

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

| | | | | | | | | |
|--|--|--------------|--|---------------|--|-------------------------|--|------------------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX | | PROVIDER NO: | | PERIOD | | INTERMEDIARY USE ONLY | | DATE RECEIVED: |
| COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | | 14-0160 | | FROM 1/1/2008 | | --AUDITED --DESK REVIEW | | / / |
| | | | | TO 12/31/2008 | | --INITIAL --REOPENED | | INTERMEDIARY NO: |
| | | | | | | --FINAL 1-MCR CODE | | |
| | | | | | | 00 - # OF REOPENINGS | | |

ELECTRONICALLY FILED COST REPORT DATE: 5/28/2009 TIME 8:45

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 FHN MEMORIAL HOSPITAL 14-0160

FOR THE COST REPORTING PERIOD BEGINNING 1/1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

| | TITLE V | A | TITLE XVIII | B | TITLE XIX | |
|-----|--------------------|---|-------------|--------|-----------|--|
| | 1 | 2 | 3 | 4 | 5 | |
| 1 | HOSPITAL | 0 | 54,988 | -6,990 | 0 | |
| 5 | HOSPITAL-BASED SNF | 0 | 13,701 | 0 | 0 | |
| 100 | TOTAL | 0 | 68,689 | -6,990 | 0 | |

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

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

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

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
- 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
- 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
- 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
- 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
- 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y
- 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
- 40.02 STREET: P.O. BOX:
- 40.03 CITY: STATE: ZIP CODE: -
- 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
- 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
- 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
- 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
- 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
- 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
- 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

| | PART A | PART B | OUTPATIENT ASC | OUTPATIENT RADIOLOGY | OUTPATIENT DIAGNOSTIC |
|----------------|--------|--------|----------------|----------------------|-----------------------|
| | 1 | 2 | 3 | 4 | 5 |
| 47.00 HOSPITAL | N | N | N | N | N |
| 49.00 SNF | N | N | | | |

- 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
- 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
- 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
- 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
- 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 2,939,585
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
- 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
- 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N
- 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. DATE Y OR N LIMIT Y OR N FEES
- 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. N 0.00 0
- 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
- 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW

FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE 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) 0

MULTI CAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

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

SETTLEMENT DATA

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

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET S-3
 PARTS II & III

| PART II - WAGE DATA | AMOUNT REPORTED 1 | RECLASS OF SALARIES 2 | ADJUSTED SALARIES 3 | PAID HOURS RELATED TO SALARY 4 | AVERAGE HOURLY WAGE 5 | DATA SOURCE 6 |
|--|----------------------|--------------------------|------------------------|-----------------------------------|--------------------------|------------------------|
| SALARIES | | | | | | |
| 1 TOTAL SALARY | 29,280,088 | | 29,280,088 | 1,213,448.00 | 24.13 | |
| 2 NON-PHYSICIAN ANESTHETIST PART A | | | | | | |
| 3 NON-PHYSICIAN ANESTHETIST PART B | | | | | | |
| 4 PHYSICIAN - PART A | | | | | | |
| 4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS) | | | | | | |
| 5 PHYSICIAN - PART B | | | | | | |
| 5.01 NON-PHYSICIAN - PART B | | | | | | |
| 6 INTERNS & RESIDENTS (APPRVD) | | | | | | |
| 6.01 CONTRACT SERVICES, I&R | | | | | | |
| 7 HOME OFFICE PERSONNEL | | | | | | |
| 8 SNF | 1,424,236 | | 1,424,236 | 72,365.00 | 19.68 | DEPT HRS SUMMARY |
| 8.01 EXCLUDED AREA SALARIES | 779,649 | 53,553 | 833,202 | 39,739.00 | 20.97 | DEPT HRS SUMMARY |
| OTHER WAGES & RELATED COSTS | | | | | | |
| 9 CONTRACT LABOR: | 1,231,089 | | 1,231,089 | 18,352.00 | 67.08 | CONTRACT LABOR SUMMARY |
| 9.01 PHARMACY SERVICES UNDER CONTRACT | | | | | | |
| 9.02 LABORATORY SERVICES UNDER CONTRACT | | | | | | |
| 9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT | | | | | | |
| 10 CONTRACT LABOR: PHYS PART A | | | | | | |
| 10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS) | | | | | | |
| 11 HOME OFFICE SALARIES & WAGE RELATED COSTS | 5,096,084 | | 5,096,084 | 188,541.00 | 27.03 | NETWORK ADMN WP |
| 12 HOME OFFICE: PHYS PART A | | | | | | |
| 12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS) | | | | | | |
| WAGE RELATED COSTS | | | | | | |
| 13 WAGE-RELATED COSTS (CORE) | 7,541,532 | | 7,541,532 | | | CMS 339 |
| 14 WAGE-RELATED COSTS (OTHER) | | | | | | CMS 339 |
| 15 EXCLUDED AREAS | 211,698 | | 211,698 | | | CMS 339 |
| 16 NON-PHYS ANESTHETIST PART A | | | | | | CMS 339 |
| 17 NON-PHYS ANESTHETIST PART B | | | | | | CMS 339 |
| 18 PHYSICIAN PART A | | | | | | CMS 339 |
| 18.01 PART A TEACHING PHYSICIANS | | | | | | CMS 339 |
| 19 PHYSICIAN PART B | | | | | | CMS 339 |
| 19.01 WAGE-RELATD COSTS (RHC/FOHC) | | | | | | CMS 339 |
| 20 INTERNS & RESIDENTS (APPRVD) | | | | | | CMS 339 |
| OVERHEAD COSTS - DIRECT SALARIES | | | | | | |
| 21 EMPLOYEE BENEFITS | 260,171 | | 260,171 | 11,794.00 | 22.06 | |
| 22 ADMINISTRATIVE & GENERAL | 1,897,070 | -44,553 | 1,852,517 | 102,173.00 | 18.13 | |
| 22.01 A & G UNDER CONTRACT | 29,216 | | 29,216 | 114.00 | 256.28 | |
| 23 MAINTENANCE & REPAIRS | | | | | | |
| 24 OPERATION OF PLANT | 206,707 | | 206,707 | 14,598.00 | 14.16 | |
| 25 LAUNDRY & LINEN SERVICE | | | | | | |
| 26 HOUSEKEEPING | | | | | | |
| 26.01 HOUSEKEEPING UNDER CONTRACT | 1,513,284 | | 1,513,284 | 83,392.00 | 18.15 | |
| 27 DIETARY | | | | | | |
| 27.01 DIETARY UNDER CONTRACT | 1,878,203 | | 1,878,203 | 80,193.00 | 23.42 | |
| 28 CAFETERIA | | | | | | |
| 29 MAINTENANCE OF PERSONNEL | | | | | | |
| 30 NURSING ADMINISTRATION | 697,853 | | 697,853 | 18,495.00 | 37.73 | |
| 31 CENTRAL SERVICE AND SUPPLY | 62,321 | | 62,321 | 5,476.00 | 11.38 | |
| 32 PHARMACY | 950,360 | | 950,360 | 33,215.00 | 28.61 | |
| 33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY | 696,759 | | 696,759 | 37,084.00 | 18.79 | |
| 34 SOCIAL SERVICE | | | | | | |
| 35 OTHER GENERAL SERVICE | | | | | | |
| PART III - HOSPITAL WAGE INDEX SUMMARY | | | | | | |
| 1 NET SALARIES | 32,700,791 | | 32,700,791 | 1,377,147.00 | 23.75 | |
| 2 EXCLUDED AREA SALARIES | 2,203,885 | 53,553 | 2,257,438 | 112,104.00 | 20.14 | |
| 3 SUBTOTAL SALARIES | 30,496,906 | -53,553 | 30,443,353 | 1,265,043.00 | 24.07 | |
| 4 SUBTOTAL OTHER WAGES & RELATED COSTS | 6,327,173 | | 6,327,173 | 206,893.00 | 30.58 | |
| 5 SUBTOTAL WAGE-RELATED COSTS | 7,541,532 | | 7,541,532 | | 24.77 | |
| 6 TOTAL | 44,365,611 | -53,553 | 44,312,058 | 1,471,936.00 | 30.10 | |
| 7 NET SALARIES | | | | | | |
| 8 EXCLUDED AREA SALARIES | | | | | | |
| 9 SUBTOTAL SALARIES | | | | | | |
| 10 SUBTOTAL OTHER WAGES & RELATED COSTS | | | | | | |
| 11 SUBTOTAL WAGE-RELATED COSTS | | | | | | |
| 12 TOTAL | | | | | | |
| 13 TOTAL OVERHEAD COSTS | 8,191,944 | -44,553 | 8,147,391 | 386,534.00 | 21.08 | |

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0160
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/28/2009
WORKSHEET S-7

| GROUP(1) | M3PI REVENUE CODE | SERVICES PRIOR TO 10/1 RATE | 10/1 DAYS | SERVICES ON/AFTER 10/1 RATE | 10/1 DAYS | SRVCS 4/1/01 TO 9/30/01 RATE | 4.03 DAYS |
|----------|-------------------|-----------------------------|-----------|-----------------------------|-----------|------------------------------|-----------|
| 1 | 2 | 3 | 3.01 | 4 | 4.01 | 4.02 | 4.03 |
| 1 | RUC | | | | | | |
| 2 | RUB | | 27 | | | | |
| 3 | RUA | | 9 | | | | |
| 3.01 | RUX | | | | | | |
| 3.02 | RUL | | | | | | |
| 4 | RVC | | 125 | | | | |
| 5 | RVB | | 198 | | | | |
| 6 | RVA | | 162 | | | | |
| 6.01 | RVX | | 84 | | | | |
| 6.02 | RVL | | 340 | | | | |
| 7 | RHC | | 234 | | | | |
| 8 | RHB | | 190 | | | | |
| 9 | RHA | | 196 | | | | |
| 9.01 | RHX | | | | | | |
| 9.02 | RHL | | | | | | |
| 10 | RMC | | 60 | | | | |
| 11 | RMB | | 29 | | | | |
| 12 | RMA | | 19 | | | | |
| 12.01 | RMX | | 1,022 | | | | |
| 12.02 | RML | | 818 | | | | |
| 13 | RLB | | | | | | |
| 14 | RLA | | | | | | |
| 14.01 | RLX | | | | | | |
| 15 | SE3 | | 83 | | | | |
| 16 | SE2 | | 269 | | | | |
| 17 | SE1 | | 3 | | | | |
| 18 | SSC | | 22 | | | | |
| 19 | SSB | | | | | | |
| 20 | SSA | | 59 | | | | |
| 21 | CC2 | | | | | | |
| 22 | CC1 | | | | | | |
| 23 | CB2 | | | | | | |
| 24 | CB1 | | 46 | | | | |
| 25 | CA2 | | | | | | |
| 26 | CA1 | | 36 | | | | |
| 27 | IB2 | | | | | | |
| 28 | IB1 | | | | | | |
| 29 | IA2 | | | | | | |
| 30 | IA1 | | | | | | |
| 31 | BB2 | | | | | | |
| 32 | BB1 | | | | | | |
| 33 | BA2 | | | | | | |
| 34 | BA1 | | | | | | |
| 35 | PE2 | | | | | | |
| 36 | PE1 | | | | | | |
| 37 | PD2 | | | | | | |
| 38 | PD1 | | 3 | | | | |
| 39 | PC2 | | | | | | |
| 40 | PC1 | | | | | | |
| 41 | PB2 | | | | | | |
| 42 | PB1 | | | | | | |
| 43 | PA2 | | | | | | |
| 44 | PA1 | | | | | | |
| 45 | AAA | | 14 | | | | |
| 46 | TOTAL | | 4,048 | | | | |

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8335
 Wage Index Factor (after 10/01) : 0.8386
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : 0

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0160
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/28/2009
WORKSHEET S-7

| | GROUP(1) 1 | M3PI REVENUE CODE 2 | HIGH COST(2) | | SWING BED SNF DAYS 4.06 | TOTAL 5 |
|--------|---------------|---------------------------|--------------|------|-------------------------------|------------|
| | | | RUGs | DAYS | | |
| 1 | RUC | | | | | |
| 2 | RUB | | | | | |
| 3 | RUA | | | | | |
| 3 .01 | RUX | | | | | |
| 3 .02 | RUL | | | | | |
| 4 | RVC | | | | | |
| 5 | RVB | | | | | |
| 6 | RVA | | | | | |
| 6 .01 | RVX | | | | | |
| 6 .02 | RVL | | | | | |
| 7 | RHC | | | | | |
| 8 | RHB | | | | | |
| 9 | RHA | | | | | |
| 9 .01 | RHX | | | | | |
| 9 .02 | RHL | | | | | |
| 10 | RMC | | | | | |
| 11 | RMB | | | | | |
| 12 | RMA | | | | | |
| 12 .01 | RMX | | | | | |
| 12 .02 | RML | | | | | |
| 13 | RLB | | | | | |
| 14 | RLA | | | | | |
| 14 .01 | RLX | | | | | |
| 15 | SE3 | | | | | |
| 16 | SE2 | | | | | |
| 17 | SE1 | | | | | |
| 18 | SSC | | | | | |
| 19 | SSB | | | | | |
| 20 | SSA | | | | | |
| 21 | CC2 | | | | | |
| 22 | CC1 | | | | | |
| 23 | CB2 | | | | | |
| 24 | CB1 | | | | | |
| 25 | CA2 | | | | | |
| 26 | CA1 | | | | | |
| 27 | IB2 | | | | | |
| 28 | IB1 | | | | | |
| 29 | IA2 | | | | | |
| 30 | IA1 | | | | | |
| 31 | BB2 | | | | | |
| 32 | BB1 | | | | | |
| 33 | BA2 | | | | | |
| 34 | BA1 | | | | | |
| 35 | PE2 | | | | | |
| 36 | PE1 | | | | | |
| 37 | PD2 | | | | | |
| 38 | PD1 | | | | | |
| 39 | PC2 | | | | | |
| 40 | PC1 | | | | | |
| 41 | PB2 | | | | | |
| 42 | PB1 | | | | | |
| 43 | PA2 | | | | | |
| 44 | PA1 | | | | | |
| 45 | AAA | | | | | |
| 46 | TOTAL | | | | | |

