            | OUTPATIENT                    |                               |                        | N/A  | N/A  | N/A  | TOTAL COSTS |
|------------------------------------|-------------------------------|-------------------------------|------------------------|------|------|------|-------------|
|                                    | NONPHYSICIAN ANESTHETIST COST | NONPHYSICIAN ANESTHETIST COST | MEDICAL EDUCATION COST |      |      |      |             |
|                                    | 1                             | 1.01                          | 2                      | 2.01 | 2.02 | 2.03 | 3           |
| ANCILLARY SERVICE COST CENTERS     |                               |                               |                        |      |      |      |             |
| 37 OPERATING ROOM                  |                               |                               |                        |      |      |      | 37          |
| 39 DELIVERY ROOM & LABOR ROOM      |                               |                               |                        |      |      |      | 39          |
| 40 ANESTHESIOLOGY                  |                               |                               |                        |      |      |      | 40          |
| 41 RADIOLOGY-DIAGNOSTIC            |                               |                               |                        |      |      |      | 41          |
| 42 RADIOLOGY-THERAPEUTIC           |                               |                               |                        |      |      |      | 42          |
| 44 LABORATORY                      |                               |                               |                        |      |      |      | 44          |
| 46.30 BLOOD CLOTTING FACTORS ADMIN |                               |                               |                        |      |      |      | 46.30       |
| 49 RESPIRATORY THERAPY             |                               |                               |                        |      |      |      | 49          |
| 50 PHYSICAL THERAPY                |                               |                               |                        |      |      |      | 50          |
| 55 MEDICAL SUPPLIES CHARGED TO P   |                               |                               |                        |      |      |      | 55          |
| 56 DRUGS CHARGED TO PATIENTS       |                               |                               |                        |      |      |      | 56          |
| 59 CARDIAC REHABILITATION          |                               |                               |                        |      |      |      | 59          |
| OUTPATIENT SERVICE COST CENTERS    |                               |                               |                        |      |      |      |             |
| 60 CLINIC                          |                               |                               |                        |      |      |      | 60          |
| 60.03 ANTICOAGULATION CLINIC       |                               |                               |                        |      |      |      | 60.03       |
| 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 (14-0116) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

| COST CENTER DESCRIPTION            | OUTPATIENT   | TOTAL     | RATIO OF | OUTPATIENT    | INPATIENT | INPATIENT    | OUTPATIENT |
|------------------------------------|--------------|-----------|----------|---------------|-----------|--------------|------------|
|                                    | PASS THROUGH |           | COST TO  | RATIO OF COST | PROGRAM   | PROGRAM      |            |
|                                    | COSTS        | CHARGES   | CHARGES  | TO CHARGES    | CHARGES   | PASS THROUGH | PROGRAM    |
|                                    | 3.01         | 4         | 5        | 5.01          | 6         | 7            | 8          |
| ANCILLARY SERVICE COST CENTERS     |              |           |          |               |           |              |            |
| 37 OPERATING ROOM                  |              | 62210832  |          |               |           |              | 37         |
| 39 DELIVERY ROOM & LABOR ROOM      |              | 3005920   |          |               |           |              | 39         |
| 40 ANESTHESIOLOGY                  |              | 6091708   |          |               |           |              | 40         |
| 41 RADIOLOGY-DIAGNOSTIC            |              | 129874566 |          |               |           |              | 41         |
| 42 RADIOLOGY-THERAPEUTIC           |              | 15660598  |          |               |           |              | 42         |
| 44 LABORATORY                      |              | 73504690  |          |               |           |              | 44         |
| 46.30 BLOOD CLOTTING FACTORS ADMIN |              |           |          |               |           |              | 46.30      |
| 49 RESPIRATORY THERAPY             |              | 7854851   |          |               |           |              | 49         |
| 50 PHYSICAL THERAPY                |              | 13020767  |          |               |           |              | 50         |
| 55 MEDICAL SUPPLIES CHARGED TO P   |              | 59655202  |          |               |           |              | 55         |
| 56 DRUGS CHARGED TO PATIENTS       |              | 67396112  |          |               |           |              | 56         |
| 59 CARDIAC REHABILITATION          |              | 5467359   |          |               |           |              | 59         |
| OUTPATIENT SERVICE COST CENTERS    |              |           |          |               |           |              |            |
| 60 CLINIC                          |              | 928064    |          |               |           |              | 60         |
| 60.03 ANTICOAGULATION CLINIC       |              |           |          |               |           |              | 60.03      |
| 61 EMERGENCY                       |              | 21428176  |          |               |           |              | 61         |
| 62 OBSERVATION BEDS (NON-DISTINC   |              | 4370579   |          |               |           |              | 62         |
| 63.50 RHC                          |              |           |          |               |           |              | 63.50      |
| 63.60 FQHC                         |              |           |          |               |           |              | 63.60      |
| OTHER REIMBURSABLE COST CENTERS    |              |           |          |               |           |              |            |
| 101 TOTAL                          |              | 470469424 |          |               |           |              | 101        |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0116) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

| COST CENTER DESCRIPTION            | OUTPATIENT<br>PROGRAM<br>CHARGES<br>8.01 | OUTPATIENT<br>PROGRAM<br>CHARGES<br>8.02 | OUTPATIENT<br>PROGRAM<br>PASS THROUGH<br>COSTS<br>9 | OUTPATIENT<br>PROGRAM<br>PASS THROUGH<br>COSTS<br>9.01 | OUTPATIENT<br>PROGRAM<br>PASS THROUGH<br>COSTS<br>9.02 |       |
|------------------------------------|--|--|---|--|--|-------|
| ANCILLARY SERVICE COST CENTERS     |  |  |   |  |  |       |
| 37 OPERATING ROOM                  |  |  |   |  |  | 37    |
| 39 DELIVERY ROOM & LABOR ROOM      |  |  |   |  |  | 39    |
| 40 ANESTHESIOLOGY                  |  |  |   |  |  | 40    |
| 41 RADIOLOGY-DIAGNOSTIC            |  |  |   |  |  | 41    |
| 42 RADIOLOGY-THERAPEUTIC           |  |  |   |  |  | 42    |
| 44 LABORATORY                      |  |  |   |  |  | 44    |
| 46.30 BLOOD CLOTTING FACTORS ADMIN |  |  |   |  |  | 46.30 |
| 49 RESPIRATORY THERAPY             |  |  |   |  |  | 49    |
| 50 PHYSICAL THERAPY                |  |  |   |  |  | 50    |
| 55 MEDICAL SUPPLIES CHARGED TO P   |  |  |   |  |  | 55    |
| 56 DRUGS CHARGED TO PATIENTS       |  |  |   |  |  | 56    |
| 59 CARDIAC REHABILITATION          |  |  |   |  |  | 59    |
| OUTPATIENT SERVICE COST CENTERS    |  |  |   |  |  |       |
| 60 CLINIC                          |  |  |   |  |  | 60    |
| 60.03 ANTICOAGULATION CLINIC       |  |  |   |  |  | 60.03 |
| 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 CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (14-T116) [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [XX] OTHER

| COST CENTER DESCRIPTION            | OLD CAPITAL RELATED COST |         | NEW CAPITAL RELATED COST |   | INPATIENT PROGRAM CHARGES | ---- OLD CAPITAL ----    |               | ---- NEW CAPITAL ----    |               |
|------------------------------------|--------------------------|---------|--------------------------|---|---------------------------|--------------------------|---------------|--------------------------|---------------|
|                                    | 1                        | 2       | 3                        | 4 |                           | RATIO OF COST TO CHARGES | CAPITAL COSTS | RATIO OF COST TO CHARGES | CAPITAL COSTS |
| ANCILLARY SERVICE COST CENTERS     |                          |         |                          |   |                           |                          |               |                          |               |
| 37 OPERATING ROOM                  |                          | 2603970 | 62210832                 |   |                           |                          |               | .041857                  | 37            |
| 39 DELIVERY ROOM & LABOR ROOM      |                          | 372402  | 3005920                  |   |                           |                          |               | .123890                  | 39            |
| 40 ANESTHESIOLOGY                  |                          | 39039   | 6091708                  |   |                           |                          |               | .006409                  | 40            |
| 41 RADIOLOGY-DIAGNOSTIC            |                          | 2037847 | 129874566                |   |                           |                          |               | .015691                  | 41            |
| 42 RADIOLOGY-THERAPEUTIC           |                          | 703844  | 15660598                 |   |                           |                          |               | .044944                  | 42            |
| 44 LABORATORY                      |                          | 267499  | 73504690                 |   |                           |                          |               | .003639                  | 44            |
| 46.30 BLOOD CLOTTING FACTORS ADMIN |                          |         |                          |   |                           |                          |               |                          | 46.30         |
| 49 RESPIRATORY THERAPY             |                          | 175091  | 7854851                  |   |                           |                          |               | .022291                  | 49            |
| 50 PHYSICAL THERAPY                |                          | 883237  | 13020767                 |   |                           |                          |               | .067833                  | 50            |
| 55 MEDICAL SUPPLIES CHARGED TO P   |                          | 797208  | 59655202                 |   |                           |                          |               | .013364                  | 55            |
| 56 DRUGS CHARGED TO PATIENTS       |                          | 796312  | 67396112                 |   |                           |                          |               | .011815                  | 56            |
| 59 CARDIAC REHABILITATION          |                          | 239768  | 5467359                  |   |                           |                          |               | .043854                  | 59            |
| OUTPATIENT SERVICE COST CENTERS    |                          |         |                          |   |                           |                          |               |                          |               |
| 60 CLINIC                          |                          | 183943  | 928064                   |   |                           |                          |               | .198201                  | 60            |
| 60.03 ANTICOAGULATION CLINIC       |                          |         |                          |   |                           |                          |               |                          | 60.03         |
| 61 EMERGENCY                       |                          | 501098  | 21428176                 |   |                           |                          |               | .023385                  | 61            |
| 62 OBSERVATION BEDS (NON-DISTINC   |                          | 224412  | 4370579                  |   |                           |                          |               | .051346                  | 62            |
| 63.50 RHC                          |                          |         |                          |   |                           |                          |               |                          | 63.50         |
| 63.60 FQHC                         |                          |         |                          |   |                           |                          |               |                          | 63.60         |
| OTHER REIMBURSABLE COST CENTERS    |                          |         |                          |   |                           |                          |               |                          |               |
| 101 TOTAL                          |                          | 9825670 | 470469424                |   |                           |                          |               |                          | 101           |



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (14-T116) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

| COST CENTER DESCRIPTION            | OUTPATIENT   | TOTAL     | RATIO OF | OUTPATIENT    | INPATIENT | INPATIENT    | OUTPATIENT |
|------------------------------------|--------------|-----------|----------|---------------|-----------|--------------|------------|
|                                    | PASS THROUGH |           | COST TO  | RATIO OF COST | PROGRAM   | PROGRAM      | PROGRAM    |
|                                    | COSTS        | CHARGES   | CHARGES  | TO CHARGES    | CHARGES   | PASS THROUGH | PROGRAM    |
|                                    | 3.01         | 4         | 5        | 5.01          | 6         | 7            | 8          |
| ANCILLARY SERVICE COST CENTERS     |              |           |          |               |           |              |            |
| 37 OPERATING ROOM                  |              | 62210832  |          |               |           |              | 37         |
| 39 DELIVERY ROOM & LABOR ROOM      |              | 3005920   |          |               |           |              | 39         |
| 40 ANESTHESIOLOGY                  |              | 6091708   |          |               |           |              | 40         |
| 41 RADIOLOGY-DIAGNOSTIC            |              | 129874566 |          |               |           |              | 41         |
| 42 RADIOLOGY-THERAPEUTIC           |              | 15660598  |          |               |           |              | 42         |
| 44 LABORATORY                      |              | 73504690  |          |               |           |              | 44         |
| 46.30 BLOOD CLOTTING FACTORS ADMIN |              |           |          |               |           |              | 46.30      |
| 49 RESPIRATORY THERAPY             |              | 7854851   |          |               |           |              | 49         |
| 50 PHYSICAL THERAPY                |              | 13020767  |          |               |           |              | 50         |
| 55 MEDICAL SUPPLIES CHARGED TO P   |              | 59655202  |          |               |           |              | 55         |
| 56 DRUGS CHARGED TO PATIENTS       |              | 67396112  |          |               |           |              | 56         |
| 59 CARDIAC REHABILITATION          |              | 5467359   |          |               |           |              | 59         |
| OUTPATIENT SERVICE COST CENTERS    |              |           |          |               |           |              |            |
| 60 CLINIC                          |              | 928064    |          |               |           |              | 60         |
| 60.03 ANTICOAGULATION CLINIC       |              |           |          |               |           |              | 60.03      |
| 61 EMERGENCY                       |              | 21428176  |          |               |           |              | 61         |
| 62 OBSERVATION BEDS (NON-DISTINC   |              | 4370579   |          |               |           |              | 62         |
| 63.50 RHC                          |              |           |          |               |           |              | 63.50      |
| 63.60 FQHC                         |              |           |          |               |           |              | 63.60      |
| OTHER REIMBURSABLE COST CENTERS    |              |           |          |               |           |              |            |
| 101 TOTAL                          |              | 470469424 |          |               |           |              | 101        |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (14-T116) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

| COST CENTER DESCRIPTION            | OUTPATIENT<br>PROGRAM<br>CHARGES<br>8.01 | OUTPATIENT<br>PROGRAM<br>CHARGES<br>8.02 | OUTPATIENT<br>PROGRAM<br>PASS THROUGH<br>COSTS<br>9 | OUTPATIENT<br>PROGRAM<br>PASS THROUGH<br>COSTS<br>9.01 | OUTPATIENT<br>PROGRAM<br>PASS THROUGH<br>COSTS<br>9.02 |
|------------------------------------|--|--|---|--|--|
| ANCILLARY SERVICE COST CENTERS     |  |  |   |  |  |
| 37 OPERATING ROOM                  |  |  |   |  | 37   |
| 39 DELIVERY ROOM & LABOR ROOM      |  |  |   |  | 39   |
| 40 ANESTHESIOLOGY                  |  |  |   |  | 40   |
| 41 RADIOLOGY-DIAGNOSTIC            |  |  |   |  | 41   |
| 42 RADIOLOGY-THERAPEUTIC           |  |  |   |  | 42   |
| 44 LABORATORY                      |  |  |   |  | 44   |
| 46.30 BLOOD CLOTTING FACTORS ADMIN |  |  |   |  | 46.30  |
| 49 RESPIRATORY THERAPY             |  |  |   |  | 49   |
| 50 PHYSICAL THERAPY                |  |  |   |  | 50   |
| 55 MEDICAL SUPPLIES CHARGED TO P   |  |  |   |  | 55   |
| 56 DRUGS CHARGED TO PATIENTS       |  |  |   |  | 56   |
| 59 CARDIAC REHABILITATION          |  |  |   |  | 59   |
| OUTPATIENT SERVICE COST CENTERS    |  |  |   |  |  |
| 60 CLINIC                          |  |  |   |  | 60   |
| 60.03 ANTICOAGULATION CLINIC       |  |  |   |  | 60.03  |
| 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 CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] SUB II (14-S116) [XX] OTHER

| COST CENTER DESCRIPTION            | OLD     | NEW     | TOTAL     | INPATIENT | ---- OLD CAPITAL ---- |         | ---- NEW CAPITAL ---- |         |
|------------------------------------|---------|---------|-----------|-----------|-----------------------|---------|-----------------------|---------|
|                                    | CAPITAL | CAPITAL |           |           | RATIO OF              | CAPITAL | RATIO OF              | CAPITAL |
|                                    | RELATED | RELATED | CHARGES   | PROGRAM   | COST TO               | COSTS   | COST TO               | CAPITAL |
|                                    | COST    | COST    |           | CHARGES   | CHARGES               |         | CHARGES               | COSTS   |
|                                    | 1       | 2       | 3         | 4         | 5                     | 6       | 7                     | 8       |
| ANCILLARY SERVICE COST CENTERS     |         |         |           |           |                       |         |                       |         |
| 37 OPERATING ROOM                  |         | 2603970 | 62210832  |           |                       |         | .041857               | 37      |
| 39 DELIVERY ROOM & LABOR ROOM      |         | 372402  | 3005920   |           |                       |         | .123890               | 39      |
| 40 ANESTHESIOLOGY                  |         | 39039   | 6091708   |           |                       |         | .006409               | 40      |
| 41 RADIOLOGY-DIAGNOSTIC            |         | 2037847 | 129874566 |           |                       |         | .015691               | 41      |
| 42 RADIOLOGY-THERAPEUTIC           |         | 703844  | 15660598  |           |                       |         | .044944               | 42      |
| 44 LABORATORY                      |         | 267499  | 73504690  |           |                       |         | .003639               | 44      |
| 46.30 BLOOD CLOTTING FACTORS ADMIN |         |         |           |           |                       |         |                       | 46.30   |
| 49 RESPIRATORY THERAPY             |         | 175091  | 7854851   |           |                       |         | .022291               | 49      |
| 50 PHYSICAL THERAPY                |         | 883237  | 13020767  |           |                       |         | .067833               | 50      |
| 55 MEDICAL SUPPLIES CHARGED TO P   |         | 797208  | 59655202  |           |                       |         | .013364               | 55      |
| 56 DRUGS CHARGED TO PATIENTS       |         | 796312  | 67396112  |           |                       |         | .011815               | 56      |
| 59 CARDIAC REHABILITATION          |         | 239768  | 5467359   |           |                       |         | .043854               | 59      |
| OUTPATIENT SERVICE COST CENTERS    |         |         |           |           |                       |         |                       |         |
| 60 CLINIC                          |         | 183943  | 928064    |           |                       |         | .198201               | 60      |
| 60.03 ANTICOAGULATION CLINIC       |         |         |           |           |                       |         |                       | 60.03   |
| 61 EMERGENCY                       |         | 501098  | 21428176  |           |                       |         | .023385               | 61      |
| 62 OBSERVATION BEDS (NON-DISTINC   |         | 224412  | 4370579   |           |                       |         | .051346               | 62      |
| 63.50 RHC                          |         |         |           |           |                       |         |                       | 63.50   |
| 63.60 FQHC                         |         |         |           |           |                       |         |                       | 63.60   |
| OTHER REIMBURSABLE COST CENTERS    |         |         |           |           |                       |         |                       |         |
| 101 TOTAL                          |         | 9825670 | 470469424 |           |                       |         |                       | 101     |