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8335
 Wage Index Factor (after 10/01) : 0.8386
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : 0

HOSPICE IDENTIFICATION DATA

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0160 | FROM 1/ 1/2008 | 5/28/2009 |
| HOSPICE NO: | TO 12/31/2008 | WORKSHEET S-9 |
| 14-1560 | | |

HOSPICE 1

PART I - ENROLLMENT DAYS

| | TITLE XVIII UNDUPLICATED MEDI CARE DAYS 1 | TITLE XIX UNDUPLICATED MEDI CAL D DAYS 2 | TITLE XVIII UNDUPLICATED SNF DAYS 3 | TITLE XIX UNDUPLICATED NF DAYS 4 |
|---------------------------|--|---|--|---|
| 1 CONTINUOUS HOME CARE | | | | |
| 2 ROUTINE HOME CARE | 13,314 | 12 | | |
| 3 INPATIENT RESPI TE CARE | 16 | | | |
| 4 GENERAL INPATIENT CARE | 9 | | | |
| 5 TOTAL HOSPICE DAYS | 13,339 | 12 | | |

PART I - ENROLLMENT DAYS (CONTINUED)

| | OTHER UNDUPLICATED DAYS 5 | TOTAL UNDUPLICATED DAYS 6 |
|---------------------------|------------------------------------|------------------------------------|
| 1 CONTINUOUS HOME CARE | | |
| 2 ROUTINE HOME CARE | 1,511 | 14,837 |
| 3 INPATIENT RESPI TE CARE | | 16 |
| 4 GENERAL INPATIENT CARE | | 9 |
| 5 TOTAL HOSPICE DAYS | 1,511 | 14,862 |

PART II - CENSUS DATA

| | TITLE XVIII 1 | TITLE XIX 2 | TITLE XVIII SNF 3 | TITLE XIX NF 4 |
|--|------------------|----------------|-------------------------|----------------------|
| 6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE | 211 | 6 | | |
| 7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE | | | | |
| 8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6) | 63.22 | 2.00 | | |
| 9 UNDUPLICATED CENSUS COUNT | 211 | 6 | | |

PART II - CENSUS DATA (CONTINUED)

| | OTHER 5 | TOTAL 6 |
|--|------------|------------|
| 6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE | 13 | 230 |
| 7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE | | |
| 8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6) | 116.23 | 64.62 |
| 9 UNDUPLICATED CENSUS COUNT | 13 | 230 |

HOSPITAL UNCOMPENSATED CARE DATA

| | | |
|--------------|---------------|----------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0160 | FROM 1/1/2008 | 5/28/2009 |
| | TO 12/31/2008 | WORKSHEET S-10 |

DESCRIPTION

| | | |
|--------------------------------|---|------------|
| UNCOMPENSATED CARE INFORMATION | | |
| 1 | DO YOU HAVE A WRITTEN CHARITY CARE POLICY? | |
| 2 | ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04 | |
| 2.01 | IS IT AT THE TIME OF ADMISSION? | |
| 2.02 | IS IT AT THE TIME OF FIRST BILLING? | |
| 2.03 | IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE? | |
| 2.04 | | |
| 3 | ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS? | |
| 4 | ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA? | |
| 5 | ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY? | |
| 6 | ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA? | |
| 7 | ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA? | |
| 8 | DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01 | |
| 8.01 | DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES? | |
| 9 | IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04 | |
| 9.01 | IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY? | |
| 9.02 | IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT? | |
| 9.03 | IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION? | |
| 9.04 | IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT? | |
| 10 | IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF? | |
| 11 | IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04 | |
| 11.01 | IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL? | |
| 11.02 | IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL? | |
| 11.03 | IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL? | |
| 11.04 | IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL? | |
| 12 | ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE? | |
| 13 | IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES? | |
| 14 | IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02 | |
| 14.01 | DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE? | |
| 14.02 | WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING? | |
| 15 | DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS? | |
| 16 | ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE? | |
| UNCOMPENSATED CARE REVENUES | | |
| 17 | REVENUE FROM UNCOMPENSATED CARE | |
| 17.01 | GROSS MEDICAID REVENUES | 9,938,150 |
| 18 | REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS | |
| 19 | REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS) | |
| 20 | RESTRICTED GRANTS | 150,000 |
| 21 | NON-RESTRICTED GRANTS | |
| 22 | TOTAL GROSS UNCOMPENSATED CARE REVENUES | 10,088,150 |
| UNCOMPENSATED CARE COST | | |
| 23 | TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS | |
| 24 | COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) | .332930 |
| 25 | TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24) | |
| 26 | TOTAL SCHIP CHARGES FROM YOUR RECORDS | |
| 27 | TOTAL SCHIP COST, (LINE 24 * LINE 26) | |

HOSPITAL UNCOMPENSATED CARE DATA

| | | |
|--------------|----------------|----------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0160 | FROM 1/ 1/2008 | 5/28/2009 |
| | TO 12/31/2008 | WORKSHEET S-10 |

DESCRIPTION

| | | |
|----|--|------------|
| 28 | TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS | 35,390,947 |
| 29 | TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28) | 11,782,708 |
| 30 | OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS | 15,105,125 |
| 31 | UNCOMPENSATED CARE COST (LINE 24 * LINE 30) | 5,028,949 |
| 32 | TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29) | 11,782,708 |

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0160
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/28/2009
WORKSHEET A

| COST CENTER | COST CENTER DESCRIPTION | SALARIES 1 | OTHER 2 | TOTAL 3 | RECLASS- IFICATIONS 4 | RECLASSIFIED TRIAL BALANCE 5 |
|-------------|---|---------------|------------|------------|-----------------------------|------------------------------------|
| | GENERAL SERVICE COST CNTR | | | | | |
| 1 | 0100 OLD CAP REL COSTS-BLDG & FIXT | | | | | |
| 2 | 0200 OLD CAP REL COSTS-MVBLE EQUIP | | | | | |
| 3 | 0300 NEW CAP REL COSTS-BLDG & FIXT | | 3,659,833 | 3,659,833 | -3,543,016 | 116,817 |
| 4 | 0400 NEW CAP REL COSTS-MVBLE EQUIP | | | | 3,659,833 | 3,659,833 |
| 5 | 0500 EMPLOYEE BENEFITS | 260,171 | 4,671,641 | 4,931,812 | | 4,931,812 |
| 6 | 0600 ADMINISTRATIVE & GENERAL | 1,897,070 | 17,220,076 | 19,117,146 | -68,793 | 19,048,353 |
| 8 | 0800 OPERATION OF PLANT | 206,707 | 3,310,714 | 3,517,421 | | 3,517,421 |
| 9 | 0900 LAUNDRY & LINEN SERVICE | | 477,569 | 477,569 | | 477,569 |
| 10 | 1000 HOUSEKEEPING | | 1,676,172 | 1,676,172 | | 1,676,172 |
| 11 | 1100 DIETARY | | 2,734,357 | 2,734,357 | -1,273,341 | 1,461,016 |
| 12 | 1200 CAFETERIA | | | | 1,273,341 | 1,273,341 |
| 14 | 1400 NURSING ADMINISTRATION | 697,853 | 280,266 | 978,119 | | 978,119 |
| 15 | 1500 CENTRAL SERVICES & SUPPLY | 62,321 | 1,432,813 | 1,495,134 | -782,989 | 712,145 |
| 16 | 1600 PHARMACY | 950,360 | 3,222,270 | 4,172,630 | -2,764,714 | 1,407,916 |
| 17 | 1700 MEDICAL RECORDS & LIBRARY | 696,759 | 210,326 | 907,085 | | 907,085 |
| | INPAT ROUTINE SRVC CNTRS | | | | | |
| 25 | 2500 ADULTS & PEDIATRICS | 8,434,558 | 2,526,791 | 10,961,349 | -10,477 | 10,950,872 |
| 26 | 2600 INTENSIVE CARE UNIT | 1,089,670 | 188,438 | 1,278,108 | | 1,278,108 |
| 33 | 3300 NURSERY | | | | | |
| 34 | 3400 SKILLED NURSING FACILITY | 1,424,236 | 249,511 | 1,673,747 | | 1,673,747 |
| | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | 3700 OPERATING ROOM | 1,849,018 | 4,149,766 | 5,998,784 | | 5,998,784 |
| 37.01 | 3340 GI LAB | 863,198 | 681,001 | 1,544,199 | | 1,544,199 |
| 37.02 | 3701 AMBULATORY CARE UNIT | 886,294 | 149,421 | 1,035,715 | | 1,035,715 |
| 38 | 3800 RECOVERY ROOM | 384,979 | 51,885 | 436,864 | | 436,864 |
| 40 | 4000 ANESTHESIOLOGY | | 530,412 | 530,412 | | 530,412 |
| 41 | 4100 RADIOLOGY-DIAGNOSTIC | 1,689,748 | 4,868,114 | 6,557,862 | | 6,557,862 |
| 42 | 4200 RADIOLOGY-THERAPEUTIC | | | | | |
| 44 | 4400 LABORATORY | 1,348,330 | 3,079,978 | 4,428,308 | | 4,428,308 |
| 46.30 | 4650 BLOOD CLOTTING FACTORS ADMIN COSTS | | | | | |
| 49 | 4900 RESPIRATORY THERAPY | 674,703 | 338,982 | 1,013,685 | | 1,013,685 |
| 50 | 5000 PHYSICAL THERAPY | 1,784,417 | 374,211 | 2,158,628 | | 2,158,628 |
| 53 | 5300 ELECTROCARDIOLOGY | 175,330 | 129,046 | 304,376 | | 304,376 |
| 53.01 | 3950 CATH LAB | 503,757 | 1,626,587 | 2,130,344 | | 2,130,344 |
| 53.02 | 3160 CARDIAC REHAB | | | | | |
| 54 | 5400 ELECTROENCEPHALOGRAPHY | 100,348 | 20,406 | 120,754 | | 120,754 |
| 55 | 5500 MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | 782,989 | 782,989 |
| 56 | 5600 DRUGS CHARGED TO PATIENTS | | | | 2,764,714 | 2,764,714 |
| | OUTPAT SERVICE COST CNTRS | | | | | |
| 61 | 6100 EMERGENCY | 2,520,612 | 4,698,512 | 7,219,124 | | 7,219,124 |
| 62 | 6200 OBSERVATION BEDS (NON-DISTINCT PART) | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | |
| 69 | 6900 CORF | | | | | |
| 71 | 7100 HOME HEALTH AGENCY | | | | | |
| | SPEC PURPOSE COST CENTERS | | | | | |
| 88 | 8800 INTEREST EXPENSE | | 116,817 | 116,817 | -116,817 | |
| 93 | 9300 HOSPICE | 757,670 | 735,927 | 1,493,597 | | 1,493,597 |
| 95 | SUBTOTALS | 29,258,109 | 63,411,842 | 92,669,951 | -79,270 | 92,590,681 |
| | NONREIMBURS COST CENTERS | | | | | |
| 96 | 9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 21,979 | 136,309 | 158,288 | | 158,288 |
| 98 | 9800 PHYSICIANS' PRIVATE OFFICES | | | | | |
| 98.01 | 9801 JANE ADDAMS BLDG | | | | | |
| 98.02 | 9802 SENIOR PROGRAM | | | | 31,657 | 31,657 |
| 98.03 | 9803 NA VOLUNTEER SVCS | | | | 37,136 | 37,136 |
| 98.04 | 9804 SMART STEPS | | | | | |
| 98.05 | 9805 RESPIRE CARE | | | | 10,477 | 10,477 |
| 99.01 | 9901 HOME INFUSION | | | | | |
| 101 | TOTAL | 29,280,088 | 63,548,151 | 92,828,239 | -0- | 92,828,239 |