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] SUB II (14-S116) [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

| COST CENTER DESCRIPTION            | OUTPATIENT   | TOTAL     | RATIO OF | OUTPATIENT    | INPATIENT | INPATIENT    | OUTPATIENT |
|------------------------------------|--------------|-----------|----------|---------------|-----------|--------------|------------|
|                                    | PASS THROUGH |           | COST TO  | RATIO OF COST | PROGRAM   | PROGRAM      |            |
|                                    | COSTS        | CHARGES   | CHARGES  | TO CHARGES    | CHARGES   | PASS THROUGH | PROGRAM    |
|                                    | 3.01         | 4         | 5        | 5.01          | 6         | 7            | 8          |
| ANCILLARY SERVICE COST CENTERS     |              |           |          |               |           |              |            |
| 37 OPERATING ROOM                  |              | 62210832  |          |               |           |              | 37         |
| 39 DELIVERY ROOM & LABOR ROOM      |              | 3005920   |          |               |           |              | 39         |
| 40 ANESTHESIOLOGY                  |              | 6091708   |          |               |           |              | 40         |
| 41 RADIOLOGY-DIAGNOSTIC            |              | 129874566 |          |               |           |              | 41         |
| 42 RADIOLOGY-THERAPEUTIC           |              | 15660598  |          |               |           |              | 42         |
| 44 LABORATORY                      |              | 73504690  |          |               |           |              | 44         |
| 46.30 BLOOD CLOTTING FACTORS ADMIN |              |           |          |               |           |              | 46.30      |
| 49 RESPIRATORY THERAPY             |              | 7854851   |          |               |           |              | 49         |
| 50 PHYSICAL THERAPY                |              | 13020767  |          |               |           |              | 50         |
| 55 MEDICAL SUPPLIES CHARGED TO P   |              | 59655202  |          |               |           |              | 55         |
| 56 DRUGS CHARGED TO PATIENTS       |              | 67396112  |          |               |           |              | 56         |
| 59 CARDIAC REHABILITATION          |              | 5467359   |          |               |           |              | 59         |
| OUTPATIENT SERVICE COST CENTERS    |              |           |          |               |           |              |            |
| 60 CLINIC                          |              | 928064    |          |               |           |              | 60         |
| 60.03 ANTICOAGULATION CLINIC       |              |           |          |               |           |              | 60.03      |
| 61 EMERGENCY                       |              | 21428176  |          |               |           |              | 61         |
| 62 OBSERVATION BEDS (NON-DISTINC   |              | 4370579   |          |               |           |              | 62         |
| 63.50 RHC                          |              |           |          |               |           |              | 63.50      |
| 63.60 FQHC                         |              |           |          |               |           |              | 63.60      |
| OTHER REIMBURSABLE COST CENTERS    |              |           |          |               |           |              |            |
| 101 TOTAL                          |              | 470469424 |          |               |           |              | 101        |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] SUB II (14-S116) [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

| COST CENTER DESCRIPTION            | OUTPATIENT<br>PROGRAM<br>CHARGES<br>8.01 | OUTPATIENT<br>PROGRAM<br>CHARGES<br>8.02 | OUTPATIENT<br>PROGRAM<br>PASS THROUGH<br>COSTS<br>9 | OUTPATIENT<br>PROGRAM<br>PASS THROUGH<br>COSTS<br>9.01 | OUTPATIENT<br>PROGRAM<br>PASS THROUGH<br>COSTS<br>9.02 |       |
|------------------------------------|--|--|---|--|--|-------|
| ANCILLARY SERVICE COST CENTERS     |  |  |   |  |  |       |
| 37 OPERATING ROOM                  |  |  |   |  |  | 37    |
| 39 DELIVERY ROOM & LABOR ROOM      |  |  |   |  |  | 39    |
| 40 ANESTHESIOLOGY                  |  |  |   |  |  | 40    |
| 41 RADIOLOGY-DIAGNOSTIC            |  |  |   |  |  | 41    |
| 42 RADIOLOGY-THERAPEUTIC           |  |  |   |  |  | 42    |
| 44 LABORATORY                      |  |  |   |  |  | 44    |
| 46.30 BLOOD CLOTTING FACTORS ADMIN |  |  |   |  |  | 46.30 |
| 49 RESPIRATORY THERAPY             |  |  |   |  |  | 49    |
| 50 PHYSICAL THERAPY                |  |  |   |  |  | 50    |
| 55 MEDICAL SUPPLIES CHARGED TO P   |  |  |   |  |  | 55    |
| 56 DRUGS CHARGED TO PATIENTS       |  |  |   |  |  | 56    |
| 59 CARDIAC REHABILITATION          |  |  |   |  |  | 59    |
| OUTPATIENT SERVICE COST CENTERS    |  |  |   |  |  |       |
| 60 CLINIC                          |  |  |   |  |  | 60    |
| 60.03 ANTICOAGULATION CLINIC       |  |  |   |  |  | 60.03 |
| 61 EMERGENCY                       |  |  |   |  |  | 61    |
| 62 OBSERVATION BEDS (NON-DISTINC   |  |  |   |  |  | 62    |
| 63.50 RHC                          |  |  |   |  |  | 63.50 |
| 63.60 FQHC                         |  |  |   |  |  | 63.60 |
| OTHER REIMBURSABLE COST CENTERS    |  |  |   |  |  |       |
| 101 TOTAL                          |  |  |   |  |  | 101   |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

|   | HOSPITAL<br>(PPS)<br>(14-0116) | SUB I<br>(PPS)<br>(14-T116) | SUB II<br>(TEFRA)<br>(14-S116) | 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)   | 39932                          | 3831                        |                                |         |        |     | 1  |
| 2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)  | 39932                          | 3831                        |                                |         |        |     | 2  |
| 3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)   |                                |                             |                                |         |        |     | 3  |
| 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)  | 39932                          | 3831                        |                                |         |        |     | 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)   | 20097                          | 2647                        |                                |         |        |     | 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<br>(PPS)<br>(14-0116) | SUB I<br>(PPS)<br>(14-T116) | SUB II<br>(TEFRA)<br>(14-S116) | 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   | 33512158                       | 2839423                     |                                |         |        |     | 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   | 33512158                       | 2839423                     |                                |         |        |     | 27 |
| PRIVATE ROOM DIFFERENTIAL ADJUSTMENT  |                                |                             |                                |         |        |     |    |
| 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)  | 55803535                       | 3851531                     |                                |         |        |     | 28 |
| 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)   |                                |                             |                                |         |        |     | 29 |
| 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)  | 55803535                       | 3851531                     |                                |         |        |     | 30 |
| 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO  | .600538                        | .737219                     |                                |         |        |     | 31 |
| 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE   |                                |                             |                                |         |        |     | 32 |
| 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE  | 1397.46                        | 1005.36                     |                                |         |        |     | 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                  | 33512158                       | 2839423                     |                                |         |        |     | 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<br>(PPS)<br>(14-0116)   | SUB I<br>(PPS)<br>(14-T116)    | SUB II<br>(TEFRA)<br>(14-S116) | SUB III                        | SUB IV               |                      |
|--|--|--------------------------------|--------------------------------|--------------------------------|----------------------|----------------------|
|  | 1  | 1                              | 1                              | 1                              | 1                    |                      |
| PROGRAM INPATIENT OPERATING COST BEFORE<br>PASS THROUGH COST ADJUSTMENTS |  |                                |                                |                                |                      |                      |
| 38   | ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM   | 839.23                         | 741.17                         |                                |                      | 38                   |
| 39   | PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST   | 16866005                       | 1961877                        |                                |                      | 39                   |
| 40   | MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  |                                |                                |                                |                      | 40                   |
| 41   | TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST   | 16866005                       | 1961877                        |                                |                      | 41                   |
|  |  | TOTAL<br>I/P COST<br>1         | TOTAL<br>I/P DAYS<br>2         | AVERAGE<br>PER DIEM<br>3       | PROGRAM<br>DAYS<br>4 | PROGRAM<br>COST<br>5 |
| 42   | NURSERY (TITLES V AND XIX ONLY)  |                                |                                |                                |                      | 42                   |
| 43   | INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS   |                                |                                |                                |                      |                      |
| 44   | INTENSIVE CARE UNIT  | 9411257                        | 5217                           | 1803.96                        | 2999                 | 5410076 43           |
| 45   | CORONARY CARE UNIT   |                                |                                |                                |                      | 44                   |
| 46   | BURN INTENSIVE CARE UNIT   |                                |                                |                                |                      | 45                   |
| 47   | SURGICAL INTENSIVE CARE UNIT   |                                |                                |                                |                      | 46                   |
| 47   | OTHER SPECIAL CARE (SPECIFY)   |                                |                                |                                |                      | 47                   |
|  |  | HOSPITAL<br>(PPS)<br>(14-0116) | SUB I<br>(PPS)<br>(14-T116)    | SUB II<br>(TEFRA)<br>(14-S116) | SUB III              | SUB IV               |
|  |  | 1                              | 1                              | 1                              | 1                    | 1                    |
| 48   | PROGRAM INPATIENT ANCILLARY SERVICE COST   | 26449382                       | 1593996                        |                                |                      | 48                   |
| 49   | TOTAL PROGRAM INPATIENT COSTS  | 48725463                       | 3555873                        |                                |                      | 49                   |
| PASS THROUGH COST ADJUSTMENTS  |  |                                |                                |                                |                      |                      |
| 50   | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES  | 1711370                        | 209801                         |                                |                      | 50                   |
| 51   | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES  | 1767957                        | 154235                         |                                |                      | 51                   |
| 52   | TOTAL PROGRAM EXCLUDABLE COST  | 3479327                        | 364036                         |                                |                      | 52                   |
| 53   | TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS | 45246136                       | 3191837                        |                                |                      | 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<br>(PPS)<br>(14-0116) | SUB I<br>(PPS)<br>(14-T116) | SUB II<br>(TEFRA)<br>(14-S116) | SUB III | SUB IV |       |
|--|--------------------------------|-----------------------------|--------------------------------|---------|--------|-------|
|  | 1                              | 1                           | 1                              | 1       | 1      |       |
| TARGET AMOUNT AND LIMITATION COMPUTATION |                                |                             |                                |         |        |       |
| 54                                       |                                |                             |                                |         |        | 54    |
| 55                                       |                                |                             |                                |         |        | 55    |
| 56                                       |                                |                             |                                |         |        | 56    |
| 57                                       |                                |                             |                                |         |        | 57    |
| 58                                       |                                |                             |                                |         |        | 58    |
| 58.01                                    |                                |                             |                                |         |        | 58.01 |
| 58.02                                    |                                |                             |                                |         |        | 58.02 |
| 58.03                                    |                                |                             |                                |         |        | 58.03 |
| 58.04                                    |                                |                             |                                |         |        | 58.04 |
| 59                                       |                                |                             |                                |         |        | 59    |
| 59.01                                    |                                |                             |                                |         |        | 59.01 |
| 59.02                                    |                                |                             |                                |         |        | 59.02 |
| 59.03                                    |                                |                             |                                |         |        | 59.03 |
| 59.04                                    |                                |                             |                                |         |        | 59.04 |
| 59.05                                    |                                |                             |                                |         |        | 59.05 |
| 59.06                                    |                                |                             |                                |         |        | 59.06 |
| 59.07                                    |                                |                             |                                |         |        | 59.07 |
| 59.08                                    |                                |                             |                                |         |        | 59.08 |
| PROGRAM INPATIENT ROUTINE SWING BED COST |                                |                             |                                |         |        |       |
| 60                                       |                                |                             |                                |         |        | 60    |
| 61                                       |                                |                             |                                |         |        | 61    |
| 62                                       |                                |                             |                                |         |        | 62    |
| 63                                       |                                |                             |                                |         |        | 63    |
| 64                                       |                                |                             |                                |         |        | 64    |
| 65                                       |                                |                             |                                |         |        | 65    |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

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) (PPS) (TEFRA)  
 (14-0116)(14-T116)(14-S116)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

|   |         |    |
|---|---------|----|
| 83 TOTAL OBSERVATION BEDS                           | 3232    | 83 |
| 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 839.23  | 84 |
| 85 OBSERVATION BED COST                             | 2712391 | 85 |

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

|                              | COST<br>1 | ROUTINE<br>COST<br>(FROM LINE 27)<br>2 | COLUMN 1<br>DIVIDED BY<br>COLUMN 2<br>3 | TOTAL<br>OBSERVATION<br>BED COST<br>(FROM LINE 85)<br>4 | OBSERVATION BED<br>PASS-THROUGH COST<br>COL 3 TIMES COL 4<br>5 |    |
|------------------------------|-----------|--|---|---|--|----|
| 86 OLD CAPITAL-RELATED COST  |           | 33512158                               |   | 2712391   |  | 86 |
| 87 NEW CAPITAL-RELATED COST  | 2772672   | 33512158                               | .082736                                 | 2712391   | 224412   | 87 |
| 88 NON PHYSICIAN ANESTHETIST |           | 33512158                               |   | 2712391   |  | 88 |
| 89 MEDICAL EDUCATION         |           | 33512158                               |   | 2712391   |  | 89 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

| INPATIENT DAYS  | HOSPITAL             | SUB I                | SUB II               | SUB III | SUB IV | NF |    |
|---|----------------------|----------------------|----------------------|---------|--------|----|----|
|   | (OTHER)<br>(14-0116) | (OTHER)<br>(14-T116) | (OTHER)<br>(14-S116) |         |        |    |    |
|   | 1                    | 1                    | 1                    | 1       | 1      | 1  |    |
| 1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)   | 39932                | 3831                 |                      |         |        |    | 1  |
| 2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)  | 39932                | 3831                 |                      |         |        |    | 2  |
| 3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)   |                      |                      |                      |         |        |    | 3  |
| 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)  | 39932                | 3831                 |                      |         |        |    | 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)   | 2908                 | 62                   |                      |         |        |    | 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   | 2285                 |                      |                      |         |        |    | 15 |
| 16 TITLE V OR XIX NURSERY DAYS  | 784                  |                      |                      |         |        |    | 16 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

|  | HOSPITAL<br>(OTHER)<br>(14-0116) | SUB I<br>(OTHER)<br>(14-T116) | SUB II<br>(OTHER)<br>(14-S116) | SUB III | SUB IV | NF |    |
|--|----------------------------------|-------------------------------|--------------------------------|---------|--------|----|----|
| SWING-BED ADJUSTMENT   |                                  |                               |                                |         |        |    |    |
|  | 1                                | 1                             | 1                              | 1       | 1      | 1  |    |
| 17   |                                  |                               |                                |         |        |    | 17 |
| MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD |                                  |                               |                                |         |        |    |    |
| 18   |                                  |                               |                                |         |        |    | 18 |
| MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD   |                                  |                               |                                |         |        |    |    |
| 19   |                                  |                               |                                |         |        |    | 19 |
| MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD  |                                  |                               |                                |         |        |    |    |
| 20   |                                  |                               |                                |         |        |    | 20 |
| MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD    |                                  |                               |                                |         |        |    |    |
| 21   | 33512158                         | 2839423                       |                                |         |        |    | 21 |
| TOTAL GENERAL INPATIENT ROUTINE SERVICE COST   |                                  |                               |                                |         |        |    |    |
| 22   |                                  |                               |                                |         |        |    | 22 |
| SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD                  |                                  |                               |                                |         |        |    |    |
| 23   |                                  |                               |                                |         |        |    | 23 |
| SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD                    |                                  |                               |                                |         |        |    |    |
| 24   |                                  |                               |                                |         |        |    | 24 |
| SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD                   |                                  |                               |                                |         |        |    |    |
| 25   |                                  |                               |                                |         |        |    | 25 |
| SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD                     |                                  |                               |                                |         |        |    |    |
| 26   |                                  |                               |                                |         |        |    | 26 |
| TOTAL SWING-BED COST   |                                  |                               |                                |         |        |    |    |
| 27   | 33512158                         | 2839423                       |                                |         |        |    | 27 |
| GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST   |                                  |                               |                                |         |        |    |    |
| PRIVATE ROOM DIFFERENTIAL ADJUSTMENT   |                                  |                               |                                |         |        |    |    |
| 28   | 55803535                         | 3851531                       |                                |         |        |    | 28 |
| GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)  |                                  |                               |                                |         |        |    |    |
| 29   |                                  |                               |                                |         |        |    | 29 |
| PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)   |                                  |                               |                                |         |        |    |    |
| 30   | 55803535                         | 3851531                       |                                |         |        |    | 30 |
| SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)  |                                  |                               |                                |         |        |    |    |
| 31   | .600538                          | .737219                       |                                |         |        |    | 31 |
| GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO  |                                  |                               |                                |         |        |    |    |
| 32   |                                  |                               |                                |         |        |    | 32 |
| AVERAGE PRIVATE ROOM PER DIEM CHARGE   |                                  |                               |                                |         |        |    |    |
| 33   | 1397.46                          | 1005.36                       |                                |         |        |    | 33 |
| AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE  |                                  |                               |                                |         |        |    |    |
| 34   |                                  |                               |                                |         |        |    | 34 |
| AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL  |                                  |                               |                                |         |        |    |    |
| 35   |                                  |                               |                                |         |        |    | 35 |
| AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL  |                                  |                               |                                |         |        |    |    |
| 36   |                                  |                               |                                |         |        |    | 36 |
| PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT  |                                  |                               |                                |         |        |    |    |
| 37   | 33512158                         | 2839423                       |                                |         |        |    | 37 |
| GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL                  |                                  |                               |                                |         |        |    |    |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

|  | HOSPITAL<br>(OTHER)<br>(14-0116)   | SUB I<br>(OTHER)<br>(14-T116)    | SUB II<br>(OTHER)<br>(14-S116) | SUB III                        | SUB IV               |                      |
|--|--|----------------------------------|--------------------------------|--------------------------------|----------------------|----------------------|
|  | 1  | 1                                | 1                              | 1                              | 1                    |                      |
| PROGRAM INPATIENT OPERATING COST BEFORE<br>PASS THROUGH COST ADJUSTMENTS |  |                                  |                                |                                |                      |                      |
| 38   | ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM   | 839.23                           | 741.17                         |                                |                      | 38                   |
| 39   | PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST   | 2440481                          | 45953                          |                                |                      | 39                   |
| 40   | MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  |                                  |                                |                                |                      | 40                   |
| 41   | TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST   | 2440481                          | 45953                          |                                |                      | 41                   |
|  |  | TOTAL<br>I/P COST<br>1           | TOTAL<br>I/P DAYS<br>2         | AVERAGE<br>PER DIEM<br>3       | PROGRAM<br>DAYS<br>4 | PROGRAM<br>COST<br>5 |
| 42   | NURSERY (TITLES V AND XIX ONLY)  | 2039638                          | 2285                           | 892.62                         | 784                  | 699814 42            |
| 43   | INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS   |                                  |                                |                                |                      |                      |
| 44   | INTENSIVE CARE UNIT  | 9411257                          | 5217                           | 1803.96                        | 300                  | 541188 43            |
| 45   | CORONARY CARE UNIT   |                                  |                                |                                |                      | 44                   |
| 46   | BURN INTENSIVE CARE UNIT   |                                  |                                |                                |                      | 45                   |
| 47   | SURGICAL INTENSIVE CARE UNIT   |                                  |                                |                                |                      | 46                   |
|  | OTHER SPECIAL CARE (SPECIFY)   |                                  |                                |                                |                      | 47                   |
|  |  | HOSPITAL<br>(OTHER)<br>(14-0116) | SUB I<br>(OTHER)<br>(14-T116)  | SUB II<br>(OTHER)<br>(14-S116) | SUB III              | SUB IV               |
|  |  | 1                                | 1                              | 1                              | 1                    | 1                    |
| 48   | PROGRAM INPATIENT ANCILLARY SERVICE COST   |                                  |                                |                                |                      | 48                   |
| 49   | TOTAL PROGRAM INPATIENT COSTS  | 3681483                          | 45953                          |                                |                      | 49                   |
| PASS THROUGH COST ADJUSTMENTS  |  |                                  |                                |                                |                      |                      |
| 50   | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES  | 321073                           | 4914                           |                                |                      | 50                   |
| 51   | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES  |                                  |                                |                                |                      | 51                   |
| 52   | TOTAL PROGRAM EXCLUDABLE COST  | 321073                           | 4914                           |                                |                      | 52                   |
| 53   | TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS |                                  |                                |                                |                      | 53                   |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

|  | HOSPITAL<br>(OTHER)<br>(14-0116) | SUB I<br>(OTHER)<br>(14-T116) | SUB II<br>(OTHER)<br>(14-S116) | SUB III | SUB IV |       |
|--|----------------------------------|-------------------------------|--------------------------------|---------|--------|-------|
| TARGET AMOUNT AND LIMITATION COMPUTATION |                                  |                               |                                |         |        |       |
| 54                                       | 1                                | 1                             | 1                              | 1       | 1      | 54    |
| 55                                       |                                  | 6                             |                                |         |        | 55    |
| 56                                       |                                  |                               |                                |         |        | 56    |
| 57                                       |                                  |                               |                                |         |        | 57    |
| 58                                       |                                  |                               |                                |         |        | 58    |
| 58.01                                    |                                  |                               |                                |         |        | 58.01 |
| 58.02                                    |                                  |                               |                                |         |        | 58.02 |
| 58.03                                    |                                  |                               |                                |         |        | 58.03 |
| 58.04                                    |                                  |                               |                                |         |        | 58.04 |
| 59                                       |                                  |                               |                                |         |        | 59    |
| 59.01                                    |                                  |                               |                                |         |        | 59.01 |
| 59.02                                    |                                  |                               |                                |         |        | 59.02 |
| 59.03                                    |                                  |                               |                                |         |        | 59.03 |
| 59.04                                    |                                  |                               |                                |         |        | 59.04 |
| 59.05                                    |                                  |                               |                                |         |        | 59.05 |
| 59.06                                    |                                  |                               |                                |         |        | 59.06 |
| 59.07                                    |                                  |                               |                                |         |        | 59.07 |
| 59.08                                    |                                  |                               |                                |         |        | 59.08 |
| PROGRAM INPATIENT ROUTINE SWING BED COST |                                  |                               |                                |         |        |       |
| 60                                       |                                  |                               |                                |         |        | 60    |
| 61                                       |                                  |                               |                                |         |        | 61    |
| 62                                       |                                  |                               |                                |         |        | 62    |
| 63                                       |                                  |                               |                                |         |        | 63    |
| 64                                       |                                  |                               |                                |         |        | 64    |
| 65                                       |                                  |                               |                                |         |        | 65    |

PROVIDER NO. 14-0116 NORTHERN ILLINOIS MEDICAL CENT  
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05  
11/27/2008 15:14

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

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

PROVIDER NO. 14-0116 NORTHERN ILLINOIS MEDICAL CENT  
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05  
11/27/2008 15:14

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

| HOSPITAL<br>(OTHER)<br>(14-0116) | SUB I<br>(OTHER)<br>(14-T116) | SUB II<br>(OTHER)<br>(14-S116) | SUB III | SUB IV |
|----------------------------------|-------------------------------|--------------------------------|---------|--------|
| 1                                | 1                             | 1                              | 1       | 1      |

PART IV - COMPUTATION OF OBSERVATION BED COST

|   |         |    |
|---|---------|----|
| 83 TOTAL OBSERVATION BEDS                           | 3232    | 83 |
| 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 839.23  | 84 |
| 85 OBSERVATION BED COST                             | 2712391 | 85 |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

|  |  |                                  |   |
|--|--|----------------------------------|---|
| <input type="checkbox"/> TITLE V                     | <input checked="" type="checkbox"/> HOSPITAL (14-0116) | <input type="checkbox"/> SNF     | <input checked="" type="checkbox"/> PPS |
| <input checked="" type="checkbox"/> TITLE XVIII-PT A | <input type="checkbox"/> SUB I                         | <input type="checkbox"/> NF      | <input type="checkbox"/> TEFRA          |
| <input type="checkbox"/> TITLE XIX                   | <input type="checkbox"/> SUB II                        | <input type="checkbox"/> S/B-SNF | <input type="checkbox"/> OTHER          |
|  | <input type="checkbox"/> SUB III                       | <input type="checkbox"/> S/B-NF  |   |
|  | <input type="checkbox"/> SUB IV                        | <input type="checkbox"/> ICF/MR  |   |

| COST CENTER DESCRIPTION   | RATIO OF COST<br>TO CHARGES<br>1 | INPATIENT<br>PROGRAM CHARGES<br>2 | INPATIENT<br>PROGRAM COSTS<br>3 |       |
|---|----------------------------------|-----------------------------------|---------------------------------|-------|
| INPATIENT ROUTINE SERVICE COST CENTERS                                  |                                  |                                   |                                 |       |
| 25 ADULTS & PEDIATRICS  |                                  | 26610752                          |                                 | 25    |
| 26 INTENSIVE CARE UNIT  |                                  | 6221525                           |                                 | 26    |
| 31 SUBPROVIDER I  |                                  |                                   |                                 | 31    |
| 31.01 INPATIENT PSYCHIATRY SUBPROVIDE<br>ANCILLARY SERVICE COST CENTERS |                                  |                                   |                                 | 31.01 |
| 37 OPERATING ROOM   | .296511                          | 10058027                          | 2982316                         | 37    |
| 39 DELIVERY ROOM & LABOR ROOM   | .983511                          |                                   |                                 | 39    |
| 40 ANESTHESIOLOGY   | .090821                          | 1007300                           | 91484                           | 40    |
| 41 RADIOLOGY-DIAGNOSTIC   | .143284                          | 23522757                          | 3370435                         | 41    |
| 42 RADIOLOGY-THERAPEUTIC  | .291716                          | 404846                            | 118100                          | 42    |
| 44 LABORATORY   | .102440                          | 21207466                          | 2172493                         | 44    |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO                                   |                                  |                                   |                                 | 46.30 |
| 49 RESPIRATORY THERAPY  | .301253                          | 3563912                           | 1073639                         | 49    |
| 50 PHYSICAL THERAPY   | .641373                          | 1788136                           | 1146862                         | 50    |
| 55 MEDICAL SUPPLIES CHARGED TO PAT                                      | .437849                          | 19928073                          | 8725487                         | 55    |
| 56 DRUGS CHARGED TO PATIENTS  | .210185                          | 22437450                          | 4716015                         | 56    |
| 59 CARDIAC REHABILITATION   | .482153                          | 1472357                           | 709901                          | 59    |
| OUTPATIENT SERVICE COST CENTERS   |                                  |                                   |                                 |       |
| 60 CLINIC   | .939054                          | 4371                              | 4105                            | 60    |
| 60.03 ANTICOAGULATION CLINIC  |                                  |                                   |                                 | 60.03 |
| 61 EMERGENCY  | .399019                          | 3354590                           | 1338545                         | 61    |
| 62 OBSERVATION BEDS (NON-DISTINCT<br>OTHER REIMBURSABLE COST CENTERS    | .620602                          |                                   |                                 | 62    |
| 63.50 RHC   |                                  |                                   |                                 | 63.50 |
| 63.60 FQHC  |                                  |                                   |                                 | 63.60 |
| 101 TOTAL   |                                  | 108749285                         | 26449382                        | 101   |
| 102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES                           |                                  |                                   |                                 | 102   |
| 103 NET CHARGES   |                                  | 108749285                         |                                 | 103   |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

|  |   |                                  |   |
|--|---|----------------------------------|---|
| <input type="checkbox"/> TITLE V                     | <input type="checkbox"/> HOSPITAL                   | <input type="checkbox"/> SNF     | <input checked="" type="checkbox"/> PPS |
| <input checked="" type="checkbox"/> TITLE XVIII-PT A | <input checked="" type="checkbox"/> SUB I (14-T116) | <input type="checkbox"/> NF      | <input type="checkbox"/> TEFRA          |
| <input type="checkbox"/> TITLE XIX                   | <input type="checkbox"/> SUB II                     | <input type="checkbox"/> S/B-SNF | <input type="checkbox"/> OTHER          |
|  | <input type="checkbox"/> SUB III                    | <input type="checkbox"/> S/B-NF  |   |
|  | <input type="checkbox"/> SUB IV                     | <input type="checkbox"/> ICF/MR  |   |

| COST CENTER DESCRIPTION                       | RATIO OF COST | INPATIENT       | INPATIENT     |       |
|---|---------------|-----------------|---------------|-------|
|   | TO CHARGES    | PROGRAM CHARGES | PROGRAM COSTS |       |
|   | 1             | 2               | 3             |       |
| INPATIENT ROUTINE SERVICE COST CENTERS        |               |                 |               |       |
| 25 ADULTS & PEDIATRICS                        |               |                 |               | 25    |
| 26 INTENSIVE CARE UNIT                        |               |                 |               | 26    |
| 31 SUBPROVIDER I                              |               | 2756877         |               | 31    |
| 31.01 INPATIENT PSYCHIATRY SUBPROVIDE         |               |                 |               | 31.01 |
| ANCILLARY SERVICE COST CENTERS                |               |                 |               |       |
| 37 OPERATING ROOM                             | .296511       | 9419            | 2793          | 37    |
| 39 DELIVERY ROOM & LABOR ROOM                 | .983511       |                 |               | 39    |
| 40 ANESTHESIOLOGY                             | .090821       |                 |               | 40    |
| 41 RADIOLOGY-DIAGNOSTIC                       | .143284       | 146841          | 21040         | 41    |
| 42 RADIOLOGY-THERAPEUTIC                      | .291716       | 5381            | 1570          | 42    |
| 44 LABORATORY                                 | .102440       | 422505          | 43281         | 44    |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO         |               |                 |               | 46.30 |
| 49 RESPIRATORY THERAPY                        | .301253       | 56104           | 16901         | 49    |
| 50 PHYSICAL THERAPY                           | .641373       | 2037629         | 1306880       | 50    |
| 55 MEDICAL SUPPLIES CHARGED TO PAT            | .437849       | 104887          | 45925         | 55    |
| 56 DRUGS CHARGED TO PATIENTS                  | .210185       | 699163          | 146954        | 56    |
| 59 CARDIAC REHABILITATION                     | .482153       | 7623            | 3675          | 59    |
| OUTPATIENT SERVICE COST CENTERS               |               |                 |               |       |
| 60 CLINIC                                     | .939054       |                 |               | 60    |
| 60.03 ANTICOAGULATION CLINIC                  |               |                 |               | 60.03 |
| 61 EMERGENCY                                  | .399019       | 12472           | 4977          | 61    |
| 62 OBSERVATION BEDS (NON-DISTINCT             | .620602       |                 |               | 62    |
| OTHER REIMBURSABLE COST CENTERS               |               |                 |               |       |
| 63.50 RHC                                     |               |                 |               | 63.50 |
| 63.60 FQHC                                    |               |                 |               | 63.60 |
| 101 TOTAL                                     |               | 3502024         | 1593996       | 101   |
| 102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES |               |                 |               | 102   |
| 103 NET CHARGES                               |               | 3502024         |               | 103   |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

|  |  |                                  |   |
|--|--|----------------------------------|---|
| <input type="checkbox"/> TITLE V                     | <input type="checkbox"/> HOSPITAL                    | <input type="checkbox"/> SNF     | <input type="checkbox"/> PPS              |
| <input checked="" type="checkbox"/> TITLE XVIII-PT A | <input type="checkbox"/> SUB I                       | <input type="checkbox"/> NF      | <input checked="" type="checkbox"/> TEFRA |
| <input type="checkbox"/> TITLE XIX                   | <input checked="" type="checkbox"/> SUB II (14-S116) | <input type="checkbox"/> S/B-SNF | <input type="checkbox"/> OTHER            |
|  | <input type="checkbox"/> SUB III                     | <input type="checkbox"/> S/B-NF  |   |
|  | <input type="checkbox"/> SUB IV                      | <input type="checkbox"/> ICF/MR  |   |

| COST CENTER DESCRIPTION                       | RATIO OF COST | INPATIENT       | INPATIENT     |
|---|---------------|-----------------|---------------|
|   | TO CHARGES    | PROGRAM CHARGES | PROGRAM COSTS |
|   | 1             | 2               | 3             |
| INPATIENT ROUTINE SERVICE COST CENTERS        |               |                 |               |
| 25 ADULTS & PEDIATRICS                        |               |                 | 25            |
| 26 INTENSIVE CARE UNIT                        |               |                 | 26            |
| 31 SUBPROVIDER I                              |               |                 | 31            |
| 31.01 INPATIENT PSYCHIATRY SUBPROVIDE         |               |                 | 31.01         |
| ANCILLARY SERVICE COST CENTERS                |               |                 |               |
| 37 OPERATING ROOM                             | .296511       |                 | 37            |
| 39 DELIVERY ROOM & LABOR ROOM                 | .983511       |                 | 39            |
| 40 ANESTHESIOLOGY                             | .090821       |                 | 40            |
| 41 RADIOLOGY-DIAGNOSTIC                       | .143284       |                 | 41            |
| 42 RADIOLOGY-THERAPEUTIC                      | .291716       |                 | 42            |
| 44 LABORATORY                                 | .102440       |                 | 44            |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO         |               |                 | 46.30         |
| 49 RESPIRATORY THERAPY                        | .301253       |                 | 49            |
| 50 PHYSICAL THERAPY                           | .641373       |                 | 50            |
| 55 MEDICAL SUPPLIES CHARGED TO PAT            | .437849       |                 | 55            |
| 56 DRUGS CHARGED TO PATIENTS                  | .210185       |                 | 56            |
| 59 CARDIAC REHABILITATION                     | .482153       |                 | 59            |
| OUTPATIENT SERVICE COST CENTERS               |               |                 |               |
| 60 CLINIC                                     | .939054       |                 | 60            |
| 60.03 ANTICOAGULATION CLINIC                  |               |                 | 60.03         |
| 61 EMERGENCY                                  | .399019       |                 | 61            |
| 62 OBSERVATION BEDS (NON-DISTINCT             | .620602       |                 | 62            |
| OTHER REIMBURSABLE COST CENTERS               |               |                 |               |
| 63.50 RHC                                     |               |                 | 63.50         |
| 63.60 FQHC                                    |               |                 | 63.60         |
| 101 TOTAL                                     |               |                 | 101           |
| 102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES |               |                 | 102           |
| 103 NET CHARGES                               |               |                 | 103           |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

|   |  |                                  |   |
|---|--|----------------------------------|---|
| <input type="checkbox"/> TITLE V              | <input checked="" type="checkbox"/> HOSPITAL (14-0116) | <input type="checkbox"/> SNF     | <input type="checkbox"/> PPS              |
| <input type="checkbox"/> TITLE XVIII-PT A     | <input type="checkbox"/> SUB I                         | <input type="checkbox"/> NF      | <input type="checkbox"/> TEFRA            |
| <input checked="" type="checkbox"/> TITLE XIX | <input type="checkbox"/> SUB II                        | <input type="checkbox"/> S/B-SNF | <input checked="" type="checkbox"/> OTHER |
|   | <input type="checkbox"/> SUB III                       | <input type="checkbox"/> S/B-NF  |   |
|   | <input type="checkbox"/> SUB IV                        | <input type="checkbox"/> ICF/MR  |   |

| COST CENTER DESCRIPTION   | RATIO OF COST<br>TO CHARGES<br>1 | INPATIENT<br>PROGRAM CHARGES<br>2 | INPATIENT<br>PROGRAM COSTS<br>3 |
|---|----------------------------------|-----------------------------------|---------------------------------|
| INPATIENT ROUTINE SERVICE COST CENTERS                                  |                                  |                                   |                                 |
| 25 ADULTS & PEDIATRICS  |                                  |                                   | 25                              |
| 26 INTENSIVE CARE UNIT  |                                  |                                   | 26                              |
| 31 SUBPROVIDER I  |                                  |                                   | 31                              |
| 31.01 INPATIENT PSYCHIATRY SUBPROVIDE<br>ANCILLARY SERVICE COST CENTERS |                                  |                                   | 31.01                           |
| 37 OPERATING ROOM   | .296511                          |                                   | 37                              |
| 39 DELIVERY ROOM & LABOR ROOM   | .983511                          |                                   | 39                              |
| 40 ANESTHESIOLOGY   | .090821                          |                                   | 40                              |
| 41 RADIOLOGY-DIAGNOSTIC   | .143284                          |                                   | 41                              |
| 42 RADIOLOGY-THERAPEUTIC  | .291716                          |                                   | 42                              |
| 44 LABORATORY   | .102440                          |                                   | 44                              |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO                                   |                                  |                                   | 46.30                           |
| 49 RESPIRATORY THERAPY  | .301253                          |                                   | 49                              |
| 50 PHYSICAL THERAPY   | .641373                          |                                   | 50                              |
| 55 MEDICAL SUPPLIES CHARGED TO PAT                                      | .437849                          |                                   | 55                              |
| 56 DRUGS CHARGED TO PATIENTS  | .210185                          |                                   | 56                              |
| 59 CARDIAC REHABILITATION   | .482153                          |                                   | 59                              |
| OUTPATIENT SERVICE COST CENTERS   |                                  |                                   |                                 |
| 60 CLINIC   | .939054                          |                                   | 60                              |
| 60.03 ANTICOAGULATION CLINIC  |                                  |                                   | 60.03                           |
| 61 EMERGENCY  | .399019                          |                                   | 61                              |
| 62 OBSERVATION BEDS (NON-DISTINCT<br>OTHER REIMBURSABLE COST CENTERS    | .620602                          |                                   | 62                              |
| 63.50 RHC   |                                  |                                   | 63.50                           |
| 63.60 FQHC  |                                  |                                   | 63.60                           |
| 101 TOTAL   |                                  |                                   | 101                             |
| 102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES                           |                                  |                                   | 102                             |
| 103 NET CHARGES   |                                  |                                   | 103                             |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

|   |   |                                  |   |
|---|---|----------------------------------|---|
| <input type="checkbox"/> TITLE V              | <input type="checkbox"/> HOSPITAL                   | <input type="checkbox"/> SNF     | <input type="checkbox"/> PPS              |
| <input type="checkbox"/> TITLE XVIII-PT A     | <input checked="" type="checkbox"/> SUB I (14-T116) | <input type="checkbox"/> NF      | <input type="checkbox"/> TEFRA            |
| <input checked="" type="checkbox"/> TITLE XIX | <input type="checkbox"/> SUB II                     | <input type="checkbox"/> S/B-SNF | <input checked="" type="checkbox"/> OTHER |
|   | <input type="checkbox"/> SUB III                    | <input type="checkbox"/> S/B-NF  |   |
|   | <input type="checkbox"/> SUB IV                     | <input type="checkbox"/> ICF/MR  |   |

| COST CENTER DESCRIPTION                       | RATIO OF COST | INPATIENT       | INPATIENT     |
|---|---------------|-----------------|---------------|
|   | TO CHARGES    | PROGRAM CHARGES | PROGRAM COSTS |
|   | 1             | 2               | 3             |
| INPATIENT ROUTINE SERVICE COST CENTERS        |               |                 |               |
| 25 ADULTS & PEDIATRICS                        |               |                 | 25            |
| 26 INTENSIVE CARE UNIT                        |               |                 | 26            |
| 31 SUBPROVIDER I                              |               |                 | 31            |
| 31.01 INPATIENT PSYCHIATRY SUBPROVIDE         |               |                 | 31.01         |
| ANCILLARY SERVICE COST CENTERS                |               |                 |               |
| 37 OPERATING ROOM                             | .296511       |                 | 37            |
| 39 DELIVERY ROOM & LABOR ROOM                 | .983511       |                 | 39            |
| 40 ANESTHESIOLOGY                             | .090821       |                 | 40            |
| 41 RADIOLOGY-DIAGNOSTIC                       | .143284       |                 | 41            |
| 42 RADIOLOGY-THERAPEUTIC                      | .291716       |                 | 42            |
| 44 LABORATORY                                 | .102440       |                 | 44            |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO         |               |                 | 46.30         |
| 49 RESPIRATORY THERAPY                        | .301253       |                 | 49            |
| 50 PHYSICAL THERAPY                           | .641373       |                 | 50            |
| 55 MEDICAL SUPPLIES CHARGED TO PAT            | .437849       |                 | 55            |
| 56 DRUGS CHARGED TO PATIENTS                  | .210185       |                 | 56            |
| 59 CARDIAC REHABILITATION                     | .482153       |                 | 59            |
| OUTPATIENT SERVICE COST CENTERS               |               |                 |               |
| 60 CLINIC                                     | .939054       |                 | 60            |
| 60.03 ANTICOAGULATION CLINIC                  |               |                 | 60.03         |
| 61 EMERGENCY                                  | .399019       |                 | 61            |
| 62 OBSERVATION BEDS (NON-DISTINCT             | .620602       |                 | 62            |
| OTHER REIMBURSABLE COST CENTERS               |               |                 |               |
| 63.50 RHC                                     |               |                 | 63.50         |
| 63.60 FQHC                                    |               |                 | 63.60         |
| 101 TOTAL                                     |               |                 | 101           |
| 102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES |               |                 | 102           |
| 103 NET CHARGES                               |               |                 | 103           |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