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
I 14-0160 I FROM 1/ 1/2008 I WORKSHEET A
I I TO 12/31/2008 I

| COST CENTER | COST CENTER DESCRIPTION | ADJUSTMENTS 6 | NET EXPENSES FOR ALLOC 7 |
|-------------|---|------------------|--------------------------------|
| | GENERAL SERVICE COST CNTR | | |
| 1 | 0100 OLD CAP REL COSTS-BLDG & FIXT | | |
| 2 | 0200 OLD CAP REL COSTS-MVBLE EQUIP | | |
| 3 | 0300 NEW CAP REL COSTS-BLDG & FIXT | -116,817 | |
| 4 | 0400 NEW CAP REL COSTS-MVBLE EQUIP | -19,357 | 3,640,476 |
| 5 | 0500 EMPLOYEE BENEFITS | | 4,931,812 |
| 6 | 0600 ADMINISTRATIVE & GENERAL | -315,592 | 18,732,761 |
| 8 | 0800 OPERATION OF PLANT | | 3,517,421 |
| 9 | 0900 LAUNDRY & LINEN SERVICE | | 477,569 |
| 10 | 1000 HOUSEKEEPING | | 1,676,172 |
| 11 | 1100 DIETARY | -52,698 | 1,408,318 |
| 12 | 1200 CAFETERIA | -534,647 | 738,694 |
| 14 | 1400 NURSING ADMINISTRATION | -2,900 | 975,219 |
| 15 | 1500 CENTRAL SERVICES & SUPPLY | | 712,145 |
| 16 | 1600 PHARMACY | | 1,407,916 |
| 17 | 1700 MEDICAL RECORDS & LIBRARY | -24,183 | 882,902 |
| | INPAT ROUTINE SRVC CNTRS | | |
| 25 | 2500 ADULTS & PEDIATRICS | -29 | 10,950,843 |
| 26 | 2600 INTENSIVE CARE UNIT | | 1,278,108 |
| 33 | 3300 NURSERY | | |
| 34 | 3400 SKILLED NURSING FACILITY | -3,000 | 1,670,747 |
| | ANCILLARY SRVC COST CNTRS | | |
| 37 | 3700 OPERATING ROOM | | 5,998,784 |
| 37.01 | 3340 GI LAB | | 1,544,199 |
| 37.02 | 3701 AMBULATORY CARE UNIT | | 1,035,715 |
| 38 | 3800 RECOVERY ROOM | | 436,864 |
| 40 | 4000 ANESTHESIOLOGY | -324,900 | 205,512 |
| 41 | 4100 RADIOLOGY-DIAGNOSTIC | -2,245,000 | 4,312,862 |
| 42 | 4200 RADIOLOGY-THERAPEUTIC | | |
| 44 | 4400 LABORATORY | -519,715 | 3,908,593 |
| 46.30 | 4650 BLOOD CLOTTING FACTORS ADMIN COSTS | | |
| 49 | 4900 RESPIRATORY THERAPY | -25,544 | 988,141 |
| 50 | 5000 PHYSICAL THERAPY | -6,000 | 2,152,628 |
| 53 | 5300 ELECTROCARDIOLOGY | -89,756 | 214,620 |
| 53.01 | 3950 CATH LAB | | 2,130,344 |
| 53.02 | 3160 CARDIAC REHAB | | |
| 54 | 5400 ELECTROENCEPHALOGRAPHY | | 120,754 |
| 55 | 5500 MEDICAL SUPPLIES CHARGED TO PATIENTS | -11,494 | 771,495 |
| 56 | 5600 DRUGS CHARGED TO PATIENTS | | 2,764,714 |
| | OUTPAT SERVICE COST CNTRS | | |
| 61 | 6100 EMERGENCY | -3,692,236 | 3,526,888 |
| 62 | 6200 OBSERVATION BEDS (NON-DISTINCT PART) | | |
| | OTHER REIMBURS COST CNTRS | | |
| 69 | 6900 CORF | | |
| 71 | 7100 HOME HEALTH AGENCY | | |
| | SPEC PURPOSE COST CENTERS | | |
| 88 | 8800 INTEREST EXPENSE | | -0- |
| 93 | 9300 HOSPICE | -12,200 | 1,481,397 |
| 95 | SUBTOTALS | -7,996,068 | 84,594,613 |
| | NONREIMBURS COST CENTERS | | |
| 96 | 9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | 158,288 |
| 98 | 9800 PHYSICIANS' PRIVATE OFFICES | | |
| 98.01 | 9801 JANE ADDAMS BLDG | | |
| 98.02 | 9802 SENIOR PROGRAM | | 31,657 |
| 98.03 | 9803 NA VOLUNTEER SVCS | | 37,136 |
| 98.04 | 9804 SMART STEPS | | |
| 98.05 | 9805 RESPIRE CARE | | 10,477 |
| 99.01 | 9901 HOME INFUSION | | |
| 101 | TOTAL | -7,996,068 | 84,832,171 |

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 NOT A CMS WORKSHEET

| LINE NO. | COST CENTER DESCRIPTION | CMS CODE | STANDARD LABEL FOR NON-STANDARD CODES |
|----------|--------------------------------------|----------|---------------------------------------|
| | GENERAL SERVICE COST | | |
| 1 | OLD CAP REL COSTS-BLDG & FIXT | 0100 | |
| 2 | OLD CAP REL COSTS-MVBLE EQUIP | 0200 | |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 0300 | |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 0400 | |
| 5 | EMPLOYEE BENEFITS | 0500 | |
| 6 | ADMINISTRATIVE & GENERAL | 0600 | |
| 8 | OPERATION OF PLANT | 0800 | |
| 9 | LAUNDRY & LINEN SERVICE | 0900 | |
| 10 | HOUSEKEEPING | 1000 | |
| 11 | DIETARY | 1100 | |
| 12 | CAFETERIA | 1200 | |
| 14 | NURSING ADMINISTRATION | 1400 | |
| 15 | CENTRAL SERVICES & SUPPLY | 1500 | |
| 16 | PHARMACY | 1600 | |
| 17 | MEDICAL RECORDS & LIBRARY | 1700 | |
| | INPAT ROUTINE SRVC C | | |
| 25 | ADULTS & PEDIATRICS | 2500 | |
| 26 | INTENSIVE CARE UNIT | 2600 | |
| 33 | NURSERY | 3300 | |
| 34 | SKILLED NURSING FACILITY | 3400 | |
| | ANCILLARY SRVC COST | | |
| 37 | OPERATING ROOM | 3700 | |
| 37.01 | GI LAB | 3340 | GASTRO INTESTINAL SERVICES |
| 37.02 | AMBULATORY CARE UNIT | 3701 | OPERATING ROOM |
| 38 | RECOVERY ROOM | 3800 | |
| 40 | ANESTHESIOLOGY | 4000 | |
| 41 | RADIOLOGY-DIAGNOSTIC | 4100 | |
| 42 | RADIOLOGY-THERAPEUTIC | 4200 | |
| 44 | LABORATORY | 4400 | |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN COSTS | 4650 | BLOOD CLOTTING FOR HEMOPHILIACS |
| 49 | RESPIRATORY THERAPY | 4900 | |
| 50 | PHYSICAL THERAPY | 5000 | |
| 53 | ELECTROCARDIOLOGY | 5300 | |
| 53.01 | CATH LAB | 3950 | OTHER ANCILLARY SERVICE COST CENTERS |
| 53.02 | CARDIAC REHAB | 3160 | CARDIOPULMONARY |
| 54 | ELECTROENCEPHALOGRAPHY | 5400 | |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 5500 | |
| 56 | DRUGS CHARGED TO PATIENTS | 5600 | |
| | OUTPAT SERVICE COST | | |
| 61 | EMERGENCY | 6100 | |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | 6200 | |
| | OTHER REIMBURS COST | | |
| 69 | CORF | 6900 | |
| 71 | HOME HEALTH AGENCY | 7100 | |
| | SPEC PURPOSE COST CE | | |
| 88 | INTEREST EXPENSE | 8800 | |
| 93 | HOSPICE | 9300 | |
| 95 | SUBTOTALS | | OLD CAP REL COSTS-BLDG & FIXT |
| | NONREIMBURS COST CEN | | |
| 96 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 9600 | |
| 98 | PHYSICIANS' PRIVATE OFFICES | 9800 | |
| 98.01 | JANE ADDAMS BLDG | 9801 | PHYSICIANS' PRIVATE OFFICES |
| 98.02 | SENIOR PROGRAM | 9802 | PHYSICIANS' PRIVATE OFFICES |
| 98.03 | NA VOLUNTEER SVCS | 9803 | PHYSICIANS' PRIVATE OFFICES |
| 98.04 | SMART STEPS | 9804 | PHYSICIANS' PRIVATE OFFICES |
| 98.05 | RESPIRE CARE | 9805 | PHYSICIANS' PRIVATE OFFICES |
| 99.01 | HOME INFUSION | 9901 | NONPAID WORKERS |
| 101 | TOTAL | | OLD CAP REL COSTS-BLDG & FIXT |

RECLASSIFICATIONS

PROVIDER NO:
140160

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/28/2009
WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION | ----- DECREASE ----- | | | | A-7 REF 10 |
|---------------------------------|----------------------|-------------------------------|------------|-----------------|------------------|
| | CODE (1) | COST CENTER | LINE NO | SALARY OTHER | |
| | 1 | 6 | 7 | 8 | 9 |
| 1 CHARGEABLE SUPPLIES | A | CENTRAL SERVICES & SUPPLY | 15 | | 782,989 |
| 2 CHARGEABLE DRUGS | B | PHARMACY | 16 | | 2,764,714 |
| 3 SHARED DIETARY EXPENSES | C | DIETARY | 11 | | 1,273,341 |
| 4 SENIOR PROGRAM | D | ADMINISTRATIVE & GENERAL | 6 | 21,549 | 10,108 |
| 5 RESPITE CARE | F | ADULTS & PEDIATRICS | 25 | 9,000 | 1,477 |
| 6 NON PT CARE VOLUNTEER ADMN | G | ADMINISTRATIVE & GENERAL | 6 | 23,004 | 14,132 |
| 7 INTEREST EXPENSE | J | INTEREST EXPENSE | 88 | | 116,817 |
| 8 DEPRECIATION EXPENSE | L | NEW CAP REL COSTS-BLDG & FIXT | 3 | | 3,659,833 |
| 36 TOTAL RECLASSIFICATIONS | | | | 53,553 | 8,623,411 |

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
140160

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/28/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : CHARGEABLE SUPPLIES

| ----- INCREASE ----- | | | |
|------------------------------------|--------------------------------|------|---------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | MEDICAL SUPPLIES CHARGED TO PA | 55 | 782,989 |
| TOTAL RECLASSIFICATIONS FOR CODE A | | | 782,989 |

| ----- DECREASE ----- | | | |
|---------------------------|------|---------|---------|
| COST CENTER | LINE | AMOUNT | |
| CENTRAL SERVICES & SUPPLY | 15 | 782,989 | |
| | | | 782,989 |

RECLASS CODE: B
EXPLANATION : CHARGEABLE DRUGS

| ----- INCREASE ----- | | | |
|------------------------------------|---------------------------|------|-----------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | DRUGS CHARGED TO PATIENTS | 56 | 2,764,714 |
| TOTAL RECLASSIFICATIONS FOR CODE B | | | 2,764,714 |

| ----- DECREASE ----- | | | |
|----------------------|------|-----------|-----------|
| COST CENTER | LINE | AMOUNT | |
| PHARMACY | 16 | 2,764,714 | |
| | | | 2,764,714 |

RECLASS CODE: C
EXPLANATION : SHARED DIETARY EXPENSES

| ----- INCREASE ----- | | | |
|------------------------------------|-------------|------|-----------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | CAFETERIA | 12 | 1,273,341 |
| TOTAL RECLASSIFICATIONS FOR CODE C | | | 1,273,341 |

| ----- DECREASE ----- | | | |
|----------------------|------|-----------|-----------|
| COST CENTER | LINE | AMOUNT | |
| DIETARY | 11 | 1,273,341 | |
| | | | 1,273,341 |

RECLASS CODE: D
EXPLANATION : SENIOR PROGRAM

| ----- INCREASE ----- | | | |
|------------------------------------|----------------|-------|--------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | SENIOR PROGRAM | 98.02 | 31,657 |
| TOTAL RECLASSIFICATIONS FOR CODE D | | | 31,657 |

| ----- DECREASE ----- | | | |
|--------------------------|------|--------|--------|
| COST CENTER | LINE | AMOUNT | |
| ADMINISTRATIVE & GENERAL | 6 | 31,657 | |
| | | | 31,657 |

RECLASS CODE: F
EXPLANATION : RESPIRE CARE

| ----- INCREASE ----- | | | |
|------------------------------------|--------------|-------|--------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | RESPIRE CARE | 98.05 | 10,477 |
| TOTAL RECLASSIFICATIONS FOR CODE F | | | 10,477 |

| ----- DECREASE ----- | | | |
|----------------------|------|--------|--------|
| COST CENTER | LINE | AMOUNT | |
| ADULTS & PEDIATRICS | 25 | 10,477 | |
| | | | 10,477 |