|   |  |                                  |   |
|---|--|----------------------------------|---|
| <input type="checkbox"/> TITLE V              | <input type="checkbox"/> HOSPITAL                    | <input type="checkbox"/> SNF     | <input type="checkbox"/> PPS              |
| <input type="checkbox"/> TITLE XVIII-PT A     | <input type="checkbox"/> SUB I                       | <input type="checkbox"/> NF      | <input type="checkbox"/> TEFRA            |
| <input checked="" type="checkbox"/> TITLE XIX | <input checked="" type="checkbox"/> SUB II (14-S116) | <input type="checkbox"/> S/B-SNF | <input checked="" type="checkbox"/> OTHER |
|   | <input type="checkbox"/> SUB III                     | <input type="checkbox"/> S/B-NF  |   |
|   | <input type="checkbox"/> SUB IV                      | <input type="checkbox"/> ICF/MR  |   |

| COST CENTER DESCRIPTION                       | RATIO OF COST | INPATIENT       | INPATIENT     |
|---|---------------|-----------------|---------------|
|   | TO CHARGES    | PROGRAM CHARGES | PROGRAM COSTS |
|   | 1             | 2               | 3             |
| INPATIENT ROUTINE SERVICE COST CENTERS        |               |                 |               |
| 25 ADULTS & PEDIATRICS                        |               |                 | 25            |
| 26 INTENSIVE CARE UNIT                        |               |                 | 26            |
| 31 SUBPROVIDER I                              |               |                 | 31            |
| 31.01 INPATIENT PSYCHIATRY SUBPROVIDE         |               |                 | 31.01         |
| ANCILLARY SERVICE COST CENTERS                |               |                 |               |
| 37 OPERATING ROOM                             | .296511       |                 | 37            |
| 39 DELIVERY ROOM & LABOR ROOM                 | .983511       |                 | 39            |
| 40 ANESTHESIOLOGY                             | .090821       |                 | 40            |
| 41 RADIOLOGY-DIAGNOSTIC                       | .143284       |                 | 41            |
| 42 RADIOLOGY-THERAPEUTIC                      | .291716       |                 | 42            |
| 44 LABORATORY                                 | .102440       |                 | 44            |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO         |               |                 | 46.30         |
| 49 RESPIRATORY THERAPY                        | .301253       |                 | 49            |
| 50 PHYSICAL THERAPY                           | .641373       |                 | 50            |
| 55 MEDICAL SUPPLIES CHARGED TO PAT            | .437849       |                 | 55            |
| 56 DRUGS CHARGED TO PATIENTS                  | .210185       |                 | 56            |
| 59 CARDIAC REHABILITATION                     | .482153       |                 | 59            |
| OUTPATIENT SERVICE COST CENTERS               |               |                 |               |
| 60 CLINIC                                     | .939054       |                 | 60            |
| 60.03 ANTICOAGULATION CLINIC                  |               |                 | 60.03         |
| 61 EMERGENCY                                  | .399019       |                 | 61            |
| 62 OBSERVATION BEDS (NON-DISTINCT             | .620602       |                 | 62            |
| OTHER REIMBURSABLE COST CENTERS               |               |                 |               |
| 63.50 RHC                                     |               |                 | 63.50         |
| 63.60 FQHC                                    |               |                 | 63.60         |
| 101 TOTAL                                     |               |                 | 101           |
| 102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES |               |                 | 102           |
| 103 NET CHARGES                               |               |                 | 103           |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

| DRG AMOUNT   | HOSPITAL<br>(14-0116) | SUB I | SUB II | SUB III | SUB IV |      |
|--|-----------------------|-------|--------|---------|--------|------|
| 1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1   | 8773651               |       |        |         |        | 1    |
| 1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER<br>OCTOBER 1 AND BEFORE JANUARY 1   | 8773651               |       |        |         |        | 1.01 |
| 1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1<br>MANAGED CARE PATIENTS  | 17547303              |       |        |         |        | 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<br>THROUGH SEPTEMBER 30, 2001   |                       |       |        |         |        | 1.07 |
| 1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER<br>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<br>INDIRECT MEDICAL EDUCATION ADJUSTMENT   | 1329418               |       |        |         |        | 2.01 |
| 3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD   | 150.27                |       |        |         |        | 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<br>MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996   |                       |       |        |         |        | 3.04 |
| 3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH<br>MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW<br>PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)  |                       |       |        |         |        | 3.05 |
| 3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS<br>FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION<br>1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ]<br>[ ON OR AFTER 7/1/2005 ]<br>[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<br>THE CURRENT YEAR FROM YOUR RECORDS  |                       |       |        |         |        | 3.08 |
| 3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE<br>PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1   |                       |       |        |         |        | 3.09 |
| 3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE<br>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<br>BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..   |                       |       |        |         |        | 3.15 |
| 3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF<br>THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997,<br>OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS<br>PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..<br>RES. IN<br>INIT YRS |                       |       |        |         |        | 3.16 |
| 3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE<br>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<br>(14-0116) | 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     |                       |       |        |         |        | 4     |
| 4.01  |                       |       |        |         |        | 4.01  |
| 4.02  |                       |       |        |         |        | 4.02  |
| 4.03  |                       |       |        |         |        | 4.03  |
| 4.04  |                       |       |        |         |        | 4.04  |
| 5     |                       |       |        |         |        | 5     |
| 5.01  |                       |       |        |         |        | 5.01  |
| 5.02  |                       |       |        |         |        | 5.02  |
| 5.03  |                       |       |        |         |        | 5.03  |
| 5.04  |                       |       |        |         |        | 5.04  |
| 5.05  |                       |       | 335.00 |         |        | 5.05  |
| 5.06  |                       |       |        |         |        | 5.06  |
| 6     |                       |       |        |         |        | 6     |
| 7     |                       |       |        |         |        | 7     |
| 7.01  |                       |       |        |         |        | 7.01  |
| 8     |                       |       |        |         |        | 8     |
| 9     |                       |       |        |         |        | 9     |
| 10    |                       |       |        |         |        | 10    |
| 11    |                       |       |        |         |        | 11    |
| 11.01 |                       |       |        |         |        | 11.01 |
| 11.02 |                       |       |        |         |        | 11.02 |
| 12    |                       |       |        |         |        | 12    |
| 13    |                       |       |        |         |        | 13    |
| 14    |                       |       |        |         |        | 14    |
| 15    |                       |       |        |         |        | 15    |
| 16    |                       |       |        |         |        | 16    |
| 17    |                       |       |        |         |        | 17    |
| 18    |                       |       |        |         |        | 18    |
| 19    |                       |       |        |         |        | 19    |
| 20    |                       |       |        |         |        | 20    |
| 21    |                       |       |        |         |        | 21    |
| 21.01 |                       |       |        |         |        | 21.01 |
| 21.02 |                       |       |        |         |        | 21.02 |
| 22    |                       |       |        |         |        | 22    |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

|       | HOSPITAL<br>(14-0116) | SUB I | SUB II | SUB III | SUB IV |       |
|-------|-----------------------|-------|--------|---------|--------|-------|
| 23    |                       |       |        |         |        | 23    |
|       |                       |       |        |         |        |       |
| 24    |                       |       |        |         |        | 24    |
| 25    |                       |       |        |         |        | 25    |
| 26    | 36579697              |       |        |         |        | 26    |
| 27    |                       |       |        |         |        | 27    |
| 28    | 36569792              |       |        |         |        | 28    |
| 28.01 |                       |       |        |         |        | 28.01 |
| 29    | 9905                  |       |        |         |        | 29    |
| 30    |                       |       |        |         |        | 30    |
|       |                       |       |        |         |        |       |
|       |                       |       |        |         |        |       |
| 50    |                       |       |        |         |        | 50    |
| 51    |                       |       |        |         |        | 51    |
| 52    |                       |       |        |         |        | 52    |
| 53    |                       |       |        |         |        | 53    |
| 54    |                       |       |        |         |        | 54    |
| 55    |                       |       |        |         |        | 55    |
| 56    |                       |       |        |         |        | 56    |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

|  | HOSPITAL<br>(14-0116)<br>1 | HOSPITAL<br>(14-0116)<br>1.01 | HOSPITAL<br>(14-0116)<br>1.02 |       |
|--|----------------------------|-------------------------------|-------------------------------|-------|
| 1 MEDICAL AND OTHER SERVICES   | 292                        |                               |                               | 1     |
| 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR<br>AFTER AUGUST 1, 2000   | 13759148                   |                               |                               | 1.01  |
| 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS  | 5975055                    | 6046574                       |                               | 1.02  |
| 1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST<br>RATIO   | 0.817                      | 0.817                         |                               | 1.03  |
| 1.04 LINE 1.01 TIMES LINE 1.03   | 11241224                   |                               |                               | 1.04  |
| 1.05 LINE 1.02 DIVIDED BY LINE 1.04  | 53.15                      |                               |                               | 1.05  |
| 1.06 TRANSITIONAL CORRIDOR PAYMENT   |                            |                               |                               | 1.06  |
| 1.07 AMOUNT FROM WORKSHEET D, PART IV,<br>COLUMN 9, LINE 101   |                            |                               |                               | 1.07  |
| 2 INTERNS AND RESIDENTS  |                            |                               |                               | 2     |
| 3 ORGAN ACQUISITIONS   |                            |                               |                               | 3     |
| 4 COST OF TEACHING PHYSICIANS  |                            |                               |                               | 4     |
| 5 TOTAL COST   | 292                        |                               |                               | 5     |
| COMPUTATION OF LESSER OF COST OR CHARGES<br>REASONABLE CHARGES   |                            |                               |                               |       |
| 6 ANCILLARY SERVICE CHARGES  | 1364                       |                               |                               | 6     |
| 7 INTERNS AND RESIDENTS SERVICE CHARGES  |                            |                               |                               | 7     |
| 8 ORGAN ACQUISITION CHARGES  |                            |                               |                               | 8     |
| 9 CHARGES OF PROFESSIONAL SERVICES OF<br>TEACHING PHYSICIANS   |                            |                               |                               | 9     |
| 10 TOTAL REASONABLE CHARGES  | 1364                       |                               |                               | 10    |
| CUSTOMARY CHARGES  |                            |                               |                               |       |
| 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM<br>PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON<br>A CHARGE BASIS   |                            |                               |                               | 11    |
| 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM<br>PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A<br>CHARGE BASIS HAD SUCH PAYMENT BEEN MADE<br>IN ACCORDANCE WITH 42 CFR 413.13(E) |                            |                               |                               | 12    |
| 13 RATIO OF LINE 11 TO LINE 12   |                            |                               |                               | 13    |
| 14 TOTAL CUSTOMARY CHARGES   | 1364                       |                               |                               | 14    |
| 15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE<br>COST   | 1072                       |                               |                               | 15    |
| 16 EXCESS OF REASONABLE COST OVER CUSTOMARY<br>CHARGES   |                            |                               |                               | 16    |
| 17 LESSER OF COST OR CHARGES   | 292                        |                               |                               | 17    |
| 17.01 TOTAL PPS PAYMENTS   | 12021629                   |                               |                               | 17.01 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

|   | HOSPITAL<br>(14-0116)<br>1 | HOSPITAL<br>(14-0116)<br>1.01 | HOSPITAL<br>(14-0116)<br>1.02 |
|---|----------------------------|-------------------------------|-------------------------------|
| COMPUTATION OF REIMBURSEMENT SETTLEMENT   |                            |                               |                               |
| 18 DEDUCTIBLES AND COINSURANCE  | 12                         |                               | 18                            |
| 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO<br>LINE 17.01   | 3291717                    |                               | 18.01                         |
| 19 SUBTOTAL   | 8730192                    |                               | 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   | 8730192                    |                               | 23                            |
| 24 PRIMARY PAYER PAYMENTS   | 659                        |                               | 24                            |
| 25 SUBTOTAL   | 8729533                    |                               | 25                            |
| REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR<br>PROFESSIONAL SERVICES)   |                            |                               |                               |
| 26 COMPOSITE RATE ESRD  |                            |                               | 26                            |
| 27 BAD DEBTS  | 270813                     |                               | 27                            |
| 27.01 REDUCED REIMBURSABLE BAD DEBTS  | 189569                     |                               | 27.01                         |
| 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE<br>BENEFICIARIES (SEE INSTRUCTIONS)                                | 270813                     |                               | 27.02                         |
| 28 SUBTOTAL   | 8919102                    |                               | 28                            |
| 29 RECOVERY OF EXCESS DEPRECIATION RESULTING<br>FROM PROVIDER TERMINATION OR A DECREASE IN<br>PROGRAM UTILIZATION |                            |                               | 29                            |
| 30 OTHER ADJUSTMENTS  |                            |                               | 30                            |
| 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION<br>AMOUNT)  |                            |                               | 30.99                         |
| 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING<br>PERIODS RESULTING FROM DISPOSITION OF<br>DEPRECIABLE ASSETS      |                            |                               | 31                            |
| 32 SUBTOTAL   | 8919102                    |                               | 32                            |
| 33 SEQUESTRATION ADJUSTMENT   |                            |                               | 33                            |
| 34 INTERIM PAYMENTS   | 8873517                    |                               | 34                            |
| 34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)  |                            |                               | 34.01                         |
| 35 BALANCE DUE PROVIDER/PROGRAM   | 45585                      |                               | 35                            |
| 36 PROTESTED AMOUNTS (NONALLOWABLE COST<br>REPORT ITEMS) IN ACCORDANCE WITH CMS PUB<br>15-II, SECTION 115.2       |                            |                               | 36                            |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

|  | SUB I<br>(14-T116) | SUB I<br>(14-T116) | SUB I<br>(14-T116) |       |
|--|--------------------|--------------------|--------------------|-------|
|  | 1                  | 1.01               | 1.02               |       |
| 1 MEDICAL AND OTHER SERVICES   |                    |                    |                    | 1     |
| 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR<br>AFTER AUGUST 1, 2000   |                    |                    |                    | 1.01  |
| 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS  |                    |                    |                    | 1.02  |
| 1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST<br>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,<br>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<br>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<br>TEACHING PHYSICIANS   |                    |                    |                    | 9     |
| 10 TOTAL REASONABLE CHARGES  |                    |                    |                    | 10    |
| CUSTOMARY CHARGES  |                    |                    |                    |       |
| 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM<br>PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON<br>A CHARGE BASIS   |                    |                    |                    | 11    |
| 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM<br>PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A<br>CHARGE BASIS HAD SUCH PAYMENT BEEN MADE<br>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<br>COST   |                    |                    |                    | 15    |
| 16 EXCESS OF REASONABLE COST OVER CUSTOMARY<br>CHARGES   |                    |                    |                    | 16    |
| 17 LESSER OF COST OR CHARGES   |                    |                    |                    | 17    |
| 17.01 TOTAL PPS PAYMENTS   |                    |                    |                    | 17.01 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

|   | SUB I<br>(14-T116)<br>1 | SUB I<br>(14-T116)<br>1.01 | SUB I<br>(14-T116)<br>1.02 |       |
|---|-------------------------|----------------------------|----------------------------|-------|
| COMPUTATION OF REIMBURSEMENT SETTLEMENT |                         |                            |                            |       |
| 18                                      |                         |                            |                            | 18    |
| 18.01                                   |                         |                            |                            | 18.01 |
| 19                                      |                         |                            |                            | 19    |
| 20                                      |                         |                            |                            | 20    |
| 21                                      |                         |                            |                            | 21    |
| 22                                      |                         |                            |                            | 22    |
| 23                                      |                         |                            |                            | 23    |
| 24                                      |                         |                            |                            | 24    |
| 25                                      |                         |                            |                            | 25    |
| 26                                      |                         |                            |                            | 26    |
| 27                                      |                         |                            |                            | 27    |
| 27.01                                   |                         |                            |                            | 27.01 |
| 27.02                                   |                         |                            |                            | 27.02 |
| 28                                      |                         |                            |                            | 28    |
| 29                                      |                         |                            |                            | 29    |
| 30                                      |                         |                            |                            | 30    |
| 30.99                                   |                         |                            |                            | 30.99 |
| 31                                      |                         |                            |                            | 31    |
| 32                                      |                         |                            |                            | 32    |
| 33                                      |                         |                            |                            | 33    |
| 34                                      |                         |                            |                            | 34    |
| 34.01                                   |                         |                            |                            | 34.01 |
| 35                                      |                         |                            |                            | 35    |
| 36                                      |                         |                            |                            | 36    |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

|  | SUB II<br>(14-S116) | SUB II<br>(14-S116) | SUB II<br>(14-S116) |       |
|--|---------------------|---------------------|---------------------|-------|
|  | 1                   | 1.01                | 1.02                |       |
| 1 MEDICAL AND OTHER SERVICES   |                     |                     |                     | 1     |
| 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR<br>AFTER AUGUST 1, 2000   |                     |                     |                     | 1.01  |
| 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS  |                     |                     |                     | 1.02  |
| 1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST<br>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,<br>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<br>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<br>TEACHING PHYSICIANS   |                     |                     |                     | 9     |
| 10 TOTAL REASONABLE CHARGES  |                     |                     |                     | 10    |
| CUSTOMARY CHARGES  |                     |                     |                     |       |
| 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM<br>PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON<br>A CHARGE BASIS   |                     |                     |                     | 11    |
| 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM<br>PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A<br>CHARGE BASIS HAD SUCH PAYMENT BEEN MADE<br>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<br>COST   |                     |                     |                     | 15    |
| 16 EXCESS OF REASONABLE COST OVER CUSTOMARY<br>CHARGES   |                     |                     |                     | 16    |
| 17 LESSER OF COST OR CHARGES   |                     |                     |                     | 17    |
| 17.01 TOTAL PPS PAYMENTS   |                     |                     |                     | 17.01 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

|   | SUB II<br>(14-S116)<br>1 | SUB II<br>(14-S116)<br>1.01 | SUB II<br>(14-S116)<br>1.02 |       |
|---|--------------------------|-----------------------------|-----------------------------|-------|
| COMPUTATION OF REIMBURSEMENT SETTLEMENT |                          |                             |                             |       |
| 18                                      |                          |                             |                             | 18    |
| 18.01                                   |                          |                             |                             | 18.01 |
| 19                                      |                          |                             |                             | 19    |
| 20                                      |                          |                             |                             | 20    |
| 21                                      |                          |                             |                             | 21    |
| 22                                      |                          |                             |                             | 22    |
| 23                                      |                          |                             |                             | 23    |
| 24                                      |                          |                             |                             | 24    |
| 25                                      |                          |                             |                             | 25    |
| 26                                      |                          |                             |                             | 26    |
| 27                                      |                          |                             |                             | 27    |
| 27.01                                   |                          |                             |                             | 27.01 |
| 27.02                                   |                          |                             |                             | 27.02 |
| 28                                      |                          |                             |                             | 28    |
| 29                                      |                          |                             |                             | 29    |
| 30                                      |                          |                             |                             | 30    |
| 30.99                                   |                          |                             |                             | 30.99 |
| 31                                      |                          |                             |                             | 31    |
| 32                                      |                          |                             |                             | 32    |
| 33                                      |                          |                             |                             | 33    |
| 34                                      |                          |                             |                             | 34    |
| 34.01                                   |                          |                             |                             | 34.01 |
| 35                                      |                          |                             |                             | 35    |
| 36                                      |                          |                             |                             | 36    |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

|   | HOSPITAL<br>(14-0116)<br>OCTOBER 1, 1997<br>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<br>ON A CHARGE BASIS  |   | 8  |
| 9 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES<br>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  
(14-0116)  
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<br>ON A CHARGE BASIS   | 8  |
| 9  | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE<br>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  
(14-0116)  
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 (14-0116)

WORKSHEET E-1

| DESCRIPTION   | INPATIENT                  |             | PART B                     |             |      |
|---|----------------------------|-------------|----------------------------|-------------|------|
|   | PART A                     |             |                            |             |      |
|   | MM/DD/YYYY<br>1            | AMOUNT<br>2 | MM/DD/YYYY<br>3            | AMOUNT<br>4 |      |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER   |                            | 36569792    |                            | 8873517     | 1    |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER<br>SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR<br>SERVICES RENDERED IN THE COST REPORTING PERIOD. IF<br>NONE, WRITE 'NONE', OR ENTER A ZERO. |                            | NONE        |                            | NONE        | 2    |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM   | .01                        |             |                            |             | 3.01 |
| ADJUSTMENT AMOUNT BASED ON SUBSEQUENT   | PROGRAM .02                |             |                            |             | 3.02 |
| REVISION OF THE INTERIM RATE FOR THE COST   | TO .03                     | NONE        |                            | NONE        | 3.03 |
| REPORTING PERIOD. ALSO SHOW DATE OF EACH  | PROVIDER .04               |             |                            |             | 3.04 |
| PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.   | .05                        |             |                            |             | 3.05 |
|   | .50                        |             |                            |             | 3.50 |
|   | PROVIDER .51               |             |                            |             | 3.51 |
|   | TO .52                     | NONE        |                            | NONE        | 3.52 |
|   | PROGRAM .53                |             |                            |             | 3.53 |
|   | .54                        |             |                            |             | 3.54 |
| SUBTOTAL  | .99                        |             |                            |             | 3.99 |
| 4 TOTAL INTERIM PAYMENTS  |                            | 36569792    |                            | 8873517     | 4    |
| TO BE COMPLETED BY INTERMEDIARY   |                            |             |                            |             |      |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY-<br>MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH<br>PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.   | PROGRAM .01                |             |                            |             | 5.01 |
|   | TO .02                     | NONE        |                            | NONE        | 5.02 |
|   | PROVIDER .03               |             |                            |             | 5.03 |
|   | PROVIDER .50               |             |                            |             | 5.50 |
|   | TO .51                     | NONE        |                            | NONE        | 5.51 |
|   | PROGRAM .52                |             |                            |             | 5.52 |
| SUBTOTAL  | .99                        |             |                            |             | 5.99 |
| 6 DETERMINED NET SETTLEMENT AMOUNT<br>(BALANCE DUE) BASED ON THE COST<br>REPORT.  | PROGRAM TO<br>PROVIDER .01 | 9905        |                            | 45585       | 6.01 |
|   | PROVIDER TO .02<br>PROGRAM |             |                            |             | 6.02 |
| 7 TOTAL MEDICARE PROGRAM LIABILITY  |                            | 36579697    |                            | 8919102     | 7    |
| NAME OF INTERMEDIARY: _____   |                            |             | INTERMEDIARY NUMBER: _____ |             |      |
| SIGNATURE OF AUTHORIZED PERSON: _____   |                            |             | DATE (MO/DAY/YR): _____    |             |      |

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SUBPROVIDER I (14-T116)

WORKSHEET E-1

| DESCRIPTION  | INPATIENT       |         | PART B     |        |
|--|-----------------|---------|------------|--------|
|  | MM/DD/YYYY      | AMOUNT  | MM/DD/YYYY | AMOUNT |
|  | 1               | 2       | 3          | 4      |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER  |                 | 3308673 |            | 1      |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO. |                 | NONE    |            | 2      |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM  |                 |         |            | 3.01   |
| ADJUSTMENT AMOUNT BASED ON SUBSEQUENT  | PROGRAM .01     |         |            | 3.02   |
| REVISION OF THE INTERIM RATE FOR THE COST  | TO .02          |         |            | 3.03   |
| REPORTING PERIOD. ALSO SHOW DATE OF EACH   | PROVIDER .03    | NONE    | NONE       | 3.04   |
| PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.  | PROVIDER .04    |         |            | 3.05   |
|  | TO .05          |         |            | 3.50   |
|  | PROVIDER .51    |         |            | 3.51   |
|  | TO .52          | NONE    | NONE       | 3.52   |
|  | PROGRAM .53     |         |            | 3.53   |
|  | .54             |         |            | 3.54   |
| SUBTOTAL   | .99             |         |            | 3.99   |
| 4 TOTAL INTERIM PAYMENTS   |                 | 3308673 |            | 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     |         |            | 5.01   |
|  | TO .02          | NONE    | NONE       | 5.02   |
|  | PROVIDER .03    |         |            | 5.03   |
|  | PROVIDER .50    |         |            | 5.50   |
|  | TO .51          | NONE    | NONE       | 5.51   |
|  | PROGRAM .52     |         |            | 5.52   |
| SUBTOTAL   | .99             |         |            | 5.99   |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.   | PROGRAM TO .01  |         |            | 6.01   |
|  | PROVIDER TO .02 | -7769   |            | 6.02   |
| 7 TOTAL MEDICARE PROGRAM LIABILITY   |                 | 3300904 |            | 7      |

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SUBPROVIDER II (14-S116)

WORKSHEET E-1

| DESCRIPTION  | INPATIENT  |                            | PART B          |  |
|--|--|----------------------------|-----------------|--|
|  | PART A   |                            |                 |  |
|  | MM/DD/YYYY<br>1  | AMOUNT<br>2                | MM/DD/YYYY<br>3 | AMOUNT<br>4  |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER  |  |                            |                 | 1  |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.                   |  | NONE                       |                 | 2  |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM 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. | .01<br>PROGRAM .02<br>TO .03<br>PROVIDER .04<br>.05<br>.50<br>PROVIDER .51<br>TO .52<br>PROGRAM .53<br>.54 | NONE                       | NONE            | 3.01<br>3.02<br>3.03<br>3.04<br>3.05<br>3.50<br>3.51<br>3.52<br>3.53<br>3.54 |
| SUBTOTAL   | .99  |                            |                 | 3.99   |
| 4 TOTAL INTERIM PAYMENTS   |  |                            |                 | 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<br>TO .02<br>PROVIDER .03<br>PROVIDER .50<br>TO .51<br>PROGRAM .52                             | NONE                       | NONE            | 5.01<br>5.02<br>5.03<br>5.50<br>5.51<br>5.52                                 |
| SUBTOTAL   | .99  |                            |                 | 5.99   |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.   | PROGRAM TO PROVIDER .01<br>PROVIDER TO PROGRAM .02   | 613                        |                 | 6.01<br>6.02   |
| 7 TOTAL MEDICARE PROGRAM LIABILITY   |  | 613                        |                 | 7  |
| NAME OF INTERMEDIARY: _____  |  | INTERMEDIARY NUMBER: _____ |                 |  |
| SIGNATURE OF AUTHORIZED PERSON: _____  |  | DATE (MO/DAY/YR): _____    |                 |  |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV  
 (14-T116) (14-S116)

|       |   |           |     |  |  |       |
|-------|---|-----------|-----|--|--|-------|
| 1     | INPATIENT HOSPITAL SERVICES   |           |     |  |  | 1     |
| 1.01  | HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)   |           |     |  |  | 1.01  |
| 1.02  | NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)   | 3115473   |     |  |  | 1.02  |
| 1.03  | MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)  | 0.0179    |     |  |  | 1.03  |
| 1.04  | INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)   | 65727     |     |  |  | 1.04  |
| 1.05  | OUTLIER PAYMENTS  | 159368    |     |  |  | 1.05  |
| 1.06  | TOTAL PPS PAYMENTS  | 3340568   |     |  |  | 1.06  |
| 1.07  | NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT  |           |     |  |  | 1.07  |
|       | INPATIENT PSYCHIATRIC FACILITY (IPF)  |           |     |  |  |       |
| 1.08  | NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)                                       |           |     |  |  | 1.08  |
| 1.09  | NET IPF PPS OUTLIER PAYMENTS  |           |     |  |  | 1.09  |
| 1.10  | NET IPF PPS ECT PAYMENTS  |           |     |  |  | 1.10  |
| 1.11  | UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)            |           |     |  |  | 1.11  |
| 1.12  | NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)  |           |     |  |  | 1.12  |
| 1.13  | CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)       |           |     |  |  | 1.13  |
| 1.14  | CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)        |           |     |  |  | 1.14  |
| 1.15  | INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)   |           |     |  |  | 1.15  |
| 1.16  | AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)   |           |     |  |  | 1.16  |
| 1.17  | MEDICAL EDUCATION ADJUSTMENT FACTOR   |           |     |  |  | 1.17  |
| 1.18  | MEDICAL EDUCATION ADJUSTMENT  |           |     |  |  | 1.18  |
| 1.19  | ADJUSTED NET IPF PPS PAYMENTS   |           |     |  |  | 1.19  |
| 1.20  | STOP LESS PAYMENT FLOOR   |           |     |  |  | 1.20  |
| 1.21  | ADJUSTED NET PAYMENT FLOOR  |           |     |  |  | 1.21  |
| 1.22  | STOP LOSS ADJUSTMENT  |           |     |  |  | 1.22  |
| 1.23  | TOTAL IPF PPS PAYMENTS  |           |     |  |  | 1.23  |
|       | INPATIENT REHABILITATION FACILITY (IRF)   |           |     |  |  |       |
| 1.35  | UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)    |           |     |  |  | 1.35  |
| 1.36  | NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)   |           |     |  |  | 1.36  |
| 1.37  | CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS) |           |     |  |  | 1.37  |
| 1.38  | CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)  |           |     |  |  | 1.38  |
| 1.39  | INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)  |           |     |  |  | 1.39  |
| 1.40  | AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)  | 10.467213 |     |  |  | 1.40  |
| 1.41  | MEDICAL EDUCATION ADJUSTMENT FACTOR   |           |     |  |  | 1.41  |
| 1.42  | MEDICAL EDUCATION ADJUSTMENT  |           |     |  |  | 1.42  |
| 2     | ORGAN ACQUISITION   |           |     |  |  | 2     |
| 3     | COST OF TEACHING PHYSICIANS   |           |     |  |  | 3     |
| 4     | SUBTOTAL  | 3340568   |     |  |  | 4     |
| 5     | PRIMARY PAYER PAYMENTS  | 18529     |     |  |  | 5     |
| 6     | SUBTOTAL  | 3322039   |     |  |  | 6     |
| 7     | DEDUCTIBLES   | 11104     |     |  |  | 7     |
| 8     | SUBTOTAL  | 3310935   |     |  |  | 8     |
| 9     | COINSURANCE   | 11992     |     |  |  | 9     |
| 10    | SUBTOTAL  | 3298943   |     |  |  | 10    |
| 11    | REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)  | 2801      | 876 |  |  | 11    |
| 11.01 | REDUCED REIMBURSABLE BAD DEBTS  | 1961      | 613 |  |  | 11.01 |
| 11.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)   | 1849      | 876 |  |  | 11.02 |
| 12    | SUBTOTAL  | 3300904   | 613 |  |  | 12    |
| 13    | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS  |           |     |  |  | 13    |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART I

MEDICARE PART A SERVICES - TEFRA

|   | HOSPITAL | SUB I<br>(14-T116) | SUB II<br>(14-S116) | SUB III | SUB IV |       |
|---|----------|--------------------|---------------------|---------|--------|-------|
| 13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)   |          |                    |                     |         |        | 13.01 |
| 14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM<br>PROVIDER TERMINATION OR A DECREASE IN PROGRAM<br>UTILIZATION |          |                    |                     |         |        | 14    |
| 15 OTHER ADJUSTMENTS  |          |                    |                     |         |        | 15    |
| 16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING<br>PERIODS RESULTING FROM DISPOSITION OF<br>DEPRECIABLE ASSETS      |          |                    |                     |         |        | 16    |
| 17 TOTAL AMOUNT PAYABLE TO THE PROVIDER   |          | 3300904            | 613                 |         |        | 17    |
| 18 SEQUESTRATION ADJUSTMENT   |          |                    |                     |         |        | 18    |
| 19 INTERIM PAYMENTS   |          | 3308673            |                     |         |        | 19    |
| 19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)  |          |                    |                     |         |        | 19.01 |
| 20 BALANCE DUE PROVIDER/PROGRAM   |          | -7769              | 613                 |         |        | 20    |
| 21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT<br>ITEMS) IN ACCORDANCE WITH CMS PUB 15-II,<br>SECTION 115.2       |          |                    |                     |         |        | 21    |
| TO BE COMPLETED BY INTERMEDIARY   |          |                    |                     |         |        |       |
| 50 ORIGINAL OUTLIER AMOUNT  |          |                    |                     |         |        | 50    |
| 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)   |          |                    |                     |         |        | 51    |
| 52 THE RATE USED TO CALCULATE THE TIME VALUE OF<br>MONEY  |          |                    |                     |         |        | 52    |
| 53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)   |          |                    |                     |         |        | 53    |

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

WORKSHEET E-3  
 PART III

|    | [ ] TITLE V  | [ ] TITLE XVIII               | [XX] TITLE XIX                 |                               |
|----|--|-------------------------------|--------------------------------|-------------------------------|
|    | HOSPITAL<br>(14-0116)<br>(OTHER)   | SUB I<br>(14-T116)<br>(OTHER) | SUB II<br>(14-S116)<br>(OTHER) | SUB III      SUB IV      NF I |
|    | 1  | 1                             | 1                              | 1                             |
| 1  | COMPUTATION OF NET COST OF COVERED SERVICES  |                               |                                |                               |
| 2  | INPATIENT HOSPITAL/SNF/NF SERVICES   | 3681483                       | 45953                          | 1                             |
| 3  | MEDICAL AND OTHER SERVICES   |                               |                                | 2                             |
| 4  | INTERNS AND RESIDENTS  |                               |                                | 3                             |
| 5  | ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O   |                               |                                | 4                             |
| 6  | COST OF TEACHING PHYSICIANS  |                               |                                | 5                             |
| 7  | SUBTOTAL   | 3681483                       | 45953                          | 6                             |
| 8  | INPATIENT PRIMARY PAYER PAYMENTS   |                               |                                | 7                             |
| 9  | OUTPATIENT PRIMARY PAYER PAYMENTS  |                               |                                | 8                             |
|    | SUBTOTAL   | 3681483                       | 45953                          | 9                             |
|    | COMPUTATION OF LESSER OF COST OR CHARGES   |                               |                                |                               |
| 10 | ROUTINE SERVICE CHARGES  |                               |                                | 10                            |
| 11 | ANCILLARY SERVICE CHARGES  |                               |                                | 11                            |
| 12 | INTERNS AND RESIDENTS SERVICE CHARGES  |                               |                                | 12                            |
| 13 | ORGAN ACQUISITION CHARGES, NET OF REVENUE  |                               |                                | 13                            |
| 14 | TEACHING PHYSICIANS  |                               |                                | 14                            |
| 15 | INCENTIVE FROM TARGET AMOUNT COMPUTATION   |                               |                                | 15                            |
| 16 | TOTAL REASONABLE CHARGES   |                               |                                | 16                            |
|    | CUSTOMARY CHARGES  |                               |                                |                               |
| 17 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE   |                               |                                | 17                            |
| 18 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM<br>A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN<br>ACCORDANCE WITH 42 CFR 413.13(E) |                               |                                | 18                            |
| 19 | RATIO OF LINE 17 TO LINE 18  |                               |                                | 19                            |
| 20 | TOTAL CUSTOMARY CHARGES  |                               |                                | 20                            |
| 21 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST   |                               |                                | 21                            |
| 22 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES   | 3681483                       | 45953                          | 22                            |
| 23 | COST OF COVERED SERVICES   | 3681483                       | 45953                          | 23                            |
|    | PROSPECTIVE PAYMENT AMOUNT   |                               |                                |                               |
| 24 | OTHER THAN OUTLIER PAYMENTS  |                               |                                | 24                            |
| 25 | OUTLIER PAYMENTS   |                               |                                | 25                            |
| 26 | PROGRAM CAPITAL PAYMENTS   |                               |                                | 26                            |
| 27 | CAPITAL EXCEPTION PAYMENTS   |                               |                                | 27                            |
| 28 | ROUTINE SERVICE OTHER PASS THROUGH COSTS   |                               |                                | 28                            |
| 29 | ANCILLARY SERVICE OTHER PASS THROUGH COSTS   |                               |                                | 29                            |
| 30 | SUBTOTAL   | 3681483                       | 45953                          | 30                            |
| 31 | CUSTOMARY CHARGES (TITLE XIX PPS COVERED)  |                               |                                | 31                            |
| 32 | LESSER OF LINES 30 OR 31   | 3681483                       | 45953                          | 32                            |
| 33 | DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)   |                               |                                | 33                            |

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

WORKSHEET E-3  
 PART III

|       | [ ] TITLE V                                      | [ ] TITLE XVIII                  | [XX] TITLE XIX                |                                |         |        |       |
|-------|--|----------------------------------|-------------------------------|--------------------------------|---------|--------|-------|
|       |  | HOSPITAL<br>(14-0116)<br>(OTHER) | SUB I<br>(14-T116)<br>(OTHER) | SUB II<br>(14-S116)<br>(OTHER) | SUB III | SUB IV | NF I  |
|       |  | 1                                | 1                             | 1                              | 1       | 1      | 1     |
| 34    | COMPUTATION OF REIMBURSEMENT SETTLEMENT          |                                  |                               |                                |         |        |       |
| 35    | EXCESS OF REASONABLE COST                        | 3681483                          | 45953                         |                                |         |        | 34    |
| 36    | SUBTOTAL   |                                  |                               |                                |         |        | 35    |
| 37    | COINSURANCE                                      |                                  |                               |                                |         |        | 36    |
| 38    | SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,     |                                  |                               |                                |         |        | 37    |
| 38    | REIMBURSABLE BAD DEBTS                           |                                  |                               |                                |         |        | 38    |
| 38.01 | REDUCED REIMBURSABLE BAD DEBTS                   |                                  |                               |                                |         |        | 38.01 |
| 38.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE         |                                  |                               |                                |         |        | 38.02 |
|       | BENEFICIARIES (SEE INSTRUCTIONS)                 |                                  |                               |                                |         |        |       |
| 39    | UTILIZATION REVIEW                               |                                  |                               |                                |         |        | 39    |
| 40    | SUBTOTAL   |                                  |                               |                                |         |        | 40    |
| 41    | INPATIENT ROUTINE SERVICE COST                   |                                  |                               |                                |         |        | 41    |
| 42    | MEDICARE INPATIENT ROUTINE CHARGES               |                                  |                               |                                |         |        | 42    |
| 43    | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE   |                                  |                               |                                |         |        | 43    |
| 44    | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM       |                                  |                               |                                |         |        | 44    |
|       | A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN     |                                  |                               |                                |         |        |       |
|       | ACCORDANCE WITH 42 CFR 413.13(E)                 |                                  |                               |                                |         |        |       |
| 45    | RATIO OF LINE 43 TO LINE 44                      |                                  |                               |                                |         |        | 45    |
| 46    | TOTAL CUSTOMARY CHARGES                          |                                  |                               |                                |         |        | 46    |
| 47    | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST |                                  |                               |                                |         |        | 47    |
| 48    | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES |                                  |                               |                                |         |        | 48    |
| 49    | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM   |                                  |                               |                                |         |        | 49    |
|       | UTILIZATION                                      |                                  |                               |                                |         |        |       |
| 50    | OTHER ADJUSTMENTS                                |                                  |                               |                                |         |        | 50    |
| 51    | AMOUNTS APPLICABLE TO PRIOR COST REPORTING       |                                  |                               |                                |         |        | 51    |
|       | DEPRECIABLE ASSETS                               |                                  |                               |                                |         |        |       |
| 52    | SUBTOTAL   |                                  |                               |                                |         |        | 52    |
| 53    | INDIRECT MEDICAL EDUCATION ADJUSTMENT            |                                  |                               |                                |         |        | 53    |
| 54    | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS       |                                  |                               |                                |         |        | 54    |
| 55    | TOTAL AMOUNT PAYABLE TO THE PROVIDER             |                                  |                               |                                |         |        | 55    |
| 56    | SEQUESTRATION ADJUSTMENT                         |                                  |                               |                                |         |        | 56    |
| 57    | INTERIM PAYMENTS                                 |                                  |                               |                                |         |        | 57    |
| 57.01 | TENTATIVE SETTLEMENT (FOR FI USE ONLY)           |                                  |                               |                                |         |        | 57.01 |
| 58    | BALANCE DUE PROVIDER/PROGRAM                     |                                  |                               |                                |         |        | 58    |
| 59    | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT      |                                  |                               |                                |         |        | 59    |
|       | SECTION 115.2                                    |                                  |                               |                                |         |        |       |