RECLASS CODE: G
EXPLANATION : NON PT CARE VOLUNTEER ADMN

| ----- INCREASE ----- | | | |
|------------------------------------|-------------------|-------|--------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | NA VOLUNTEER SVCS | 98.03 | 37,136 |
| TOTAL RECLASSIFICATIONS FOR CODE G | | | 37,136 |

| ----- DECREASE ----- | | | |
|--------------------------|------|--------|--------|
| COST CENTER | LINE | AMOUNT | |
| ADMINISTRATIVE & GENERAL | 6 | 37,136 | |
| | | | 37,136 |

RECLASS CODE: J
EXPLANATION : INTEREST EXPENSE

| ----- INCREASE ----- | | | |
|------------------------------------|-------------------------------|------|---------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | NEW CAP REL COSTS-BLDG & FIXT | 3 | 116,817 |
| TOTAL RECLASSIFICATIONS FOR CODE J | | | 116,817 |

| ----- DECREASE ----- | | | |
|----------------------|------|---------|---------|
| COST CENTER | LINE | AMOUNT | |
| INTEREST EXPENSE | 88 | 116,817 | |
| | | | 116,817 |

RECLASS CODE: L
EXPLANATION : DEPRECIATION EXPENSE

| ----- INCREASE ----- | | | |
|------------------------------------|-------------------------------|------|-----------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 3,659,833 |
| TOTAL RECLASSIFICATIONS FOR CODE L | | | 3,659,833 |

| ----- DECREASE ----- | | | |
|-------------------------------|------|-----------|-----------|
| COST CENTER | LINE | AMOUNT | |
| NEW CAP REL COSTS-BLDG & FIXT | 3 | 3,659,833 | |
| | | | 3,659,833 |

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

| DESCRIPTION | BEGINNING BALANCES 1 | PURCHASES 2 | ACQUISITIONS DONATION 3 | TOTAL 4 | DI SPOSALS AND RETIREMENTS 5 | ENDING BALANCE 6 | FULLY DEPRECIATED ASSETS 7 |
|------------------------|-------------------------|----------------|-------------------------------|------------|---------------------------------|---------------------|-------------------------------|
| 1 LAND | 945,058 | | | | | 945,058 | |
| 2 LAND IMPROVEMENTS | 1,369,804 | | | | 43,182 | 1,326,622 | |
| 3 BUILDINGS & FIXTURE | 42,985,791 | | | | 689,297 | 42,296,494 | |
| 4 BUILDING IMPROVEMENT | | | | | | | |
| 5 FIXED EQUIPMENT | 1,388,765 | | | | 38,654 | 1,350,111 | |
| 6 MOVABLE EQUIPMENT | 19,506,204 | | | | 165,868 | 19,340,336 | |
| 7 SUBTOTAL | 66,195,622 | | | | 937,001 | 65,258,621 | |
| 8 RECONCILING ITEMS | | | | | | | |
| 9 TOTAL | 66,195,622 | | | | 937,001 | 65,258,621 | |

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

| | | COMPUTATION OF RATIOS | | | ALLOCATION OF OTHER CAPITAL | | | TOTAL | |
|---|----------------------|-----------------------|--------------------|------------------------|-----------------------------|-----------|-------|-----------------------------|---|
| | | GROSS ASSETS | CAPITALIZED LEASES | GROSS ASSETS FOR RATIO | RATIO | INSURANCE | TAXES | OTHER CAPITAL RELATED COSTS | |
| * | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 1 | OLD CAP REL COSTS-BL | | | | | | | | |
| 2 | OLD CAP REL COSTS-MV | | | | | | | | |
| 3 | NEW CAP REL COSTS-BL | 45,918,285 | | 45,918,285 | .703636 | | | | |
| 4 | NEW CAP REL COSTS-MV | 19,340,336 | | 19,340,336 | .296364 | | | | |
| 5 | TOTAL | 65,258,621 | | 65,258,621 | 1.000000 | | | | |

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

| | | DEPRECIATION | LEASE | INTEREST | INSURANCE | TAXES | OTHER CAPITAL RELATED COST | TOTAL (1) |
|---|----------------------|--------------|-------|----------|-----------|-------|----------------------------|-----------|
| * | | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 1 | OLD CAP REL COSTS-BL | | | | | | | |
| 2 | OLD CAP REL COSTS-MV | | | | | | | |
| 3 | NEW CAP REL COSTS-BL | | | | | | | |
| 4 | NEW CAP REL COSTS-MV | 3,640,476 | | | | | | 3,640,476 |
| 5 | TOTAL | 3,640,476 | | | | | | 3,640,476 |

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

SUMMARY OF OLD AND NEW CAPITAL

| | | DEPRECIATION | LEASE | INTEREST | INSURANCE | TAXES | OTHER CAPITAL RELATED COST | TOTAL (1) |
|---|----------------------|--------------|-------|----------|-----------|-------|----------------------------|-----------|
| * | | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 1 | OLD CAP REL COSTS-BL | | | | | | | |
| 2 | OLD CAP REL COSTS-MV | | | | | | | |
| 3 | NEW CAP REL COSTS-BL | 3,659,833 | | | | | | 3,659,833 |
| 4 | NEW CAP REL COSTS-MV | | | | | | | |
| 5 | TOTAL | 3,659,833 | | | | | | 3,659,833 |

* All lines numbers except line 5 are to be consistent with Worksheet A line numbers for capital cost centers.
 (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on Worksheet A, column 7, lines 1 thru 4.
 Columns 9 through 14 should include related Worksheet A-6 reclassifications and Worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

| DESCRIPTION (1) | (2) BASIS/CODE 1 | AMOUNT 2 | EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED | | LINE NO 4 | WKST. A-7 REF. 5 |
|---|------------------------|-------------|--|--|--------------|---------------------------|
| | | | COST CENTER 3 | | | |
| 1 INVST INCOME-OLD BLDGS AND FIXTURES | | | OLD CAP REL COSTS-BLDG & | | 1 | |
| 2 INVESTMENT INCOME-OLD MOVABLE EQUIP | | | OLD CAP REL COSTS-MVBLE E | | 2 | |
| 3 INVST INCOME-NEW BLDGS AND FIXTURES | B | -116,817 | NEW CAP REL COSTS-BLDG & | | 3 | 11 |
| 4 INVESTMENT INCOME-NEW MOVABLE EQUIP | | | NEW CAP REL COSTS-MVBLE E | | 4 | |
| 5 INVESTMENT INCOME-OTHER | | | | | | |
| 6 TRADE, QUANTITY AND TIME DISCOUNTS | B | -11,494 | MEDICAL SUPPLIES CHARGED | | 55 | |
| 7 REFUNDS AND REBATES OF EXPENSES | | | | | | |
| 8 RENTAL OF PRVIDER SPACE BY SUPPLIERS | | | | | | |
| 9 TELEPHONE SERVICES | | | | | | |
| 10 TELEVISION AND RADIO SERVICE | | | | | | |
| 11 PARKING LOT | | | | | | |
| 12 PROVIDER BASED PHYSICIAN ADJUSTMENT | A-8-2 | -6,906,151 | | | | |
| 13 SALE OF SCRAP, WASTE, ETC. | | | | | | |
| 14 RELATED ORGANIZATION TRANSACTIONS | A-8-1 | | | | | |
| 15 LAUNDRY AND LINEN SERVICE | | | | | | |
| 16 CAFETERIA--EMPLOYEES AND GUESTS | B | -502,792 | CAFETERIA | | 12 | |
| 17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS | | | | | | |
| 18 SALE OF MED AND SURG SUPPLIES | B | -24,183 | MEDICAL RECORDS & LIBRARY | | 17 | |
| 19 SALE OF DRUGS TO OTHER THAN PATIENTS | | | | | | |
| 20 SALE OF MEDICAL RECORDS & ABSTRACTS | | | | | | |
| 21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.) | | | | | | |
| 22 VENDING MACHINES | B | -31,855 | CAFETERIA | | 12 | |
| 23 INCOME FROM IMPOSITION OF INTEREST | | | | | | |
| 24 INTRST EXP ON MEDICARE OVERPAYMENTS | | | | | | |
| 25 ADJUSTMENT FOR RESPIRATORY THERAPY | A-8-3/A-8-4 | | RESPIRATORY THERAPY | | 49 | |
| 26 ADJUSTMENT FOR PHYSICAL THERAPY | A-8-3/A-8-4 | | PHYSICAL THERAPY | | 50 | |
| 27 ADJUSTMENT FOR HHA PHYSICAL THERAPY | A-8-3 | | | | | |
| 28 UTILIZATION REVIEW-PHYSIAN COMP | | | **COST CENTER DELETED** | | 89 | |
| 29 DEPRECIATION-OLD BLDGS AND FIXTURES | | | OLD CAP REL COSTS-BLDG & | | 1 | |
| 30 DEPRECIATION-OLD MOVABLE EQUIP | | | OLD CAP REL COSTS-MVBLE E | | 2 | |
| 31 DEPRECIATION-NEW BLDGS AND FIXTURES | | | NEW CAP REL COSTS-BLDG & | | 3 | |
| 32 DEPRECIATION-NEW MOVABLE EQUIP | | | NEW CAP REL COSTS-MVBLE E | | 4 | |
| 33 NON-PHYSICIAN ANESTHETIST | | | **COST CENTER DELETED** | | 20 | |
| 34 PHYSICIANS' ASSISTANT | | | | | | |
| 35 ADJUSTMENT FOR OCCUPATIONAL THERAPY | A-8-4 | | **COST CENTER DELETED** | | 51 | |
| 36 ADJUSTMENT FOR SPEECH PATHOLOGY | A-8-4 | | **COST CENTER DELETED** | | 52 | |
| 37 DIETARY REVENUE | B | -2,641 | DIETARY | | 11 | |
| 38 OTHER ADJUSTMENTS (SPECIFY) | | | | | | |
| 39 GAAP BAD DEBTS | | | | | | |
| 40 GAIN ON SALE | B | -96,537 | ADMINISTRATIVE & GENERAL | | 6 | |
| 41 PHYSICIAN BILLING COST | A | -82,121 | ADMINISTRATIVE & GENERAL | | 6 | |
| 42 DIETARY CONSULTING | B | -1,199 | DIETARY | | 11 | |
| 43 OTHER ADJUSTMENTS (SPECIFY) | | | | | | |
| 44 OTHER ADJUSTMENTS (SPECIFY) | | | | | | |
| 44.01 TELEPHONE CAPITAL COSTS | A | -10,831 | NEW CAP REL COSTS-MVBLE E | | 4 | 9 |
| 44.02 TV CAPITAL COSTS | A | -8,526 | NEW CAP REL COSTS-MVBLE E | | 4 | 9 |
| 45 OTHER ADJUSTMENTS (SPECIFY) | | | | | | |
| 46 ASSOC LOBBYING FEES | A | -31,613 | ADMINISTRATIVE & GENERAL | | 6 | |
| 46.01 HHA ASSN LOBBYING FEES | | | | | | |
| 47 MEALS ON WHEELS | B | -48,858 | DIETARY | | 11 | |
| 48 HBP A&G | A | -23,304 | ADMINISTRATIVE & GENERAL | | 6 | |
| 49 HBP HOSPICE | A | -12,200 | HOSPICE | | 93 | |
| 49.01 OTHER REVENUE MISC | B | -20,513 | ADMINISTRATIVE & GENERAL | | 6 | |
| 49.05 OB MISC INCOME | B | -29 | ADULTS & PEDIATRICS | | 25 | |
| 49.06 | | | | | | |
| 49.07 | | | | | | |
| 49.08 NURSING ADMIN MISC | B | -2,900 | NURSING ADMINISTRATION | | 14 | |
| 49.09 | | | | | | |
| 49.10 LIFELINE RENTAL INCOME | B | -61,504 | ADMINISTRATIVE & GENERAL | | 6 | |
| 50 TOTAL (SUM OF LINES 1 THRU 49) | | -7,996,068 | | | | |

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7

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

| LINE NO. | COST CENTER | EXPENSE ITEMS | AMOUNT OF ALLOWABLE COST | AMOUNT | NET* ADJUSTMENTS | WKSHT A-7 COL. REF. |
|----------|-------------|-------------------------------------|--------------------------|-----------|------------------|---------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | |
| 1 | 6 | ADMINISTRATIVE & GENERAL CORP ALLOC | 950.250 | 9,517,078 | 9,517,078 | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | TOTALS | | 9,517,078 | 9,517,078 | |

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

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

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

| SYMBOL (1) | NAME | PERCENTAGE OF OWNERSHIP | RELATED ORGANIZATION(S) NAME | PERCENTAGE OF OWNERSHIP | TYPE OF BUSINESS |
|------------|------|-------------------------|------------------------------|-------------------------|-----------------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | A | 0.00 | FREEPORT MEM HOSP | 100.00 | HEALTH CARE PARENT CO |
| 2 | | 0.00 | FREEPORT HLTH NTK | 0.00 | |
| 3 | | 0.00 | | 0.00 | |
| 4 | | 0.00 | | 0.00 | |
| 5 | | 0.00 | | 0.00 | |

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED: 5/28/2009
 WORKSHEET A-8-2
 GROUP 1

| WKSHT A LINE NO. | COST CENTER/ PHYSICIAN IDENTIFIER | TOTAL REMUN- ERATION | PROFES- SIONAL COMPONENT | PROVIDER COMPONENT | RCE AMOUNT | PHYSICIAN/ PROVIDER COMPONENT HOURS | UNADJUSTED RCE LIMIT | 5 PERCENT OF UNADJUSTED RCE LIMIT |
|---------------------|---|----------------------------|--------------------------------|-----------------------|---------------|--|-------------------------|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1 44 | LABORATORY | 519,715 | 519,715 | | | | | |
| 2 61 | EMERGENCY | 3,692,236 | 3,692,236 | | | | | |
| 3 49 | RESPIRATORY THERAPY | 16,544 | 16,544 | | | | | |
| 4 41 | RADIOLOGY-DIAGNOSTIC | 2,245,000 | 2,245,000 | | | | | |
| 5 34 | SKILLED NURSING FACILITY | 3,000 | 3,000 | | | | | |
| 6 49 | RESPIRATORY THERAPY | 9,000 | 9,000 | | | | | |
| 7 50 | PHYSICAL THERAPY | 6,000 | 6,000 | | | | | |
| 8 53 | ELECTROCARDIOLOGY | 89,756 | 89,756 | | | | | |
| 9 40 | ANESTHESIOLOGY | 324,900 | 324,900 | | | | | |
| 10 | | | | | | | | |
| 11 | | | | | | | | |
| 12 | | | | | | | | |
| 13 | | | | | | | | |
| 14 | | | | | | | | |
| 15 | | | | | | | | |
| 16 | | | | | | | | |
| 17 | | | | | | | | |
| 18 | | | | | | | | |
| 19 | | | | | | | | |
| 20 | | | | | | | | |
| 21 | | | | | | | | |
| 22 | | | | | | | | |
| 23 | | | | | | | | |
| 24 | | | | | | | | |
| 25 | | | | | | | | |
| 26 | | | | | | | | |
| 27 | | | | | | | | |
| 28 | | | | | | | | |
| 29 | | | | | | | | |
| 30 | | | | | | | | |
| 101 | TOTAL | 6,906,151 | 6,906,151 | | | | | |

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 NOT A CMS WORKSHEET

| LINE NO. | COST CENTER DESCRIPTION | STATISTICS CODE | STATISTICS DESCRIPTION | | |
|----------|-------------------------------|-----------------|------------------------|-----------|-------------|
| | GENERAL SERVICE COST | | | | |
| 1 | OLD CAP REL COSTS-BLDG & FIXT | 1 | SQUARE | FEET | ENTERED |
| 2 | OLD CAP REL COSTS-MVBLE EQUIP | 2 | DOLLAR | VALUE | NOT ENTERED |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 1 | SQUARE | FEET | ENTERED |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 3 | DOLLAR | VALUE | ENTERED |
| 5 | EMPLOYEE BENEFITS | S | GROSS | SALARIES | ENTERED |
| 6 | ADMINISTRATIVE & GENERAL | -5 | ACCUM. | COST | NOT ENTERED |
| 8 | OPERATION OF PLANT | 1 | SQUARE | FEET | ENTERED |
| 9 | LAUNDRY & LINEN SERVICE | 8 | POUNDS OF | LAUNDRY | ENTERED |
| 10 | HOUSEKEEPING | 9 | HOURS OF | SERVICE | ENTERED |
| 11 | DIETARY | 10 | MEALS | SERVED | ENTERED |
| 12 | CAFETERIA | 11 | FTE'S | | ENTERED |
| 14 | NURSING ADMINISTRATION | 13 | DIRECT | NRSNG HRS | ENTERED |
| 15 | CENTRAL SERVICES & SUPPLY | 14 | COSTED | REQUIS | ENTERED |
| 16 | PHARMACY | 15 | COSTED | REQUIS | ENTERED |
| 17 | MEDICAL RECORDS & LIBRARY | 16 | TIME | SPENT | ENTERED |

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | NET EXPENSES FOR COST ALLOCATION | OLD CAP REL C OSTS-BLDG & | OLD CAP REL C OSTS-MVBLE E | NEW CAP REL C OSTS-BLDG & | NEW CAP REL C OSTS-MVBLE E | EMPLOYEE BENE FITS | SUBTOTAL |
|---|----------------------------------|---------------------------|----------------------------|---------------------------|----------------------------|--------------------|------------|
| | 0 | 1 | 2 | 3 | 4 | 5 | 5a.00 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | 3,640,476 | | | | 3,640,476 | | |
| 006 EMPLOYEE BENEFITS | 4,931,812 | | | | 2,333 | 4,934,145 | |
| 008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT | 18,732,761 | | | | 140,862 | 314,976 | 19,188,599 |
| 009 LAUNDRY & LINEN SERVICE | 3,517,421 | | | | 97,898 | 35,146 | 3,650,465 |
| 010 HOUSEKEEPING | 477,569 | | | | | | 477,569 |
| 011 DIETARY | 1,676,172 | | | | 2,920 | | 1,679,092 |
| 012 CAFETERIA | 1,408,318 | | | | 65,421 | | 1,473,739 |
| 014 NURSING ADMINISTRATION | 738,694 | | | | | | 738,694 |
| 015 CENTRAL SERVICES & SUPPLY | 975,219 | | | | 202,868 | 118,653 | 1,296,740 |
| 016 PHARMACY | 712,145 | | | | 3,936 | 10,596 | 726,677 |
| 017 MEDICAL RECORDS & LIBRARY | 1,407,916 | | | | 94,895 | 161,586 | 1,664,397 |
| 025 INPAT ROUTINE SRVC CNTRS | 882,902 | | | | 16,118 | 118,467 | 1,017,487 |
| 026 ADULTS & PEDIATRICS | 10,950,843 | | | | 241,979 | 1,432,569 | 12,625,391 |
| 033 INTENSIVE CARE UNIT | 1,278,108 | | | | 152,476 | 185,272 | 1,615,856 |
| 034 NURSERY | | | | | | | |
| 037 SKILLED NURSING FACILITY | 1,670,747 | | | | 13,634 | 242,157 | 1,926,538 |
| 037 01 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 01 OPERATING ROOM | 5,998,784 | | | | 600,473 | 314,381 | 6,913,638 |
| 037 01 GI LAB | 1,544,199 | | | | 82,823 | 146,766 | 1,773,788 |
| 037 02 AMBULATORY CARE UNIT | 1,035,715 | | | | 22,045 | 150,693 | 1,208,453 |
| 038 RECOVERY ROOM | 436,864 | | | | 981 | 65,456 | 503,301 |
| 040 ANESTHESIOLOGY | 205,512 | | | | 59,607 | | 265,119 |
| 041 RADIOLOGY-DIAGNOSTIC | 4,312,862 | | | | 975,215 | 287,301 | 5,575,378 |
| 042 RADIOLOGY-THERAPEUTIC | | | | | | | |
| 044 LABORATORY | 3,908,593 | | | | 266,222 | 229,251 | 4,404,066 |
| 046 30 BLOOD CLOTTING FACTORS AD | | | | | | | |
| 049 RESPIRATORY THERAPY | 988,141 | | | | 149,017 | 114,717 | 1,251,875 |
| 050 PHYSICAL THERAPY | 2,152,628 | | | | 68,793 | 303,397 | 2,524,818 |
| 053 ELECTROCARDIOLOGY | 214,620 | | | | 84,341 | 29,811 | 328,772 |
| 053 01 CATH LAB | 2,130,344 | | | | 104,917 | 85,652 | 2,320,913 |
| 053 02 CARDIAC REHAB | | | | | | | |
| 054 ELECTROENCEPHALOGRAPHY | 120,754 | | | | 15,607 | 17,062 | 153,423 |
| 055 MEDICAL SUPPLIES CHARGED | 771,495 | | | | | | 771,495 |
| 056 DRUGS CHARGED TO PATIENTS | 2,764,714 | | | | | | 2,764,714 |
| 061 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 062 EMERGENCY | 3,526,888 | | | | 164,275 | 428,570 | 4,119,733 |
| 069 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 071 OTHER REIMBURS COST CNTRS | | | | | | | |
| 093 CORF | | | | | | | |
| 095 HOME HEALTH AGENCY | | | | | | | |
| 093 SPEC PURPOSE COST CENTERS | | | | | | | |
| 095 HOSPICE | 1,481,397 | | | | 6,597 | 128,824 | 1,616,818 |
| 096 SUBTOTALS | 84,594,613 | | | | 3,636,253 | 4,921,303 | 84,577,548 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 098 GIFT, FLOWER, COFFEE SHOP | 158,288 | | | | 4,223 | 3,737 | 166,248 |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 098 01 JANE ADDAMS BLDG | | | | | | | |
| 098 02 SENIOR PROGRAM | 31,657 | | | | | 3,664 | 35,321 |
| 098 03 NA VOLUNTEER SVCS | 37,136 | | | | | 3,911 | 41,047 |
| 098 04 SMART STEPS | | | | | | | |
| 098 05 RESPIRE CARE | 10,477 | | | | | 1,530 | 12,007 |
| 099 01 HOME INFUSION | | | | | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 84,832,171 | | | | 3,640,476 | 4,934,145 | 84,832,171 |

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | ADMINISTRATIVE & GENERAL | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMINISTRATION |
|----------------------------------|--------------------------|--------------------|-------------------------|--------------|-----------|-----------|------------------------|
| | 6 | 8 | 9 | 10 | 11 | 12 | 14 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | | | | |
| 008 ADMINISTRATIVE & GENERAL | 19,188,599 | | | | | | |
| 009 OPERATION OF PLANT | | 4,717,551 | | | | | |
| 010 LAUNDRY & LINEN SERVICE | | | 666,648 | | | | |
| 011 HOUSEKEEPING | | | | 2,278,469 | | | |
| 012 DIETARY | | | | | 2,223,734 | | |
| 014 CAFETERIA | | | | | | 1,179,160 | |
| 015 NURSING ADMINISTRATION | | | | | | | 1,741,509 |
| 016 CENTRAL SERVICES & SUPPLY | | | | 41,333 | | | |
| 017 PHARMACY | | | | 31,000 | | | |
| 025 MEDICAL RECORDS & LIBRARY | | | | 31,000 | | | |
| 026 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 033 ADULTS & PEDIATRICS | 3,690,586 | 1,221,843 | 294,752 | 862,819 | 1,740,455 | 366,214 | 961,916 |
| 034 INTENSIVE CARE UNIT | 472,339 | 91,198 | 18,124 | 72,332 | 77,702 | 34,124 | 89,534 |
| 037 SKILLED NURSING FACILITY | 563,156 | 308,523 | 45,648 | 144,665 | 405,577 | 77,391 | 203,133 |
| 037 01 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 02 OPERATING ROOM | 2,020,960 | 409,845 | 26,983 | 144,665 | | 85,867 | 225,519 |
| 037 03 GI LAB | 518,505 | 165,831 | 30,792 | 54,249 | | 36,354 | 95,431 |
| 038 02 AMBULATORY CARE UNIT | 353,249 | 189,912 | 50,526 | 165,331 | | 35,239 | 92,647 |
| 040 03 RECOVERY ROOM | 147,122 | 35,257 | 20,724 | | | 10,036 | 26,552 |
| 041 04 ANESTHESIOLOGY | 77,498 | 18,187 | | 20,666 | | | |
| 042 01 RADIOLOGY-DIAGNOSTIC | 1,629,767 | 369,504 | 54,040 | 170,498 | | 78,284 | |
| 044 02 RADIOLOGY-THERAPEUTIC | | | | | | | |
| 046 30 LABORATORY | 1,287,375 | 216,601 | | 108,499 | | 72,039 | |
| 049 01 BLOOD CLOTTING FACTORS AD | | | | | | | |
| 050 02 RESPIRATORY THERAPY | 365,942 | 80,483 | | 31,000 | | 28,102 | |
| 053 03 PHYSICAL THERAPY | 738,042 | 245,350 | 12,919 | 46,499 | | 70,924 | |
| 053 01 ELECTROCARDIOLOGY | 96,105 | 37,316 | | 41,333 | | 23,641 | |
| 053 02 CATH LAB | 678,438 | | | | | 17,842 | 46,777 |
| 054 02 CARDIAC REHAB | | | | | | | |
| 055 01 ELECTROENCEPHALOGRAPHY | 44,848 | 9,335 | | 77,499 | | 4,684 | |
| 056 02 MEDICAL SUPPLIES CHARGED | 225,520 | | | | | | |
| 061 01 DRUGS CHARGED TO PATIENTS | 808,167 | | | | | | |
| 062 02 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 069 EMERGENCY | 1,204,260 | 310,736 | 112,140 | 144,665 | | 97,687 | |
| 071 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 093 OTHER REIMBURS COST CNTRS | | | | | | | |
| 095 CORF | | | | | | | |
| 096 HOME HEALTH AGENCY | | | | | | | |
| 098 SPEC PURPOSE COST CENTERS | | | | | | | |
| 093 HOSPICE | 472,620 | 8,546 | | | | 37,692 | |
| 095 SUBTOTALS | 19,114,168 | 4,606,544 | 666,648 | 2,278,469 | 2,223,734 | 1,176,930 | 1,741,509 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 098 GIFT, FLOWER, COFFEE SHOP | 48,597 | 22,811 | | | | 2,230 | |
| 098 PHYSICIANS' PRIVATE OFFIC | | 88,196 | | | | | |
| 098 01 JANE ADDAMS BLDG | | | | | | | |
| 098 02 SENIOR PROGRAM | 10,325 | | | | | | |
| 098 03 NA VOLUNTEER SVCS | 11,999 | | | | | | |
| 098 04 SMART STEPS | | | | | | | |
| 098 05 RESPITE CARE | 3,510 | | | | | | |
| 099 01 HOME INFUSION | | | | | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 19,188,599 | 4,717,551 | 666,648 | 2,278,469 | 2,223,734 | 1,179,160 | 1,741,509 |