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   | 1148654      |                       |                | 1          |
| 2                             | TEMPORARY INVESTMENTS   | 13357354     |                       |                | 2          |
| 3                             | NOTES RECEIVABLE  |              |                       |                | 3          |
| 4                             | ACCOUNTS RECEIVABLE   | 57719871     |                       |                | 4          |
| 5                             | OTHER RECEIVABLES   | 116159       |                       |                | 5          |
| 6                             | ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE                       | -32212069    |                       |                | 6          |
| 7                             | INVENTORY   | 4097556      |                       |                | 7          |
| 8                             | PREPAID EXPENSES  | 2300806      |                       |                | 8          |
| 9                             | OTHER CURRENT ASSETS  | 2377074      |                       |                | 9          |
| 10                            | DUE FROM OTHER FUNDS  | 24660223     |                       |                | 10         |
| 11                            | TOTAL CURRENT ASSETS  | 73565628     |                       |                | 11         |
| FIXED ASSETS                  |   |              |                       |                |            |
| 12                            | LAND  | 65000        |                       |                | 12         |
| 12.01                         | ACCUMULATED DEPRECIATION  |              |                       |                | 12.01      |
| 13                            | LAND IMPROVEMENTS   | 1261825      |                       |                | 13         |
| 13.01                         | ACCUMULATED DEPRECIATION  |              |                       |                | 13.01      |
| 14                            | BUILDINGS   | 60103659     |                       |                | 14         |
| 14.01                         | ACCUMULATED DEPRECIATION  |              |                       |                | 14.01      |
| 15                            | LEASEHOLD IMPROVEMENTS  |              |                       |                | 15         |
| 15.01                         | ACCUMULATED AMORTIZATION  |              |                       |                | 15.01      |
| 16                            | FIXED EQUIPMENT   | 104927396    |                       |                | 16         |
| 16.01                         | ACCUMULATED DEPRECIATION  | -94388407    |                       |                | 16.01      |
| 17                            | AUTOMOBILES AND TRUCKS  |              |                       |                | 17         |
| 17.01                         | ACCUMULATED DEPRECIATION  |              |                       |                | 17.01      |
| 18                            | MAJOR MOVABLE EQUIPMENT   |              |                       |                | 18         |
| 18.01                         | ACCUMULATED DEPRECIATION  |              |                       |                | 18.01      |
| 19                            | MINOR EQUIPMENT DEPRECIABLE   |              |                       |                | 19         |
| 19.01                         | ACCUMULATED DEPRECIATION  |              |                       |                | 19.01      |
| 20                            | MINOR EQUIPMENT-NONDEPRECIABLE  |              |                       |                | 20         |
| 21                            | TOTAL FIXED ASSETS  | 71969473     |                       |                | 21         |
| OTHER ASSETS                  |   |              |                       |                |            |
| 22                            | INVESTMENTS   | 55543485     |                       |                | 22         |
| 23                            | DEPOSITS ON LEASES  |              |                       |                | 23         |
| 24                            | DUE FROM OWNERS/OFFICERS  |              |                       |                | 24         |
| 25                            | OTHER ASSETS  | 25321567     |                       |                | 25         |
| 26                            | TOTAL OTHER ASSETS  | 80865052     |                       |                | 26         |
| 27                            | TOTAL ASSETS  | 226400153    |                       |                | 27         |
| LIABILITIES AND FUND BALANCES |   |              |                       |                |            |
|                               |   | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|                               |   | 1            | 2                     | 3              | 4          |
| CURRENT LIABILITIES           |   |              |                       |                |            |
| 28                            | ACCOUNTS PAYABLE  | 2676995      |                       |                | 28         |
| 29                            | SALARIES, WAGES & FEES PAYABLE  |              |                       |                | 29         |
| 30                            | PAYROLL TAXES PAYABLE   |              |                       |                | 30         |
| 31                            | NOTES & LOANS PAYABLE (SHORT TERM)  | 2338742      |                       |                | 31         |
| 32                            | DEFERRED INCOME   |              |                       |                | 32         |
| 33                            | ACCELERATED PAYMENTS  |              |                       |                | 33         |
| 34                            | DUE TO OTHER FUNDS  |              |                       |                | 34         |
| 35                            | OTHER CURRENT LIABILITIES   | 25391128     |                       |                | 35         |
| 36                            | TOTAL CURRENT LIABILITIES   | 30406865     |                       |                | 36         |
| LONG-TERM LIABILITIES         |   |              |                       |                |            |
| 37                            | MORTGAGE PAYABLE  |              |                       |                | 37         |
| 38                            | NOTES PAYABLE   |              |                       |                | 38         |
| 39                            | UNSECURED LOANS   |              |                       |                | 39         |
| 40                            | LOANS FROM OWNERS .01 PRIOR TO 7/1/66<br>.02 ON OR AFTER 7/1/66               |              |                       |                | 40         |
| 41                            | OTHER LONG TERM LIABILITIES   | 74741469     |                       |                | 41         |
| 42                            | TOTAL LONG TERM LIABILITIES   | 74741469     |                       |                | 42         |
| 43                            | TOTAL LIABILITIES   | 105148334    |                       |                | 43         |
| CAPITAL ACCOUNTS              |   |              |                       |                |            |
| 44                            | GENERAL FUND BALANCE  | 121251819    |                       |                | 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   | 121251819    |                       |                | 51         |
| 52                            | TOTAL LIABILITIES AND FUND BALANCES   | 226400153    |                       |                | 52         |

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

|   | GENERAL FUND<br>1 | SPECIFIC PURPOSE FUND<br>2 | ENDOWMENT FUND<br>3 | PLANT FUND<br>4 |
|---|-------------------|----------------------------|---------------------|-----------------|
| 1 FUND BALANCES AT BEGINNING OF PERIOD                | 113883948         |                            |                     | 1               |
| 2 NET INCOME (LOSS)                                   | 17698416          |                            |                     | 2               |
| 3 TOTAL   | 131582364         |                            |                     | 3               |
| 4 ADDITIONS (CREDIT ADJUSTMENTS)                      |                   |                            |                     | 4               |
| 5   |                   |                            |                     | 5               |
| 6   |                   |                            |                     | 6               |
| 7   |                   |                            |                     | 7               |
| 8   |                   |                            |                     | 8               |
| 9   |                   |                            |                     | 9               |
| 10 TOTAL ADDITIONS                                    |                   |                            |                     | 10              |
| 11 SUBTOTAL   | 131582364         |                            |                     | 11              |
| 12 DEDUCTIONS (DEBIT ADJUSTMENTS)                     | 10330545          |                            |                     | 12              |
| 13  |                   |                            |                     | 13              |
| 14  |                   |                            |                     | 14              |
| 15  |                   |                            |                     | 15              |
| 16  |                   |                            |                     | 16              |
| 17  |                   |                            |                     | 17              |
| 18 TOTAL DEDUCTIONS                                   | 10330545          |                            |                     | 18              |
| 19 FUND BALANCE AT END OF PERIOD<br>PER BALANCE SHEET | 121251819         |                            |                     | 19              |

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

| REVENUE CENTER  | INPATIENT<br>1 | OUTPATIENT<br>2 | TOTAL<br>3 |       |
|---|----------------|-----------------|------------|-------|
| 1 GENERAL INPATIENT ROUTINE CARE SERVICES               |                |                 |            |       |
| 2 HOSPITAL  | 36009705       |                 | 36009705   | 1     |
| 2 SUBPROVIDER I   | 3851531        |                 | 3851531    | 2     |
| 2.01 SUBPROVIDER II                                     |                |                 |            | 2.01  |
| 4 SWING BED - SNF                                       |                |                 |            | 4     |
| 5 SWING BED - NF  |                |                 |            | 5     |
| 6 SKILLED NURSING FACILITY                              |                |                 |            | 6     |
| 7 NURSING FACILITY                                      |                |                 |            | 7     |
| 8 OTHER LONG TERM CARE                                  |                |                 |            | 8     |
| 9 TOTAL GENERAL INPATIENT CARE SERVICES                 | 39861236       |                 | 39861236   | 9     |
| 10 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES      |                |                 |            |       |
| 11 INTENSIVE CARE UNIT                                  | 11291259       |                 | 11291259   | 10    |
| 12 CORONARY CARE UNIT                                   |                |                 |            | 11    |
| 13 BURN INTENSIVE CARE UNIT                             |                |                 |            | 12    |
| 14 SURGICAL INTENSIVE CARE UNIT                         |                |                 |            | 13    |
| 15 OTHER SPECIAL CARE (SPECIFY)                         |                |                 |            | 14    |
| 16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE | 11291259       |                 | 11291259   | 15    |
| 17 TOTAL INPATIENT ROUTINE CARE SERVICES                | 51152495       |                 | 51152495   | 16    |
| 18 ANCILLARY SERVICES                                   | 221385111      | 267883939       | 489269050  | 17    |
| 18 OUTPATIENT SERVICES                                  |                |                 |            | 18    |
| 18.50 RHC   |                |                 |            | 18.50 |
| 18.60 FQHC  |                |                 |            | 18.60 |
| 19 HOME HEALTH AGENCY                                   |                |                 |            | 19    |
| 20 AMBULANCE  |                |                 |            | 20    |
| 21 CORF   |                |                 |            | 21    |
| 22 ASC  |                |                 |            | 22    |
| 23 HOSPICE  |                |                 |            | 23    |
| 24  |                |                 |            | 24    |
| 25 TOTAL PATIENT REVENUES                               | 272537606      | 267883939       | 540421545  | 25    |

PART II - OPERATING EXPENSES

|                             | 1        | 2         |    |
|-----------------------------|----------|-----------|----|
| 26 OPERATING EXPENSES       |          | 189554894 | 26 |
| 27 ADD (SPECIFY)            |          |           | 27 |
| 28 BAD DEBTS                | 16122147 |           | 28 |
| 29                          |          |           | 29 |
| 30                          |          |           | 30 |
| 31                          |          |           | 31 |
| 32                          |          |           | 32 |
| 33 TOTAL ADDITIONS          |          | 16122147  | 33 |
| 34 DEDUCT (SPECIFY)         |          |           | 34 |
| 35                          |          |           | 35 |
| 36                          |          |           | 36 |
| 37                          |          |           | 37 |
| 38                          |          |           | 38 |
| 39 TOTAL DEDUCTIONS         |          |           | 39 |
| 40 TOTAL OPERATING EXPENSES |          | 205677041 | 40 |

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

| DESCRIPTION |   |           |       |
|-------------|---|-----------|-------|
| 1           | TOTAL PATIENT REVENUES  | 540421545 | 1     |
| 2           | LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS | 321199987 | 2     |
| 3           | NET PATIENT REVENUES  | 219221558 | 3     |
| 4           | LESS - TOTAL OPERATING EXPENSES                                   | 205677041 | 4     |
| 5           | NET INCOME FROM SERVICE TO PATIENTS                               | 13544517  | 5     |
| 6           | CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.                          | 34761     | 6     |
| 7           | INCOME FROM INVESTMENTS   | 14364038  | 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                                   |           | 11    |
| 12          | PARKING LOT RECEIPTS  |           | 12    |
| 13          | REVENUE FROM LAUNDRY AND LINEN SERVICE                            |           | 13    |
| 14          | REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS                   | 735938    | 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                |           | 18    |
| 19          | TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)                 |           | 19    |
| 20          | REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN                 |           | 20    |
| 21          | RENTAL OF VENDING MACHINES  |           | 21    |
| 22          | RENTAL OF HOSPITAL SPACE  |           | 22    |
| 23          | GOVERNMENTAL APPROPRIATIONS                                       |           | 23    |
| 24          | OTHER INCOME  | 278419    | 24    |
| 24.01       | ONCOLOGY INCOME   | 4125      | 24.01 |
| 24.02       | PT CLASSES  | 2150      | 24.02 |
| 24.03       | RADIOLOGY XRAY COPY FEES  | 18592     | 24.03 |
| 24.04       | PATIENT ACCOUNTS COPYING FEES                                     |           | 24.04 |
| 24.05       | NURSING EDUCATION INCOME  | 1598      | 24.05 |
| 24.06       | OB BREAST FEEDING   | 9725      | 24.06 |
| 24.07       | ER PUBLIC AID TRAUMA  | 93886     | 24.07 |
| 24.08       | MEDICAL RECORDS INCOME  | 7456      | 24.08 |
| 24.09       | EDUCATION INCOME  | 49414     | 24.09 |
| 24.10       | EMS TUITION INCOME  | 61285     | 24.10 |
| 24.11       | ADMIN FEES - MEDICAL STAFF  | 11406     | 24.11 |
| 24.12       | RSVP INCOME   | 553       | 24.12 |
| 24.13       | VIS REVENUE   | 160       | 24.13 |
| 24.14       | RT AQUATICS PROGRAM   |           | 24.14 |
| 24.15       | DAY CARE REVENUE  | 792372    | 24.15 |
| 24.16       | 2002 SERIES BONDS INTEREST INCOME                                 | 131027    | 24.16 |
| 24.17       | 1998 SERIES BOND INTEREST INCOME                                  | 39046     | 24.17 |
| 24.18       | NET ASSETS RELEASED FROM RESTRICT                                 | 138935    | 24.18 |
| 24.19       | MISCELLANEOUS   |           | 24.19 |
| 24.20       | UNREALIZED GAIN OF INVESTMENT                                     |           | 24.20 |
| 25          | TOTAL OTHER INCOME  | 16774886  | 25    |
| 26          | TOTAL   | 30319403  | 26    |
| 27          | LOSS ON INVESTMENTS   | 12620987  | 27    |
| 28          |   |           | 28    |
| 29          |   |           | 29    |
| 30          | TOTAL OTHER EXPENSES  | 12620987  | 30    |
| 31          | NET INCOME (OR LOSS) FOR THE PERIOD                               | 17698416  | 31    |

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7455

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<br>HHA REIMBURSABLE SERVICES | 722195   |          |           |             | 292297 | 1014492 5  |
| 6 SKILLED NURSING CARE                                    | 772816   |          | 61975     |             |        | 834791 6   |
| 7 PHYSICAL THERAPY  | 527332   |          | 47784     |             |        | 575116 7   |
| 8 OCCUPATIONAL THERAPY                                    | 235524   |          | 16755     |             |        | 252279 8   |
| 9 SPEECH PATHOLOGY  |          |          | 3753      |             |        | 3753 9     |
| 10 MEDICAL SOCIAL SERVICES                                | 65330    |          |           |             |        | 65330 10   |
| 11 HOME HEALTH AIDE                                       | 93406    |          | 17160     |             |        | 110566 11  |
| 12 SUPPLIES   |          |          |           |             | 129125 | 129125 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  | 2416603  |          | 147427    |             | 421422 | 2985452 24 |

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7455

WORKSHEET H  
 (CONTINUED)

|   | RECLASSIFI-<br>CATIONS<br>7 | RECLASSIFIED<br>TRIAL BALANCE<br>8 | ADJUSTMENTS<br>9 | NET EXPENSES<br>FOR ALLOCATION<br>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<br>HHA REIMBURSABLE SERVICES |                             | 1014492                            | -10483           | 1004009                              | 5     |
| 6 SKILLED NURSING CARE                                    |                             | 834791                             |                  | 834791                               | 6     |
| 7 PHYSICAL THERAPY  |                             | 575116                             |                  | 575116                               | 7     |
| 8 OCCUPATIONAL THERAPY                                    |                             | 252279                             |                  | 252279                               | 8     |
| 9 SPEECH PATHOLOGY  |                             | 3753                               |                  | 3753                                 | 9     |
| 10 MEDICAL SOCIAL SERVICES                                |                             | 65330                              |                  | 65330                                | 10    |
| 11 HOME HEALTH AIDE                                       |                             | 110566                             |                  | 110566                               | 11    |
| 12 SUPPLIES   | -128048                     | 1077                               |                  | 1077                                 | 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  | -128048                     | 2857404                            | -10483           | 2846921                              | 24    |

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7455

WORKSHEET H-4  
 PART I

|                                      | NET EXPENSES<br>FOR COST<br>ALLOCATION<br>0 | CAP REL<br>BLDGS &<br>FIXTURES<br>1 | CAP REL<br>MOVABLE<br>EQUIPMENT<br>2 | PLANT<br>OPERATN &<br>MAINT<br>3 | TRANSPORT-<br>ATION<br>4 | SUBTOTAL<br>4A | ADMIN &<br>GENERAL<br>5 | TOTAL<br>6 |
|--------------------------------------|---|-------------------------------------|--------------------------------------|----------------------------------|--------------------------|----------------|-------------------------|------------|
| 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         | 1004009                                     |                                     |                                      |                                  |                          | 1004009        | 1004009                 | 5          |
| HHA REIMBURSABLE SERVICES            |   |                                     |                                      |                                  |                          |                |                         |            |
| 6 SKILLED NURSING CARE               | 834791                                      |                                     |                                      |                                  |                          | 834791         | 454700                  | 1289491 6  |
| 7 PHYSICAL THERAPY                   | 575116                                      |                                     |                                      |                                  |                          | 575116         | 313258                  | 888374 7   |
| 8 OCCUPATIONAL THERAPY               | 252279                                      |                                     |                                      |                                  |                          | 252279         | 137413                  | 389692 8   |
| 9 SPEECH PATHOLOGY                   | 3753  |                                     |                                      |                                  |                          | 3753           | 2044                    | 5797 9     |
| 10 MEDICAL SOCIAL SERVICES           | 65330                                       |                                     |                                      |                                  |                          | 65330          | 35584                   | 100914 10  |
| 11 HOME HEALTH AIDE                  | 110566                                      |                                     |                                      |                                  |                          | 110566         | 60224                   | 170790 11  |
| 12 SUPPLIES                          | 1077  |                                     |                                      |                                  |                          | 1077           | 786                     | 1863 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                             | 2846921                                     |                                     |                                      |                                  |                          | 2846921        |                         | 2846921 24 |

PROVIDER NO. 14-0116 NORTHERN ILLINOIS MEDICAL CENT  
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05  
 11/27/2008 15:14

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7455

WORKSHEET H-4  
 PART II

|   | CAP REL<br>BLDGS &<br>FIXTURES<br>(SQUARE<br>FEET)<br>1 | CAP REL<br>MOVABLE<br>EQUIPMENT<br>(DOLLAR<br>VALUE)<br>2 | PLANT<br>OPERATN &<br>MAINT<br>(SQUARE<br>FEET)<br>3 | TRANSPORT-<br>ATION<br>(MILEAGE)<br>4 | RECONCIL-<br>IATION<br>5A | ADMIN &<br>GENERAL<br>(ACCUM<br>COST)<br>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<br>HHA REIMBURSABLE SERVICES |   |   |  |                                       | -1004009                  | 1843278                                    | 5     |
| 6 SKILLED NURSING CARE                                    |   |   |  |                                       |                           | 834791                                     | 6     |
| 7 PHYSICAL THERAPY  |   |   |  |                                       |                           | 575116                                     | 7     |
| 8 OCCUPATIONAL THERAPY                                    |   |   |  |                                       |                           | 252279                                     | 8     |
| 9 SPEECH PATHOLOGY  |   |   |  |                                       |                           | 3753                                       | 9     |
| 10 MEDICAL SOCIAL SERVICES                                |   |   |  |                                       |                           | 65330                                      | 10    |
| 11 HOME HEALTH AIDE                                       |   |   |  |                                       |                           | 110566                                     | 11    |
| 12 SUPPLIES   |   |   |  |                                       | 366                       | 1443                                       | 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  |   |   |  |                                       | -1003643                  | 1843278                                    | 24    |
| 25 COST TO BE ALLOC (PER W/S H)                           |   |   |  |                                       |                           | 1004009                                    | 25    |
| 26 UNIT COST MULTIPLIER                                   |   |   |  |                                       |                           | .544687                                    | 26    |







ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7455

WORKSHEET H-5  
 PART I

| HHA COST CENTER                 | PARAMED<br>EDUCATION | SUBTOTAL | I&R COST &<br>POST STEP-<br>DOWN ADJS | SUBTOTAL | ALLOCATED<br>HHA<br>A & G | TOTAL<br>HHA COSTS |       |
|---------------------------------|----------------------|----------|---------------------------------------|----------|---------------------------|--------------------|-------|
|                                 | 24                   | 25       | 26                                    | 27       | 28                        | 29                 |       |
| 1 ADMINISTRATIVE AND GENERAL    |                      | 275612   |                                       | 275612   |                           |                    | 1     |
| 2 SKILLED NURSING CARE          |                      | 1815436  |                                       | 1815436  | 124931                    | 1940367            | 2     |
| 3 PHYSICAL THERAPY              |                      | 1249094  |                                       | 1249094  | 85959                     | 1335053            | 3     |
| 4 OCCUPATIONAL THERAPY          |                      | 549267   |                                       | 549267   | 37799                     | 587066             | 4     |
| 5 SPEECH PATHOLOGY              |                      | 7053     |                                       | 7053     | 485                       | 7538               | 5     |
| 6 MEDICAL SOCIAL SERVICES       |                      | 143622   |                                       | 143622   | 9884                      | 153506             | 6     |
| 7 HOME HEALTH AIDE              |                      | 237594   |                                       | 237594   | 16351                     | 253945             | 7     |
| 8 SUPPLIES                      |                      | 2957     |                                       | 2957     | 203                       | 3160               | 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                       |                      | 4280635  |                                       | 4280635  | 275612                    | 4280635            | 20    |
| 21 UNIT COST MULTIPLIER         |                      |          |                                       |          | .068817                   |                    | 21    |

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7455

WORKSHEET H-5  
 PART II

| HHA COST CENTER                 | OLD CAP<br>BLDGS &<br>FIXTURES<br>SQUARE<br>FEET | OLD CAP<br>MOVABLE<br>EQUIPMENT<br>DOLLAR<br>VALUE | NEW CAP<br>BLDGS &<br>FIXTURES<br>SQUARE<br>FEET | NEW CAP<br>MOVABLE<br>EQUIPMENT<br>SQUARE<br>FEET | EMPLOYEE<br>BENEFITS<br>GROSS<br>SALARIES | RECON-<br>CILIATION | ADMINIS-<br>TRATIVE &<br>GENERAL<br>ACCUM<br>COST | MAIN-<br>TENANCE &<br>REPAIRS<br>SQUARE<br>FEET |       |
|---------------------------------|--|--|--|---|---|---------------------|---|---|-------|
|                                 | 1  | 2  | 3  | 4   | 5   | 6A                  | 6   | 7   |       |
| 1 ADMINISTRATIVE AND GENERAL    |  |  | 472  | 472   | 722195                                    |                     | 208769  | 472   | 1     |
| 2 SKILLED NURSING CARE          |  |  |  |   | 772816                                    |                     | 1492196   |   | 2     |
| 3 PHYSICAL THERAPY              |  |  |  |   | 527332                                    |                     | 1026691   |   | 3     |
| 4 OCCUPATIONAL THERAPY          |  |  |  |   | 235524                                    |                     | 451469  |   | 4     |
| 5 SPEECH PATHOLOGY              |  |  |  |   |   |                     | 5797  |   | 5     |
| 6 MEDICAL SOCIAL SERVICES       |  |  |  |   | 65330                                     |                     | 118050  |   | 6     |
| 7 HOME HEALTH AIDE              |  |  |  |   | 93406                                     |                     | 195290  |   | 7     |
| 8 SUPPLIES                      |  |  |  |   |   |                     | 1863  |   | 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                       |  |  | 472  | 472   | 2416603                                   |                     | 3500125   | 472   | 20    |
| 21 TOTAL COST TO BE ALLOCATED   |  |  | 4309   | 15032   | 633863                                    |                     | 758201  | 7088  | 21    |
| 22 UNIT COST MULTIPLIER         |  |  | 9.129237   |   | .262295                                   |                     | .216621   |   | 22    |
| 22 UNIT COST MULTIPLIER         |  |  |  | 31.847458   |   |                     |   | 15.016949                                       | 22    |

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7455

WORKSHEET H-5  
 PART II

| HHA COST CENTER                 | OPERATION<br>OF PLANT<br>SQUARE<br>FEET | LAUNDRY<br>& LINEN<br>SERVICE<br>POUNDS OF<br>LAUNDRY | HOUSE-<br>KEEPING<br>SQUARE<br>FEET | DIETARY<br>MEALS<br>SERVED | CAFETERIA<br>MEALS<br>SERVED | MAIN-<br>TENANCE &<br>PERSONNEL<br>NUMBER<br>HOUSED | NURSING<br>ADMINIS-<br>TRATION<br>DIRECT<br>NRSING HRS | CENTRAL<br>SERVICES &<br>SUPPLY<br>COSTED<br>REQUIS. |       |
|---------------------------------|---|---|-------------------------------------|----------------------------|------------------------------|---|--|--|-------|
|                                 | 8                                       | 9   | 10                                  | 11                         | 12                           | 13  | 14   | 15   |       |
| 1 ADMINISTRATIVE AND GENERAL    | 472                                     |   | 472                                 |                            |                              |   |  |  | 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                      |   |   |                                     |                            |                              |   |  | 6563   | 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                       | 472                                     |   | 472                                 |                            |                              |   |  | 6563   | 20    |
| 21 TOTAL COST TO BE ALLOCATED   | 7655                                    |   | 6876                                |                            |                              |   |  | 690  | 21    |
| 22 UNIT COST MULTIPLIER         | 16.218220                               |   | 14.567797                           |                            |                              |   |  |  | 22    |
| 22 UNIT COST MULTIPLIER         |   |   |                                     |                            |                              |   |  | .105135  | 22    |



APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7455

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,<br>PART I,<br>COL 29,<br>LINE | COSTS    | ANCILLARY<br>COSTS | COSTS     | VISITS | COST<br>PER VISIT |   |
|                            |                       | 2                                       | 1        | 2                  | 3         | 4      | 5                 |   |
| 1                          | SKILLED NURSING CARE  | 2                                       | 1940367  |                    | 1940367   | 13804  | 140.57            | 1 |
| 2                          | PHYSICAL THERAPY      | 3                                       | 1335053  |                    | 1335053   | 10643  | 125.44            | 2 |
| 3                          | OCCUPATIONAL THERAPY  | 4                                       | 587066   |                    | 587066    | 3732   | 157.31            | 3 |
| 4                          | SPEECH PATHOLOGY      | 5                                       | 7538     |                    | 7538      | 836    | 9.02              | 4 |
| 5                          | MEDICAL SOCIAL SERV   | 6                                       | 153506   |                    | 153506    |        |                   | 5 |
| 6                          | HOME HEALTH AIDE SERV | 7                                       | 253945   |                    | 253945    | 3822   | 66.44             | 6 |
| 7                          | TOTAL                 |   | 4277475  |                    | 4277475   | 32837  |                   | 7 |

  

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

  

| SUPPLIES AND DRUGS<br>COST COMPUTATIONS |                                | FROM                                    | FACILITY | SHARED             | TOTAL HHA | TOTAL   | RATIO   |       |
|---|--------------------------------|---|----------|--------------------|-----------|---------|---------|-------|
| OTHER PATIENT SERVICES                  |                                | WKST H-5,<br>PART I,<br>COL 29,<br>LINE | COSTS    | ANCILLARY<br>COSTS | COSTS     | CHARGES |         |       |
|   |                                | 8                                       | 1        | 2                  | 3         | 4       | 5       |       |
| 15                                      | COST OF MEDICAL SUPPLIES       | 8                                       | 3160     |                    | 3160      | 127573  | .024770 | 15    |
| 16                                      | COST OF DRUGS                  | 9                                       |          |                    |           |         |         | 16    |
| 16.20                                   | COST OF ADMINISTERING VACCINES | 9.20                                    |          |                    |           |         |         | 16.20 |

  

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



APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7455

WORKSHEET H-6  
 PARTS II & III

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

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

|   | FROM<br>WKST C,<br>PART I,<br>COL 9,<br>LINE | COST TO<br>CHARGE<br>RATIO | TOTAL<br>HHA<br>CHARGES | HHA<br>SHARED<br>ANCILLARY<br>COSTS | TRANSFER<br>TO<br>PART I |   |
|---|--|----------------------------|-------------------------|-------------------------------------|--------------------------|---|
|   | 1  | 2                          | 3                       | 4                                   |                          |   |
| 1 | PHYSICAL THERAPY 50                          | .641373                    |                         |                                     | COL 2, LINE 2            | 1 |
| 2 | OCCUPATIONAL THERAPY 51                      |                            |                         |                                     | COL 2, LINE 3            | 2 |
| 3 | SPEECH PATHOLOGY 52                          |                            |                         |                                     | COL 2, LINE 4            | 3 |
| 4 | MEDICAL SUPPLIES CHARGED TO PA 55            | .437849                    |                         |                                     | COL 2, LINE 15           | 4 |
| 5 | DRUGS CHARGED TO PATIENTS 56                 | .210185                    |                         |                                     | COL 2, LINE 16           | 5 |

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

|   | FROM PART I<br>COL. 5 | COST<br>PER VISIT | PROGRAM VISITS<br>PRIOR TO<br>1/1/98 | PROGRAM VISITS<br>FROM 1/1/98<br>THRU 12/31/98 | PROGRAM COST<br>PRIOR TO<br>1/1/98 | PROGRAM COST<br>FROM 1/1/98<br>THRU 12/31/98 | PROGRAM<br>VISITS ON OR<br>AFTER 1/1/99 |   |
|---|-----------------------|-------------------|--------------------------------------|--|------------------------------------|--|---|---|
|   | 1                     | 2                 | 3                                    | 4  | 5                                  |  |   |   |
| 1 | PHYSICAL THERAPY      | 125.44            | 2.01                                 | 3  | 3.01                               |  |   | 1 |
| 2 | OCCUPATIONAL THERAPY  | 157.31            |                                      |  |                                    |  |   | 2 |
| 3 | SPEECH PATHOLOGY      | 9.02              |                                      |  |                                    |  |   | 3 |
| 4 | TOTAL                 |                   |                                      |  |                                    |  |   | 4 |

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7455

WORKSHEET H-7  
 PARTS I & II

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

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

| DESCRIPTION   | PART A<br>1 | ----- PART B -----                                  |   |   |
|---|-------------|---|---|---|
|   |             | NOT SUBJECT TO<br>DEDUCTIBLES<br>& COINSURANCE<br>2 | SUBJECT TO<br>DEDUCTIBLES<br>& COINSURANCE<br>3 |   |
| 1 REASONABLE COST OF PROGRAM SERVICES   |             |   |   | 1 |
| 2 REASONABLE COST OF SERVICES   |             |   |   | 2 |
| 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 |   | PART B SERVICES |   |       |
|---|-----------------|---|-----------------|---|-------|
|   | 1               | 2 | 3               | 4 |       |
| 10 TOTAL REASONABLE COST  |                 |   |                 |   | 10    |
| 10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS  | 2232253         |   | 1392516         |   | 10.01 |
| 10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS   | 65184           |   | 26933           |   | 10.02 |
| 10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES   | 21557           |   | 14995           |   | 10.03 |
| 10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES  | 18694           |   | 13656           |   | 10.04 |
| 10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES  |                 |   |                 |   | 10.05 |
| 10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES   | 8721            |   | 6076            |   | 10.06 |
| 10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS   | 28000           |   | 10400           |   | 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   | 2374409         |   | 1464576         |   | 12    |
| 13 EXCESS REASONABLE COST   |                 |   |                 |   | 13    |
| 14 SUBTOTAL   | 2374409         |   | 1464576         |   | 14    |
| 15 COINSURANCE BILLED TO PROGRAM PATIENTS   |                 |   |                 |   | 15    |
| 16 NET COST   | 2374409         |   | 1464576         |   | 16    |
| 17 REIMBURSABLE BAD DEBTS   |                 |   |                 |   | 17    |
| 17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES  |                 |   |                 |   | 17.01 |
| 18 TOTAL COSTS - CURRENT COST REPORTING PERIOD  | 2374409         |   | 1464576         |   | 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   | 2374409         |   | 1464576         |   | 22    |
| 23 SEQUESTRATION ADJUSTMENT   |                 |   |                 |   | 23    |
| 24 SUBTOTAL   | 2374409         |   | 1464576         |   | 24    |
| 25 TOTAL INTERIM PAYMENTS   | 2374409         |   | 1464576         |   | 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.: 14-7455

WORKSHEET H-8

| DESCRIPTION   | PART A          |             | PART B         |             |      |
|---|-----------------|-------------|----------------|-------------|------|
|   | MO/DAY/YR<br>1  | AMOUNT<br>2 | MO/DAY/YR<br>3 | AMOUNT<br>4 |      |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER   |                 | 2374409     |                | 1464576     | 1    |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER<br>SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR<br>SERVICES RENDERED IN THE COST REPORTING PERIOD. IF<br>NONE, WRITE 'NONE', OR ENTER A ZERO. |                 | NONE        |                | NONE        | 2    |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM   |                 |             |                |             | 3.01 |
| ADJUSTMENT AMOUNT BASED ON SUBSEQUENT   | PROGRAM .01     |             |                |             | 3.02 |
| REVISION OF THE INTERIM RATE FOR THE COST   | TO .02          |             |                |             | 3.03 |
| REPORTING PERIOD. ALSO SHOW DATE OF EACH  | PROVIDER .03    | NONE        |                | NONE        | 3.04 |
| PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.   | PROVIDER .04    |             |                |             | 3.05 |
|   | .05             |             |                |             | 3.50 |
|   | .50             |             |                |             | 3.51 |
|   | PROVIDER .51    |             |                |             | 3.52 |
|   | TO .52          | NONE        |                | NONE        | 3.53 |
|   | PROGRAM .53     |             |                |             | 3.54 |
|   | .54             |             |                |             |      |
| SUBTOTAL  | .99             |             |                |             | 3.99 |
| 4 TOTAL INTERIM PAYMENTS  |                 | 2374409     |                | 1464576     | 4    |
| TO BE COMPLETED BY INTERMEDIARY   |                 |             |                |             |      |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY-<br>MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH<br>PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.   | PROGRAM .01     |             |                |             | 5.01 |
|   | TO .02          | NONE        |                | NONE        | 5.02 |
|   | PROVIDER .03    |             |                |             | 5.03 |
|   | PROVIDER .50    |             |                |             | 5.50 |
|   | TO .51          | NONE        |                | NONE        | 5.51 |
|   | PROGRAM .52     |             |                |             | 5.52 |
| SUBTOTAL  | .99             |             |                |             | 5.99 |
| 6 DETERMINED NET SETTLEMENT AMOUNT<br>(BALANCE DUE) BASED ON THE COST<br>REPORT.  | PROGRAM TO .01  |             |                |             | 6.01 |
|   | PROVIDER TO .02 |             |                |             | 6.02 |
|   | PROGRAM         |             |                |             |      |
| 7 TOTAL MEDICARE PROGRAM LIABILITY  |                 | 2374409     |                | 1464576     | 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<br>(14-0116) | SUB I<br>(14-T116) | SUB II | SUB III | SUB IV  |
|--|-----------------------|--------------------|--------|---------|---|
| <b>PART I - FULLY PROSPECTIVE METHOD</b>           |                       |                    |        |         |   |
| 1  |                       |                    |        |         | 1   |
|  |                       |                    |        |         | CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS   |
|  |                       |                    |        |         | CAPITAL FEDERAL AMOUNT  |
| 2  |                       |                    |        |         | 2   |
|  |                       |                    |        |         | CAPITAL DRG OTHER THAN OUTLIER  |
| 3  | 3032241               |                    |        |         | 3   |
|  |                       |                    |        |         | CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED<br>PRIOR TO OCTOBER 1, 1997                      |
| 3.01   |                       |                    |        |         | 3.01  |
|  |                       |                    |        |         | CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED<br>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   | 0.0170                |                    |        |         | 5.01  |
|  |                       |                    |        |         | % OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I  |
| 5.02   | 0.1028                |                    |        |         | 5.02  |
|  |                       |                    |        |         | SUM OF LINES 5 AND 5.01   |
| 5.03   | 0.1198                |                    |        |         | 5.03  |
|  |                       |                    |        |         | ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE   |
| 5.04   | 0.0246                |                    |        |         | 5.04  |
|  |                       |                    |        |         | DISPROPORTIONATE SHARE ADJUSTMENT   |
| 6  | 74593                 |                    |        |         | 6   |
|  |                       |                    |        |         | TOTAL PROSPECTIVE CAPITAL PAYMENTS  |
|  | 3184807               |                    |        |         |   |
| <b>PART II - HOLD HARMLESS METHOD</b>              |                       |                    |        |         |   |
| 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)   |
| <b>PART III - PAYMENT UNDER REASONABLE COST</b>    |                       |                    |        |         |   |
| 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  |
| <b>PART IV - COMPUTATION OF EXCEPTION PAYMENTS</b> |                       |                    |        |         |   |
| 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<br>EXTRAORDINARY CIRCUMSTANCES                      |
| 8  |                       |                    |        |         | 8   |
|  |                       |                    |        |         | CAPITAL MINIMUM PAYMENT LEVEL   |
| 9  |                       |                    |        |         | 9   |
|  |                       |                    |        |         | CURRENT YEAR CAPITAL PAYMENTS   |
| 10   |                       |                    |        |         | 10  |
|  |                       |                    |        |         | CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL<br>TO CAPITAL PAYMENTS                     |
| 11   |                       |                    |        |         | 11  |
|  |                       |                    |        |         | CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL<br>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<br>OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD |
| 15   |                       |                    |        |         | 15  |
|  |                       |                    |        |         | CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT<br>(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-<br>NARY CAP-<br>REL COSTS | SUBTOTAL | SUBTOTAL | I&R COST &<br>POST STEP-<br>DOWN ADJS | TOTAL |
|---------------------------------------|--------------------------------------|----------|----------|---------------------------------------|-------|
|                                       | 0                                    | 4A       | 25       | 26                                    | 27    |
| GENERAL SERVICE COST CENTERS          |                                      |          |          |                                       |       |
| 1 OLD CAP REL COSTS-BLDG & FIXT       |                                      |          |          |                                       | 1     |
| 2 OLD CAP REL COSTS-MVBLE EQUIP       |                                      |          |          |                                       | 2     |
| 3 NEW CAP REL COSTS-BLDG & FIXT       |                                      |          |          |                                       | 3     |
| 4 NEW CAP REL COSTS-MVBLE EQUIP       |                                      |          |          |                                       | 4     |
| 5 EMPLOYEE BENEFITS                   |                                      |          |          |                                       | 5     |
| 6 ADMINISTRATIVE & GENERAL            |                                      |          |          |                                       | 6     |
| 7 MAINTENANCE & REPAIRS               |                                      |          |          |                                       | 7     |
| 8 OPERATION OF PLANT                  |                                      |          |          |                                       | 8     |
| 9 LAUNDRY & LINEN SERVICE             |                                      |          |          |                                       | 9     |
| 10 HOUSEKEEPING                       |                                      |          |          |                                       | 10    |
| 11 DIETARY                            |                                      |          |          |                                       | 11    |
| 12 CAFETERIA                          |                                      |          |          |                                       | 12    |
| 13 MAINTENANCE OF PERSONNEL           |                                      |          |          |                                       | 13    |
| 14 NURSING ADMINISTRATION             |                                      |          |          |                                       | 14    |
| 15 CENTRAL SERVICES & SUPPLY          |                                      |          |          |                                       | 15    |
| 16 PHARMACY                           |                                      |          |          |                                       | 16    |
| 17 MEDICAL RECORDS & LIBRARY          |                                      |          |          |                                       | 17    |
| 18 SOCIAL SERVICE                     |                                      |          |          |                                       | 18    |
| 20 NONPHYSICIAN ANESTHETISTS          |                                      |          |          |                                       | 20    |
| 21 NURSING SCHOOL                     |                                      |          |          |                                       | 21    |
| 22 I&R SERVICES-SALARY & FRINGES A    |                                      |          |          |                                       | 22    |
| 23 I&R SERVICES-OTHER PRGM COSTS A    |                                      |          |          |                                       | 23    |
| 24 PARAMED ED PRGM-(SPECIFY)          |                                      |          |          |                                       | 24    |
| INPATIENT ROUTINE SERV COST CENTERS   |                                      |          |          |                                       |       |
| 25 ADULTS & PEDIATRICS                |                                      |          |          |                                       | 25    |
| 26 INTENSIVE CARE UNIT                |                                      |          |          |                                       | 26    |
| 31 SUBPROVIDER I                      |                                      |          |          |                                       | 31    |
| 31.01 INPATIENT PSYCHIATRY SUBPROVIDE |                                      |          |          |                                       | 31.01 |
| 33 NURSERY                            |                                      |          |          |                                       | 33    |
| ANCILLARY SERVICE COST CENTERS        |                                      |          |          |                                       |       |
| 37 OPERATING ROOM                     |                                      |          |          |                                       | 37    |
| 39 DELIVERY ROOM & LABOR ROOM         |                                      |          |          |                                       | 39    |
| 40 ANESTHESIOLOGY                     |                                      |          |          |                                       | 40    |
| 41 RADIOLOGY-DIAGNOSTIC               |                                      |          |          |                                       | 41    |
| 42 RADIOLOGY-THERAPEUTIC              |                                      |          |          |                                       | 42    |
| 44 LABORATORY                         |                                      |          |          |                                       | 44    |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO |                                      |          |          |                                       | 46.30 |
| 49 RESPIRATORY THERAPY                |                                      |          |          |                                       | 49    |
| 50 PHYSICAL THERAPY                   |                                      |          |          |                                       | 50    |
| 55 MEDICAL SUPPLIES CHARGED TO PAT    |                                      |          |          |                                       | 55    |
| 56 DRUGS CHARGED TO PATIENTS          |                                      |          |          |                                       | 56    |
| 59 CARDIAC REHABILITATION             |                                      |          |          |                                       | 59    |
| OUTPATIENT SERVICE COST CENTERS       |                                      |          |          |                                       |       |
| 60 CLINIC                             |                                      |          |          |                                       | 60    |
| 60.03 ANTICOAGULATION CLINIC          |                                      |          |          |                                       | 60.03 |
| 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    |
| 98.01 OCCUPATIONAL HEALTH             |                                      |          |          |                                       | 98.01 |
| 98.02 FLIGHT FOR LIFE                 |                                      |          |          |                                       | 98.02 |
| 98.03 HOME HEALTH DME                 |                                      |          |          |                                       | 98.03 |
| 98.04 WELLNESS PROGRAM                |                                      |          |          |                                       | 98.04 |
| 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<br>PARTY UTIL |
|--|-----------------------|-------------|-----------------------|-----------------|---------------------|-----------------|---------------------------|
|  | PART A<br>1           | PART B<br>2 | INPATIENT<br>3        | OUTPATIENT<br>4 | INPATIENT<br>5      | OUTPATIENT<br>6 |                           |
| UTILIZATION PERCENTAGES BASED ON DAYS    |                       |             |                       |                 |                     |                 |                           |
| 25 ADULTS & PEDIATRICS                   | 50.33                 |             | 7.28                  |                 |                     |                 | 57.61 25                  |
| 26 INTENSIVE CARE UNIT                   | 57.49                 |             | 5.75                  |                 |                     |                 | 63.24 26                  |
| 33 NURSERY                               |                       |             | 34.31                 |                 |                     |                 | 34.31 33                  |
| UTILIZATION PERCENTAGES BASED ON CHARGES |                       |             |                       |                 |                     |                 |                           |
| 37 OPERATING ROOM                        | 16.17                 | 13.73       |                       |                 |                     |                 | 29.90 37                  |
| 40 ANESTHESIOLOGY                        | 16.54                 | 8.43        |                       |                 |                     |                 | 24.97 40                  |
| 41 RADIOLOGY-DIAGNOSTIC                  | 18.11                 | 14.36       |                       |                 |                     |                 | 32.47 41                  |
| 42 RADIOLOGY-THERAPEUTIC                 | 2.59                  | 43.97       |                       |                 |                     |                 | 46.56 42                  |
| 44 LABORATORY                            | 28.85                 | 1.59        |                       |                 |                     |                 | 30.44 44                  |
| 49 RESPIRATORY THERAPY                   | 45.37                 | 5.50        |                       |                 |                     |                 | 50.87 49                  |
| 50 PHYSICAL THERAPY                      | 13.73                 |             |                       |                 |                     |                 | 13.73 50                  |
| 55 MEDICAL SUPPLIES CHARGED TO PAT       | 33.41                 | 8.28        |                       |                 |                     |                 | 41.69 55                  |
| 56 DRUGS CHARGED TO PATIENTS             | 33.29                 | 14.75       |                       |                 |                     |                 | 48.04 56                  |
| 59 CARDIAC REHABILITATION                | 26.93                 | 18.31       |                       |                 |                     |                 | 45.24 59                  |
| 60 CLINIC                                | 0.47                  | 14.61       |                       |                 |                     |                 | 15.08 60                  |
| 61 EMERGENCY                             | 15.66                 | 7.75        |                       |                 |                     |                 | 23.41 61                  |
| 62 OBSERVATION BEDS (NON-DISTINCT        |                       | 26.73       |                       |                 |                     |                 | 26.73 62                  |
| 101 TOTAL CHARGES                        | 20.43                 | 10.34       |                       |                 |                     |                 | 30.77 101                 |