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | CENTRAL SERVICES & SUPPLY 15 | PHARMACY 16 | MEDICAL RECORDS & LIBRARY 17 | SUBTOTAL 25 | I&R COST POST STEP-DOWN ADJ 26 | TOTAL 27 |
|---|---------------------------------|----------------|---------------------------------|----------------|-----------------------------------|-------------|
| 001 GENERAL SERVICE COST CNTR | | | | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | | | |
| 008 ADMINISTRATIVE & GENERAL | | | | | | |
| 009 OPERATION OF PLANT | | | | | | |
| 010 LAUNDRY & LINEN SERVICE | | | | | | |
| 011 HOUSEKEEPING | | | | | | |
| 012 DIETARY | | | | | | |
| 014 CAFETERIA | | | | | | |
| 014 NURSING ADMINISTRATION | | | | | | |
| 015 CENTRAL SERVICES & SUPPLY | 1,070,568 | | | | | |
| 016 PHARMACY | | 2,268,683 | | | | |
| 017 MEDICAL RECORDS & LIBRARY | | | 1,480,843 | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | |
| 025 ADULTS & PEDIATRICS | 77,272 | 10,077 | 941,668 | 22,792,993 | | 22,792,993 |
| 026 INTENSIVE CARE UNIT | 15,124 | 255 | 40,575 | 2,527,163 | | 2,527,163 |
| 033 NURSERY | | | | | | |
| 034 SKILLED NURSING FACILITY | 7,299 | 1,862 | 124,095 | 3,807,887 | | 3,807,887 |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | |
| 037 01 OPERATING ROOM | 19,765 | 25,955 | 269,513 | 10,142,710 | | 10,142,710 |
| 037 01 GI LAB | 1,065 | 2,755 | | 2,678,770 | | 2,678,770 |
| 037 02 AMBULATORY CARE UNIT | 761 | 2,351 | | 2,098,469 | | 2,098,469 |
| 038 RECOVERY ROOM | 407 | 100 | | 743,499 | | 743,499 |
| 040 ANESTHESIOLOGY | 2,826 | 47,164 | | 431,460 | | 431,460 |
| 041 RADIOLOGY-DIAGNOSTIC | 1,543 | 49,310 | | 7,928,324 | | 7,928,324 |
| 042 RADIOLOGY-THERAPEUTIC | | | | | | |
| 044 LABORATORY | 46 | | | 6,088,626 | | 6,088,626 |
| 046 30 BLOOD CLOTTING FACTORS AD | | | | | | |
| 049 RESPIRATORY THERAPY | 150 | 15,542 | | 1,773,094 | | 1,773,094 |
| 050 PHYSICAL THERAPY | 1,933 | 28,218 | | 3,668,703 | | 3,668,703 |
| 053 ELECTROCARDIOLOGY | | | | 527,167 | | 527,167 |
| 053 01 CATH LAB | 19,425 | 5,246 | | 3,088,641 | | 3,088,641 |
| 053 02 CARDIAC REHAB | | | | | | |
| 054 ELECTROENCEPHALOGRAPHY | | | | 289,789 | | 289,789 |
| 055 MEDICAL SUPPLIES CHARGED | 882,133 | 203 | | 1,879,351 | | 1,879,351 |
| 056 DRUGS CHARGED TO PATIENTS | 343 | 1,924,199 | | 5,497,423 | | 5,497,423 |
| 061 OUTPAT SERVICE COST CNTRS | | | | | | |
| 062 EMERGENCY OBSERVATION BEDS (NON-DIS | 34,735 | 5,545 | 104,992 | 6,134,493 | | 6,134,493 |
| 069 OTHER REIMBURS COST CNTRS | | | | | | |
| 071 CORF HOME HEALTH AGENCY | | | | | | |
| 093 SPEC PURPOSE COST CENTERS | | | | | | |
| 093 HOSPICE | 5,741 | 149,901 | | 2,291,318 | | 2,291,318 |
| 095 SUBTOTALS | 1,070,568 | 2,268,683 | 1,480,843 | 84,389,880 | | 84,389,880 |
| 096 NONREIMBURS COST CENTERS | | | | | | |
| 098 GIFT, FLOWER, COFFEE SHOP | | | | 239,886 | | 239,886 |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | 88,196 | | 88,196 |
| 098 01 JANE ADDAMS BLDG | | | | | | |
| 098 02 SENIOR PROGRAM | | | | 45,646 | | 45,646 |
| 098 03 NA VOLUNTEER SVCS | | | | 53,046 | | 53,046 |
| 098 04 SMART STEPS | | | | | | |
| 098 05 RESPITE CARE | | | | 15,517 | | 15,517 |
| 099 01 HOME INFUSION | | | | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | |
| 103 TOTAL | 1,070,568 | 2,268,683 | 1,480,843 | 84,832,171 | | 84,832,171 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | DIR ASSGND NEW CAPITAL REL COSTS | OLD CAP REL COSTS-BLDG & OSTS | OLD CAP REL COSTS-MVBLE & OSTS | NEW CAP REL COSTS-BLDG & OSTS | NEW CAP REL COSTS-MVBLE & OSTS | SUBTOTAL | EMPLOYEE BENEFITS |
|----------------------------------|----------------------------------|-------------------------------|--------------------------------|-------------------------------|--------------------------------|-----------|-------------------|
| | 0 | 1 | 2 | 3 | 4 | 4a | 5 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 OLD CAP REL COSTS-MVBLE & | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE & | | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | | 2,333 | 2,333 | 2,333 |
| 008 ADMINISTRATIVE & GENERAL | | | | | 140,862 | 140,862 | 148 |
| 009 OPERATION OF PLANT | | | | | 97,898 | 97,898 | 17 |
| 010 LAUNDRY & LINEN SERVICE | | | | | | | |
| 011 HOUSEKEEPING | | | | | 2,920 | 2,920 | |
| 012 DIETARY | | | | | 65,421 | 65,421 | |
| 014 CAFETERIA | | | | | | | |
| 015 NURSING ADMINISTRATION | | | | | 202,868 | 202,868 | 56 |
| 016 CENTRAL SERVICES & SUPPLY | | | | | 3,936 | 3,936 | 5 |
| 017 PHARMACY | | | | | 94,895 | 94,895 | 76 |
| 025 MEDICAL RECORDS & LIBRARY | | | | | 16,118 | 16,118 | 56 |
| 026 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 033 ADULTS & PEDIATRICS | | | | | 241,979 | 241,979 | 683 |
| 034 INTENSIVE CARE UNIT | | | | | 152,476 | 152,476 | 87 |
| 037 NURSERY | | | | | | | |
| 037 01 SKILLED NURSING FACILITY | | | | | | | |
| 037 02 ANCILLARY SRVC COST CNTRS | | | | | 13,634 | 13,634 | 114 |
| 037 03 OPERATING ROOM | | | | | 600,473 | 600,473 | 148 |
| 037 04 GI LAB | | | | | 82,823 | 82,823 | 69 |
| 037 05 AMBULATORY CARE UNIT | | | | | 22,045 | 22,045 | 71 |
| 038 06 RECOVERY ROOM | | | | | 981 | 981 | 31 |
| 040 07 ANESTHESIOLOGY | | | | | 59,607 | 59,607 | |
| 041 08 RADIOLOGY-DIAGNOSTIC | | | | | 975,215 | 975,215 | 135 |
| 042 09 RADIOLOGY-THERAPEUTIC | | | | | | | |
| 044 10 LABORATORY | | | | | 266,222 | 266,222 | 108 |
| 046 30 BLOOD CLOTTING FACTORS AD | | | | | | | |
| 049 01 RESPIRATORY THERAPY | | | | | 149,017 | 149,017 | 54 |
| 050 02 PHYSICAL THERAPY | | | | | 68,793 | 68,793 | 143 |
| 053 03 ELECTROCARDIOLOGY | | | | | 84,341 | 84,341 | 14 |
| 053 04 CATH LAB | | | | | 104,917 | 104,917 | 40 |
| 053 05 CARDIAC REHAB | | | | | | | |
| 054 06 ELECTROENCEPHALOGRAPHY | | | | | 15,607 | 15,607 | 8 |
| 055 07 MEDICAL SUPPLIES CHARGED | | | | | | | |
| 056 08 DRUGS CHARGED TO PATIENTS | | | | | | | |
| 061 09 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 062 10 EMERGENCY | | | | | 164,275 | 164,275 | 202 |
| 069 11 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 071 12 OTHER REIMBURS COST CNTRS | | | | | | | |
| 093 13 CORF | | | | | | | |
| 095 14 HOME HEALTH AGENCY | | | | | | | |
| 096 15 SPEC PURPOSE COST CENTERS | | | | | | | |
| 098 16 HOSPICE | | | | | 6,597 | 6,597 | 61 |
| 099 17 SUBTOTALS | | | | | 3,636,253 | 3,636,253 | 2,326 |
| 101 18 NONREIMBURS COST CENTERS | | | | | | | |
| 102 19 GIFT, FLOWER, COFFEE SHOP | | | | | 4,223 | 4,223 | 2 |
| 103 20 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 104 01 JANE ADDAMS BLDG | | | | | | | |
| 104 02 SENIOR PROGRAM | | | | | | | 2 |
| 104 03 NA VOLUNTEER SVCS | | | | | | | 2 |
| 104 04 SMART STEPS | | | | | | | |
| 104 05 RESPITE CARE | | | | | | | 1 |
| 104 06 HOME INFUSION | | | | | | | |
| 101 07 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 08 NEGATIVE COST CENTER | | | | | | | |
| 103 09 TOTAL | | | | | 3,640,476 | 3,640,476 | 2,333 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | ADMINISTRATIVE & GENERAL | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMINISTRATION |
|----------------------------------|--------------------------|--------------------|-------------------------|--------------|---------|-----------|------------------------|
| | 6 | 8 | 9 | 10 | 11 | 12 | 14 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | | | | |
| 008 ADMINISTRATIVE & GENERAL | 141,010 | | | | | | |
| 009 OPERATION OF PLANT | | 105,756 | | | | | |
| 010 LAUNDRY & LINEN SERVICE | 1,026 | 1,109 | 2,135 | | | | |
| 011 HOUSEKEEPING | 3,607 | 2,433 | | 8,960 | | | |
| 012 DIETARY | 3,166 | 5,487 | | 293 | 74,367 | | |
| 014 CAFETERIA | 1,587 | 4,675 | | 63 | | 6,325 | |
| 015 NURSING ADMINISTRATION | 2,785 | 1,028 | | | | 106 | 206,843 |
| 016 CENTRAL SERVICES & SUPPLY | 1,561 | 1,891 | | 163 | | 31 | |
| 017 PHARMACY | 3,575 | 1,150 | | 122 | | 190 | |
| 025 MEDICAL RECORDS & LIBRARY | 2,186 | 2,135 | | 122 | | 213 | |
| 026 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 026 ADULTS & PEDIATRICS | 27,127 | 27,392 | 945 | 3,392 | 58,205 | 1,965 | 114,249 |
| 033 INTENSIVE CARE UNIT | 3,471 | 2,044 | 58 | 284 | 2,599 | 183 | 10,634 |
| 034 NURSERY | | | | | | | |
| 037 SKILLED NURSING FACILITY | 4,138 | 6,916 | 146 | 569 | 13,563 | 415 | 24,126 |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 01 OPERATING ROOM | 14,850 | 9,188 | 86 | 569 | | 461 | 26,785 |
| 037 01 GI LAB | 3,810 | 3,718 | 99 | 213 | | 195 | 11,335 |
| 037 02 AMBULATORY CARE UNIT | 2,596 | 4,257 | 162 | 650 | | 189 | 11,004 |
| 038 RECOVERY ROOM | 1,081 | 790 | 66 | | | 54 | 3,154 |
| 040 ANESTHESIOLOGY | 569 | 408 | | 81 | | | |
| 041 RADIOLOGY-DIAGNOSTIC | 11,976 | 8,283 | 173 | 670 | | 420 | |
| 042 RADIOLOGY-THERAPEUTIC | | | | | | | |
| 044 LABORATORY | 9,460 | 4,856 | | 427 | | 386 | |
| 046 30 BLOOD CLOTTING FACTORS AD | | | | | | | |
| 049 RESPIRATORY THERAPY | 2,689 | 1,804 | | 122 | | 151 | |
| 050 PHYSICAL THERAPY | 5,423 | 5,500 | 41 | 183 | | 380 | |
| 053 ELECTROCARDIOLOGY | 706 | 837 | | 163 | | 127 | |
| 053 01 CATH LAB | 4,985 | | | | | 96 | 5,556 |
| 053 02 CARDIAC REHAB | | | | | | | |
| 054 ELECTROENCEPHALOGRAPHY | 330 | 209 | | 305 | | 25 | |
| 055 MEDICAL SUPPLIES CHARGED | 1,657 | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | 5,939 | | | | | | |
| 061 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 062 EMERGENCY | 8,849 | 6,966 | 359 | 569 | | 524 | |
| 069 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 071 OTHER REIMBURS COST CNTRS | | | | | | | |
| 071 CORF | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | |
| 093 SPEC PURPOSE COST CENTERS | | | | | | | |
| 093 HOSPICE | 3,473 | 192 | | | | 202 | |
| 095 SUBTOTALS | 140,463 | 103,268 | 2,135 | 8,960 | 74,367 | 6,313 | 206,843 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 098 GIFT, FLOWER, COFFEE SHOP | 357 | 511 | | | | 12 | |
| 098 PHYSICIANS' PRIVATE OFFIC | | 1,977 | | | | | |
| 098 01 JANE ADDAMS BLDG | | | | | | | |
| 098 02 SENIOR PROGRAM | 76 | | | | | | |
| 098 03 NA VOLUNTEER SVCS | 88 | | | | | | |
| 098 04 SMART STEPS | | | | | | | |
| 098 05 RESPITE CARE | 26 | | | | | | |
| 099 01 HOME INFUSION | | | | | | | |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 141,010 | 105,756 | 2,135 | 8,960 | 74,367 | 6,325 | 206,843 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | CENTRAL SERVICES & SUPPLY 15 | PHARMACY 16 | MEDICAL RECORDS & LIBRARY 17 | SUBTOTAL 25 | POST STEPDOWN ADJUSTMENT 26 | TOTAL 27 |
|----------------------------------|---------------------------------|----------------|---------------------------------|----------------|--------------------------------|-------------|
| 001 GENERAL SERVICE COST CNTR | | | | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | | | |
| 008 ADMINISTRATIVE & GENERAL | | | | | | |
| 009 OPERATION OF PLANT | | | | | | |
| 010 LAUNDRY & LINEN SERVICE | | | | | | |
| 011 HOUSEKEEPING | | | | | | |
| 012 DIETARY | | | | | | |
| 014 CAFETERIA | | | | | | |
| 014 NURSING ADMINISTRATION | | | | | | |
| 015 CENTRAL SERVICES & SUPPLY | 7,587 | | | | | |
| 016 PHARMACY | | 100,008 | | | | |
| 017 MEDICAL RECORDS & LIBRARY | | | 20,830 | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | |
| 025 ADULTS & PEDIATRICS | 548 | 444 | 13,245 | 490,174 | | 490,174 |
| 026 INTENSIVE CARE UNIT | 107 | 11 | 571 | 172,525 | | 172,525 |
| 033 NURSERY | | | | | | |
| 034 SKILLED NURSING FACILITY | 52 | 82 | 1,746 | 65,501 | | 65,501 |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | |
| 037 01 OPERATING ROOM | 140 | 1,144 | 3,791 | 657,635 | | 657,635 |
| 037 01 GI LAB | 8 | 121 | | 102,391 | | 102,391 |
| 037 02 AMBULATORY CARE UNIT | 5 | 104 | | 41,083 | | 41,083 |
| 038 RECOVERY ROOM | 3 | 4 | | 6,164 | | 6,164 |
| 040 ANESTHESIOLOGY | 20 | 2,079 | | 62,764 | | 62,764 |
| 041 RADIOLOGY-DIAGNOSTIC | 11 | 2,174 | | 999,057 | | 999,057 |
| 042 RADIOLOGY-THERAPEUTIC | | | | | | |
| 044 LABORATORY | | | | 281,459 | | 281,459 |
| 046 30 BLOOD CLOTTING FACTORS AD | | | | | | |
| 049 RESPIRATORY THERAPY | 1 | 685 | | 154,523 | | 154,523 |
| 050 PHYSICAL THERAPY | 14 | 1,244 | | 81,721 | | 81,721 |
| 053 ELECTROCARDIOLOGY | | | | 86,188 | | 86,188 |
| 053 01 CATH LAB | 138 | 231 | | 115,963 | | 115,963 |
| 053 02 CARDIAC REHAB | | | | | | |
| 054 ELECTROENCEPHALOGRAPHY | | | | 16,484 | | 16,484 |
| 055 MEDICAL SUPPLIES CHARGED | 6,251 | 9 | | 7,917 | | 7,917 |
| 056 DRUGS CHARGED TO PATIENTS | 2 | 84,824 | | 90,765 | | 90,765 |
| 061 OUTPAT SERVICE COST CNTRS | | | | | | |
| 061 EMERGENCY | 246 | 244 | 1,477 | 183,711 | | 183,711 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | |
| 069 OTHER REIMBURS COST CNTRS | | | | | | |
| 071 CORF | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | |
| 093 SPEC PURPOSE COST CENTERS | | | | | | |
| 093 HOSPICE | 41 | 6,608 | | 17,174 | | 17,174 |
| 095 SUBTOTALS | 7,587 | 100,008 | 20,830 | 3,633,199 | | 3,633,199 |
| 096 NONREIMBURS COST CENTERS | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | | | 5,105 | | 5,105 |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | 1,977 | | 1,977 |
| 098 01 JANE ADDAMS BLDG | | | | | | |
| 098 02 SENIOR PROGRAM | | | | 78 | | 78 |
| 098 03 NA VOLUNTEER SVCS | | | | 90 | | 90 |
| 098 04 SMART STEPS | | | | | | |
| 098 05 RESPITE CARE | | | | 27 | | 27 |
| 099 01 HOME INFUSION | | | | | | |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | |
| 103 TOTAL | 7,587 | 100,008 | 20,830 | 3,640,476 | | 3,640,476 |

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B-1

| COST CENTER DESCRIPTION | OLD CAP REL C | OLD CAP REL C | NEW CAP REL C | NEW CAP REL C | EMPLOYEE BENE | RECONCILIATION |
|------------------------------|---------------|----------------|---------------|----------------|------------------|----------------|
| | OSTS-BLDG & | OSTS-MVBLE E | OSTS-BLDG & | OSTS-MVBLE E | FITS | |
| | (SQUARE FEET) | (DOLLAR VALUE) | (SQUARE FEET) | (DOLLAR VALUE) | (GROSS SALARIES) | |
| | 1 | 2 | 3 | 4 | 5 | 6a.00 |
| GENERAL SERVICE COST | | | | | | |
| 001 OLD CAP REL COSTS-BLD | 316,879 | | | | | |
| 002 OLD CAP REL COSTS-MVB | | | | | | |
| 003 NEW CAP REL COSTS-BLD | | | 316,879 | | | |
| 004 NEW CAP REL COSTS-MVB | | | | 1,930,278 | | |
| 005 EMPLOYEE BENEFITS | 1,993 | | 1,993 | 1,237 | 29,019,917 | |
| 006 ADMINSTRATIVE & GENE | 67,164 | | 67,164 | 74,689 | 1,852,517 | -19,188,599 |
| 008 OPERATION OF PLANT | 32,428 | | 32,428 | 51,908 | 206,707 | |
| 009 LAUNDRY & LINEN SERVI | 2,258 | | 2,258 | | | |
| 010 HOUSEKEEPING | 4,954 | | 4,954 | 1,548 | | |
| 011 DIETARY | 11,171 | | 11,171 | 34,688 | | |
| 012 CAFETERIA | 9,517 | | 9,517 | | | |
| 014 NURSING ADMINSTRATIO | 2,093 | | 2,093 | 107,566 | 697,853 | |
| 015 CENTRAL SERVICES & SU | 3,849 | | 3,849 | 2,087 | 62,321 | |
| 016 PHARMACY | 2,341 | | 2,341 | 50,316 | 950,360 | |
| 017 MEDICAL RECORDS & LIB | 4,346 | | 4,346 | 8,546 | 696,759 | |
| INPAT ROUTINE SRVC CN | | | | | | |
| 025 ADULTS & PEDIATRICS | 55,761 | | 55,761 | 128,304 | 8,425,558 | |
| 026 INTENSIVE CARE UNIT | 4,162 | | 4,162 | 80,847 | 1,089,670 | |
| 033 NURSERY | | | | | | |
| 034 SKILLED NURSING FACIL | 14,080 | | 14,080 | 7,229 | 1,424,236 | |
| ANCILLARY SRVC COST C | | | | | | |
| 037 OPERATING ROOM | 18,704 | | 18,704 | 318,387 | 1,849,018 | |
| 037 01 GI LAB | 7,568 | | 7,568 | 43,915 | 863,198 | |
| 037 02 AMBULATORY CARE UNIT | 8,667 | | 8,667 | 11,689 | 886,294 | |
| 038 RECOVERY ROOM | 1,609 | | 1,609 | 520 | 384,979 | |
| 040 ANESTHESIOLOGY | 830 | | 830 | 31,605 | | |
| 041 RADIOLOGY-DIAGNOSTIC | 16,863 | | 16,863 | 517,085 | 1,689,748 | |
| 042 RADIOLOGY-THERAPEUTIC | | | | | | |
| 044 LABORATORY | 9,885 | | 9,885 | 141,158 | 1,348,330 | |
| 046 30 BLOOD CLOTTING FACTOR | | | | | | |
| 049 RESPIRATORY THERAPY | 3,673 | | 3,673 | 79,013 | 674,703 | |
| 050 PHYSICAL THERAPY | 11,197 | | 11,197 | 36,476 | 1,784,417 | |
| 053 ELECTROCARDIOLOGY | 1,703 | | 1,703 | 44,720 | 175,330 | |
| 053 01 CATH LAB | | | | 55,630 | 503,757 | |
| 053 02 CARDIAC REHAB | | | | | | |
| 054 ELECTROENCEPHALOGRAPH | 426 | | 426 | 8,275 | 100,348 | |
| 055 MEDICAL SUPPLIES CHAR | | | | | | |
| 056 DRUGS CHARGED TO PATI | | | | | | |
| OUTPAT SERVICE COST C | | | | | | |
| 061 EMERGENCY | 14,181 | | 14,181 | 87,103 | 2,520,612 | |
| 062 OBSERVATION BEDS (NON | | | | | | |
| OTHER REIMBURS COST C | | | | | | |
| 069 CORF | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | |
| SPEC PURPOSE COST CEN | | | | | | |
| 093 HOSPICE | 390 | | 390 | 3,498 | 757,670 | |
| 095 SUBTOTALS | 311,813 | | 311,813 | 1,928,039 | 28,944,385 | -19,188,599 |
| NONREIMBURS COST CENT | | | | | | |
| 096 GI FT, FLOWER, COFFEE | 1,041 | | 1,041 | 2,239 | 21,979 | |
| 098 PHYSICIANS' PRIVATE O | 4,025 | | 4,025 | | | |
| 098 01 JANE ADDAMS BLDG | | | | | | |
| 098 02 SENIOR PROGRAM | | | | | 21,549 | |
| 098 03 NA VOLUNTEER SVCS | | | | | 23,004 | |
| 098 04 SMART STEPS | | | | | | |
| 098 05 RESPIRE CARE | | | | | 9,000 | |
| 099 01 HOME INFUSION | | | | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | |
| 103 COST TO BE ALLOCATED | | | | 3,640,476 | 4,934,145 | |
| (WRKSHT B, PART I) | | | | | | |
| 104 UNIT COST MULTIPLIER | | | | | 170026 | |
| (WRKSHT B, PT I) | | | | 1.885985 | | |
| 105 COST TO BE ALLOCATED | | | | | | |
| (WRKSHT B, PART II) | | | | | | |
| 106 UNIT COST MULTIPLIER | | | | | | |
| (WRKSHT B, PT II) | | | | | | |
| 107 COST TO BE ALLOCATED | | | | | 2,333 | |
| (WRKSHT B, PART III) | | | | | | |
| 108 UNIT COST MULTIPLIER | | | | | | 000080 |
| (WRKSHT B, PT III) | | | | | | |