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

SUBPROVIDER I

| COST CENTERS                             | ---- TITLE XVIII ---- |             | ----- TITLE XIX ----- |                 | ----- TITLE V ----- |                 | TOTAL THIRD PARTY UTIL |
|--|-----------------------|-------------|-----------------------|-----------------|---------------------|-----------------|------------------------|
|  | PART A<br>1           | PART B<br>2 | INPATIENT<br>3        | OUTPATIENT<br>4 | INPATIENT<br>5      | OUTPATIENT<br>6 |                        |
| UTILIZATION PERCENTAGES BASED ON DAYS    |                       |             |                       |                 |                     |                 |                        |
| 31 SUBPROVIDER I                         | 69.09                 |             | 1.62                  |                 |                     |                 | 70.71 31               |
| UTILIZATION PERCENTAGES BASED ON CHARGES |                       |             |                       |                 |                     |                 |                        |
| 37 OPERATING ROOM                        | 0.02                  |             |                       |                 |                     |                 | 0.02 37                |
| 41 RADIOLOGY-DIAGNOSTIC                  | 0.11                  |             |                       |                 |                     |                 | 0.11 41                |
| 42 RADIOLOGY-THERAPEUTIC                 | 0.03                  |             |                       |                 |                     |                 | 0.03 42                |
| 44 LABORATORY                            | 0.57                  |             |                       |                 |                     |                 | 0.57 44                |
| 49 RESPIRATORY THERAPY                   | 0.71                  |             |                       |                 |                     |                 | 0.71 49                |
| 50 PHYSICAL THERAPY                      | 15.65                 |             |                       |                 |                     |                 | 15.65 50               |
| 55 MEDICAL SUPPLIES CHARGED TO PAT       | 0.18                  |             |                       |                 |                     |                 | 0.18 55                |
| 56 DRUGS CHARGED TO PATIENTS             | 1.04                  |             |                       |                 |                     |                 | 1.04 56                |
| 59 CARDIAC REHABILITATION                | 0.14                  |             |                       |                 |                     |                 | 0.14 59                |
| 61 EMERGENCY                             | 0.06                  |             |                       |                 |                     |                 | 0.06 61                |
| 101 TOTAL CHARGES                        | 0.66                  |             |                       |                 |                     |                 | 0.66 101               |

| COST CENTER                         |                                 | ---      | DIRECT COSTS | ---       | ALLOCATED OVERHEAD | ---      | TOTAL COSTS | ---   |
|-------------------------------------|---------------------------------|----------|--------------|-----------|--------------------|----------|-------------|-------|
|                                     |                                 | AMOUNT   | %            | AMOUNT    | %                  | AMOUNT   | %           |       |
| GENERAL SERVICE COST CENTERS        |                                 |          |              |           |                    |          |             |       |
| 1                                   | OLD CAP REL COSTS-BLDG & FIXT   |          |              |           |                    |          |             | 1     |
| 2                                   | OLD CAP REL COSTS-MVBLE EQUIP   |          |              |           |                    |          |             | 2     |
| 3                                   | NEW CAP REL COSTS-BLDG & FIXT   | 2345795  | 1.37         | -2345795  | -3.15              |          |             | 3     |
| 4                                   | NEW CAP REL COSTS-MVBLE EQUIP   | 8183764  | 4.78         | -8183764  | -10.98             |          |             | 4     |
| 5                                   | EMPLOYEE BENEFITS               | 17753159 | 10.38        | -17753159 | -23.83             |          |             | 5     |
| 6                                   | ADMINISTRATIVE & GENERAL        | 29505505 | 17.25        | -29505505 | -39.60             |          |             | 6     |
| 7                                   | MAINTENANCE & REPAIRS           | 2757323  | 1.61         | -2757323  | -3.70              |          |             | 7     |
| 8                                   | OPERATION OF PLANT              | 1547218  | .90          | -1547218  | -2.08              |          |             | 8     |
| 9                                   | LAUNDRY & LINEN SERVICE         | 702013   | .41          | -702013   | -.94               |          |             | 9     |
| 10                                  | HOUSEKEEPING                    | 1993980  | 1.17         | -1993980  | -2.68              |          |             | 10    |
| 11                                  | DIETARY                         | 1471067  | .86          | -1471067  | -1.97              |          |             | 11    |
| 12                                  | CAFETERIA                       | 821794   | .48          | -821794   | -1.10              |          |             | 12    |
| 13                                  | MAINTENANCE OF PERSONNEL        |          |              |           |                    |          |             | 13    |
| 14                                  | NURSING ADMINISTRATION          | 1413568  | .83          | -1413568  | -1.90              |          |             | 14    |
| 15                                  | CENTRAL SERVICES & SUPPLY       | 1215939  | .71          | -1215939  | -1.63              |          |             | 15    |
| 16                                  | PHARMACY                        | 3081164  | 1.80         | -3081164  | -4.14              |          |             | 16    |
| 17                                  | MEDICAL RECORDS & LIBRARY       | 1711229  | 1.00         | -1711229  | -2.30              |          |             | 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             | 16219969 | 9.48         | 17292189  | 23.21              | 33512158 | 19.59       | 25    |
| 26                                  | INTENSIVE CARE UNIT             | 5231426  | 3.06         | 4179831   | 5.61               | 9411257  | 5.50        | 26    |
| 31                                  | SUBPROVIDER I                   | 1251030  | .73          | 1588393   | 2.13               | 2839423  | 1.66        | 31    |
| 31.01                               | INPATIENT PSYCHIATRY SUBPROVIDE |          |              |           |                    |          |             | 31.01 |
| 33                                  | NURSERY                         | 987980   | .58          | 1051658   | 1.41               | 2039638  | 1.19        | 33    |
| ANCILLARY SERVICE COST CENTERS      |                                 |          |              |           |                    |          |             |       |
| 37                                  | OPERATING ROOM                  | 8818155  | 5.16         | 9628040   | 12.92              | 18446195 | 10.78       | 37    |
| 39                                  | DELIVERY ROOM & LABOR ROOM      | 1385169  | .81          | 1571186   | 2.11               | 2956355  | 1.73        | 39    |
| 40                                  | ANESTHESIOLOGY                  | 320725   | .19          | 232529    | .31                | 553254   | .32         | 40    |
| 41                                  | RADIOLOGY-DIAGNOSTIC            | 10098368 | 5.90         | 8510623   | 11.42              | 18608991 | 10.88       | 41    |
| 42                                  | RADIOLOGY-THERAPEUTIC           | 2309985  | 1.35         | 2258462   | 3.03               | 4568447  | 2.67        | 42    |
| 44                                  | LABORATORY                      | 5142307  | 3.01         | 2387550   | 3.20               | 7529857  | 4.40        | 44    |
| 46.30                               | BLOOD CLOTTING FACTORS ADMIN CO |          |              |           |                    |          |             | 46.30 |
| 49                                  | RESPIRATORY THERAPY             | 1350761  | .79          | 1015537   | 1.36               | 2366298  | 1.38        | 49    |
| 50                                  | PHYSICAL THERAPY                | 5040495  | 2.95         | 3310676   | 4.44               | 8351171  | 4.88        | 50    |
| 55                                  | MEDICAL SUPPLIES CHARGED TO PAT | 19514020 | 11.41        | 6605972   | 8.87               | 26119992 | 15.27       | 55    |
| 56                                  | DRUGS CHARGED TO PATIENTS       | 7410524  | 4.33         | 6755158   | 9.07               | 14165682 | 8.28        | 56    |
| 59                                  | CARDIAC REHABILITATION          | 1581203  | .92          | 1054901   | 1.42               | 2636104  | 1.54        | 59    |
| 60                                  | CLINIC                          | 412478   | .24          | 459024    | .62                | 871502   | .51         | 60    |
| 60.03                               | ANTICOAGULATION CLINIC          |          |              |           |                    |          |             | 60.03 |
| 61                                  | EMERGENCY                       | 4745016  | 2.77         | 3805234   | 5.11               | 8550250  | 5.00        | 61    |
| 62                                  | OBSERVATION BEDS (NON-DISTINCT) |          |              |           |                    |          |             | 62    |

| COST CENTER                           | --- DIRECT COSTS --- |        | -- ALLOCATED OVERHEAD -- |      | --- TOTAL COSTS --- |        |       |
|---------------------------------------|----------------------|--------|--------------------------|------|---------------------|--------|-------|
|                                       | AMOUNT               | %      | AMOUNT                   | %    | AMOUNT              | %      |       |
| 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                 | 2846921              | 1.66   | 1433714                  | 1.92 | 4280635             | 2.50   | 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    | 2416                 |        | 235352                   | .32  | 237768              | .14    | 96    |
| 98.01 OCCUPATIONAL HEALTH             | 1879624              | 1.10   | 1127108                  | 1.51 | 3006732             | 1.76   | 98.01 |
| 98.02 FLIGHT FOR LIFE                 | -3164                |        |                          |      | -3164               |        | 98.02 |
| 98.03 HOME HEALTH DME                 | 29                   |        | 9                        |      | 38                  |        | 98.03 |
| 98.04 WELLNESS PROGRAM                | 312                  |        | 372                      |      | 684                 |        | 98.04 |
| 101 CROSS FOOT ADJUSTMENTS            |                      |        |                          |      |                     |        | 101   |
| 102 NEGATIVE COST CENTER              |                      |        |                          |      |                     |        | 102   |
| 103 TOTAL                             | 171049267            | 100.00 | 0                        | .00  | 171049267           | 100.00 | 103   |

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

| COST CENTER DESCRIPTION               | CAPITAL RELATED COSTS<br>1 | TOTAL CHARGES<br>2 | RATIO CAPITAL COST TO CHARGES<br>3 | INPATIENT PROGRAM CHARGES<br>4 | MEDICARE INPATIENT PPS CAPITAL COSTS<br>5 |       |
|---------------------------------------|----------------------------|--------------------|------------------------------------|--------------------------------|---|-------|
| ANCILLARY SERVICE COST CENTERS        |                            |                    |                                    |                                |   |       |
| 37 OPERATING ROOM                     | 2603970                    | 62210832           | .041857                            | 10058027                       | 420999                                    | 37    |
| 39 DELIVERY ROOM & LABOR ROOM         | 372402                     | 3005920            | .123890                            |                                |   | 39    |
| 40 ANESTHESIOLOGY                     | 39039                      | 6091708            | .006409                            | 1007300                        | 6456                                      | 40    |
| 41 RADIOLOGY-DIAGNOSTIC               | 2037847                    | 129874566          | .015691                            | 23522757                       | 369096                                    | 41    |
| 42 RADIOLOGY-THERAPEUTIC              | 703844                     | 15660598           | .044944                            | 404846                         | 18195                                     | 42    |
| 44 LABORATORY                         | 267499                     | 73504690           | .003639                            | 21207466                       | 77174                                     | 44    |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO |                            |                    |                                    |                                |   | 46.30 |
| 49 RESPIRATORY THERAPY                | 175091                     | 7854851            | .022291                            | 3563912                        | 79443                                     | 49    |
| 50 PHYSICAL THERAPY                   | 883237                     | 13020767           | .067833                            | 1788136                        | 121295                                    | 50    |
| 55 MEDICAL SUPPLIES CHARGED TO PAT    | 797208                     | 59655202           | .013364                            | 19928073                       | 266319                                    | 55    |
| 56 DRUGS CHARGED TO PATIENTS          | 796312                     | 67396112           | .011815                            | 22437450                       | 265098                                    | 56    |
| 59 CARDIAC REHABILITATION             | 239768                     | 5467359            | .043854                            | 1472357                        | 64569                                     | 59    |
| OUTPATIENT SERVICE COST CENTERS       |                            |                    |                                    |                                |   |       |
| 60 CLINIC                             | 183943                     | 928064             | .198201                            | 4371                           | 866                                       | 60    |
| 60.03 ANTICOAGULATION CLINIC          |                            |                    |                                    |                                |   | 60.03 |
| 61 EMERGENCY                          | 501098                     | 21428176           | .023385                            | 3354590                        | 78447                                     | 61    |
| 62 OBSERVATION BEDS (NON-DISTINCT     | 224412                     | 4370579            | .051346                            |                                |   | 62    |
| OTHER REIMBURSABLE COST CENTERS       |                            |                    |                                    |                                |   |       |
| 63.50 RHC                             |                            |                    |                                    |                                |   | 63.50 |
| 63.60 FQHC                            |                            |                    |                                    |                                |   | 63.60 |
| 101 TOTAL                             | 9825670                    | 470469424          |                                    | 108749285                      | 1767957                                   | 101   |

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

| COST CENTER DESCRIPTION                | CAPITAL | SWING-BED  | TOTAL   | TOTAL   | PER    | INPATIENT | MEDICARE    |
|--|---------|------------|---------|---------|--------|-----------|-------------|
|  | RELATED | ADJUSTMENT | COST    | PATIENT |        |           | INPATIENT   |
|  | COSTS   | AMOUNT     | COST    | DAYS    | DIEM   | PROGRAM   | PPS CAPITAL |
|  | 1       | 2          | 3       | 4       | 5      | 6         | 7           |
| INPATIENT ROUTINE SERVICE COST CENTERS |         |            |         |         |        |           |             |
| 25 ADULTS & PEDIATRICS                 | 2772672 |            | 2772672 | 39932   | 69.43  | 20097     | 1395335 25  |
| 26 INTENSIVE CARE UNIT                 | 549751  |            | 549751  | 5217    | 105.38 | 2999      | 316035 26   |
| 101 TOTAL                              | 3322423 |            | 3322423 |         |        | 23096     | 1711370 101 |

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 1711370

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 1767957

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 3479327

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.<br>(WORKSHEET D-1 PART II LINE 53) | 45246136  |
| 2. HOSPITAL PART A TITLE XVIII CHARGES<br>(SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)                                  | 141581562 |
| 3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)  | .320      |

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

|  |         |
|--|---------|
| 1. TOTAL MEDICARE COSTS<br>(WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))                               | 3555873 |
| 2. TOTAL MEDICARE CHARGES<br>[(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103 | 6163210 |
| 3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)  | .577    |

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

|  |      |
|--|------|
| 1. TOTAL MEDICARE COSTS<br>(WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101)) |      |
| 2. TOTAL MEDICARE CHARGES<br>(WKST D-4 LINE 31.01 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2)<br>(SEE CR 5619)               |      |
| 3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)  | .000 |

II. COST TO CHARGE RATIO FOR CAPITAL

|   |         |
|---|---------|
| 1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS<br>(WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8) | 3479327 |
| 2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)  | .025    |

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

|  |          |
|--|----------|
| 1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS.<br>(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) | 13759148 |
| 2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS.<br>(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)  | 55033493 |
| 3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)  | .250     |