COST ALLOCATION - STATISTICAL BASIS

| COST CENTER DESCRIPTION | ADMINISTRATIVE & GENERAL (ACCUM. COST) | OPERATION OF PLANT (SQUARE FEET) | LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) | HOUSEKEEPING (HOURS OF SERVICE) | DIETARY (MEALS SERVED) | CAFETERIA (FTE'S) | NURSING ADMINISTRATION (DIRECT NRSNG HRS) |
|---|--|----------------------------------|---|---------------------------------|------------------------|-------------------|---|
| | 6 | 8 | 9 | 10 | 11 | 12 | 14 |
| GENERAL SERVICE COST | | | | | | | |
| 001 OLD CAP REL COSTS-BLD | | | | | | | |
| 002 OLD CAP REL COSTS-MVB | | | | | | | |
| 003 NEW CAP REL COSTS-BLD | | | | | | | |
| 004 NEW CAP REL COSTS-MVB | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 ADMINISTRATIVE & GENERAL | 65,643,572 | | | | | | |
| 008 OPERATION OF PLANT | 3,650,465 | 215,294 | | | | | |
| 009 LAUNDRY & LINEN SERVICE | 477,569 | 2,258 | 541,062 | | | | |
| 010 HOUSEKEEPING | 1,679,092 | 4,954 | | 45,864 | | | |
| 011 DIETARY | 1,473,739 | 11,171 | | 1,498 | 101,768 | | |
| 012 CAFETERIA | 738,694 | 9,517 | | 322 | | 52,870 | |
| 014 NURSING ADMINISTRATION | 1,296,740 | 2,093 | | | | 890 | 620,404 |
| 015 CENTRAL SERVICES & SUPPLIES | 726,677 | 3,849 | | 832 | | 260 | |
| 016 PHARMACY | 1,664,397 | 2,341 | | 624 | | 1,590 | |
| 017 MEDICAL RECORDS & LIBRARY | 1,017,487 | 4,346 | | 624 | | 1,780 | |
| 025 INPATIENT ROUTINE SERVICES | 12,625,391 | 55,761 | 239,224 | 17,368 | 79,651 | 16,420 | 342,678 |
| 026 ADULTS & PEDIATRICS | 1,615,856 | 4,162 | 14,710 | 1,456 | 3,556 | 1,530 | 31,896 |
| 033 INTENSIVE CARE UNIT | | | | | | | |
| 034 NURSERY | 1,926,538 | 14,080 | 37,049 | 2,912 | 18,561 | 3,470 | 72,365 |
| 037 SKILLED NURSING FACILITY | | | | | | | |
| 037 01 ANCILLARY SERVICE COST CENTER | 6,913,638 | 18,704 | 21,900 | 2,912 | | 3,850 | 80,340 |
| 037 02 GI LAB | 1,773,788 | 7,568 | 24,991 | 1,092 | | 1,630 | 33,997 |
| 037 03 AMBULATORY CARE UNIT | 1,208,453 | 8,667 | 41,008 | 3,328 | | 1,580 | 33,005 |
| 038 RECOVERY ROOM | 503,301 | 1,609 | 16,820 | | | 450 | 9,459 |
| 040 ANESTHESIOLOGY | 265,119 | 830 | | 416 | | | |
| 041 RADIOLOGY-DIAGNOSTIC | 5,575,378 | 16,863 | 43,860 | 3,432 | | 3,510 | |
| 042 RADIOLOGY-THERAPEUTIC | | | | | | | |
| 044 LABORATORY | 4,404,066 | 9,885 | | 2,184 | | 3,230 | |
| 046 30 BLOOD CLOTTING FACTOR | | | | | | | |
| 049 RESPIRATORY THERAPY | 1,251,875 | 3,673 | | 624 | | 1,260 | |
| 050 PHYSICAL THERAPY | 2,524,818 | 11,197 | 10,485 | 936 | | 3,180 | |
| 053 ELECTROCARDIOLOGY | 328,772 | 1,703 | | 832 | | 1,060 | |
| 053 01 CATH LAB | 2,320,913 | | | | | 800 | 16,664 |
| 053 02 CARDIAC REHAB | | | | | | | |
| 054 ELECTROENCEPHALOGRAPH | 153,423 | 426 | | 1,560 | | 210 | |
| 055 MEDICAL SUPPLIES CHARGED TO PATIENTS | 771,495 | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | 2,764,714 | | | | | | |
| 061 OUTPATIENT SERVICE COST CENTER | | | | | | | |
| 062 EMERGENCY | 4,119,733 | 14,181 | 91,015 | 2,912 | | 4,380 | |
| 062 OBSERVATION BEDS (NON-REIMBURSABLE) | | | | | | | |
| 069 CORF | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | |
| 093 SPECIFIC PURPOSE COST CENTER | | | | | | | |
| 093 HOSPITAL | 1,616,818 | 390 | | | | 1,690 | |
| 095 SUBTOTALS | 65,388,949 | 210,228 | 541,062 | 45,864 | 101,768 | 52,770 | 620,404 |
| 096 NONREIMBURSABLE COST CENTER | | | | | | | |
| 096 GIFT, FLOWER, COFFEE | 166,248 | 1,041 | | | | 100 | |
| 098 PHYSICIANS' PRIVATE OFFICES | | 4,025 | | | | | |
| 098 01 JANE ADDAMS BLDG | | | | | | | |
| 098 02 SENIOR PROGRAM | 35,321 | | | | | | |
| 098 03 NA VOLUNTEER SERVICES | 41,047 | | | | | | |
| 098 04 SMART STEPS | | | | | | | |
| 098 05 RESPIRE CARE | 12,007 | | | | | | |
| 099 01 HOME INFUSION | | | | | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 COST TO BE ALLOCATED (WRKSHT B, PART I) | 19,188,599 | 4,717,551 | 666,648 | 2,278,469 | 2,223,734 | 1,179,160 | 1,741,509 |
| 104 UNIT COST MULTIPLIER (WRKSHT B, PT I) | .292315 | 21.912134 | 1.232110 | 49.678811 | 21.851014 | 22.303007 | 2.807056 |
| 105 COST TO BE ALLOCATED (WRKSHT B, PART II) | | | | | | | |
| 106 UNIT COST MULTIPLIER (WRKSHT B, PT II) | | | | | | | |
| 107 COST TO BE ALLOCATED (WRKSHT B, PART III) | 141,010 | 105,756 | 2,135 | 8,960 | 74,367 | 6,325 | 206,843 |
| 108 UNIT COST MULTIPLIER (WRKSHT B, PT III) | .002148 | .491217 | .003946 | .195360 | .730750 | .119633 | .333400 |

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B-1

| COST CENTER DESCRIPTION | CENTRAL SERVICES & SUPPLY (COSTED REQUIS) | PHARMACY (COSTED REQUIS) | MEDICAL RECORDS & LIBRARY (TIME SPENT) |
|--|--|-----------------------------|---|
| | 15 | 16 | 17 |
| 001 GENERAL SERVICE COST | | | |
| 002 OLD CAP REL COSTS-BLD | | | |
| 003 OLD CAP REL COSTS-MVB | | | |
| 004 NEW CAP REL COSTS-BLD | | | |
| 005 NEW CAP REL COSTS-MVB | | | |
| 006 EMPLOYEE BENEFITS | | | |
| 008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT | | | |
| 009 LAUNDRY & LINEN SERVICE | | | |
| 010 HOUSEKEEPING | | | |
| 011 DIETARY | | | |
| 012 CAFETERIA | | | |
| 014 NURSING ADMINISTRATION | | | |
| 015 CENTRAL SERVICES & SUPPLY | 299,645 | | |
| 016 PHARMACY | | 3,066,771 | |
| 017 MEDICAL RECORDS & LIBRARY | | | 10,000 |
| 025 INPATIENT ROUTINE SERVICE CHARGE ADULTS & PEDIATRICS | 21,628 | 13,622 | 6,359 |
| 026 INTENSIVE CARE UNIT | 4,233 | 345 | 274 |
| 033 NURSERY | | | |
| 034 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTER | 2,043 | 2,517 | 838 |
| 037 OPERATING ROOM | 5,532 | 35,086 | 1,820 |
| 037 01 GI LAB | 298 | 3,724 | |
| 037 02 AMBULATORY CARE UNIT | 213 | 3,178 | |
| 038 RECOVERY ROOM | 114 | 135 | |
| 040 ANESTHESIOLOGY | 791 | 63,756 | |
| 041 RADIOLOGY-DIAGNOSTIC | 432 | 66,656 | |
| 042 RADIOLOGY-THERAPEUTIC | | | |
| 044 LABORATORY | 13 | | |
| 046 30 BLOOD CLOTTING FACTOR | | | |
| 049 RESPIRATORY THERAPY | 42 | 21,009 | |
| 050 PHYSICAL THERAPY | 541 | 38,145 | |
| 053 ELECTROCARDIOLOGY | | | |
| 053 01 CATH LAB | 5,437 | 7,092 | |
| 053 02 CARDIAC REHAB | | | |
| 054 ELECTROENCEPHALOGRAPH | | | |
| 055 MEDICAL SUPPLIES CHARGED TO PATIENTS | 246,903 | 275 | |
| 056 DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CENTER | 96 | 2,601,102 | |
| 061 EMERGENCY | 9,722 | 7,495 | 709 |
| 062 OBSERVATION BEDS (NON-REIMBURSABLE COST CENTER) | | | |
| 069 HOME HEALTH AGENCY | | | |
| 071 SPECIAL PURPOSE COST CENTER | | | |
| 093 HOSPICE | 1,607 | 202,634 | |
| 095 SUBTOTALS | 299,645 | 3,066,771 | 10,000 |
| 096 NONREIMBURSABLE COST CENTER | | | |
| 098 GIFT, FLOWER, COFFEE | | | |
| 098 PHYSICIANS' PRIVATE OFFICE | | | |
| 098 01 JANE ADDAMS BLDG | | | |
| 098 02 SENIOR PROGRAM | | | |
| 098 03 NA VOLUNTEER SERVICES | | | |
| 098 04 SMART STEPS | | | |
| 098 05 RESPIRE CARE | | | |
| 099 01 HOME INFUSION | | | |
| 101 CROSS FOOT ADJUSTMENT | | | |
| 102 NEGATIVE COST CENTER | | | |
| 103 COST TO BE ALLOCATED (PER WORKSHEET B, PART I) | 1,070,568 | 2,268,683 | 1,480,843 |
| 104 UNIT COST MULTIPLIER (WORKSHEET B, PART I) | | .739763 | |
| 105 COST TO BE ALLOCATED (PER WORKSHEET B, PART I) | 3,572,788 | | 148,084,300 |
| 106 UNIT COST MULTIPLIER (WORKSHEET B, PART I) | | | |
| 107 COST TO BE ALLOCATED (PER WORKSHEET B, PART I) | 7,587 | 100,008 | 20,830 |
| 108 UNIT COST MULTIPLIER (WORKSHEET B, PART I) | .025320 | .032610 | 2,083,000 |

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET C
 PART I

| WKST A LINE NO. | COST CENTER DESCRIPTION | WKST B, PT I COL. 27 1 | THERAPY ADJUSTMENT 2 | TOTAL COSTS 3 | RCE DI ALLOWANCE 4 | TOTAL COSTS 5 |
|--------------------|--|------------------------------|----------------------------|---------------------|--------------------------|---------------------|
| | INPAT ROUTINE SRVC CNTRS | | | | | |
| 25 | ADULTS & PEDIATRICS | 22,792,993 | | 22,792,993 | | 22,792,993 |
| 26 | INTENSIVE CARE UNIT | 2,527,163 | | 2,527,163 | | 2,527,163 |
| 33 | NURSERY | | | | | |
| 34 | SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS | 3,807,887 | | 3,807,887 | | 3,807,887 |
| 37 | OPERATING ROOM | 10,142,710 | | 10,142,710 | | 10,142,710 |
| 37 01 | GI LAB | 2,678,770 | | 2,678,770 | | 2,678,770 |
| 37 02 | AMBULATORY CARE UNIT | 2,098,469 | | 2,098,469 | | 2,098,469 |
| 38 | RECOVERY ROOM | 743,499 | | 743,499 | | 743,499 |
| 40 | ANESTHESIOLOGY | 431,460 | | 431,460 | | 431,460 |
| 41 | RADIOLOGY-DIAGNOSTIC | 7,928,324 | | 7,928,324 | | 7,928,324 |
| 42 | RADIOLOGY-THERAPEUTIC | | | | | |
| 44 | LABORATORY | 6,088,626 | | 6,088,626 | | 6,088,626 |
| 46 30 | BLOOD CLOTTING FACTORS AD | | | | | |
| 49 | RESPIRATORY THERAPY | 1,773,094 | | 1,773,094 | | 1,773,094 |
| 50 | PHYSICAL THERAPY | 3,668,703 | | 3,668,703 | | 3,668,703 |
| 53 | ELECTROCARDIOLOGY | 527,167 | | 527,167 | | 527,167 |
| 53 01 | CATH LAB | 3,088,641 | | 3,088,641 | | 3,088,641 |
| 53 02 | CARDIAC REHAB | | | | | |
| 54 | ELECTROENCEPHALOGRAPHY | 289,789 | | 289,789 | | 289,789 |
| 55 | MEDICAL SUPPLIES CHARGED | 1,879,351 | | 1,879,351 | | 1,879,351 |
| 56 | DRUGS CHARGED TO PATIENTS | 5,497,423 | | 5,497,423 | | 5,497,423 |
| | OUTPAT SERVICE COST CNTRS | | | | | |
| 61 | EMERGENCY | 6,134,493 | | 6,134,493 | | 6,134,493 |
| 62 | OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS | 1,656,181 | | 1,656,181 | | 1,656,181 |
| 101 | SUBTOTAL | 83,754,743 | | 83,754,743 | | 83,754,743 |
| 102 | LESS OBSERVATION BEDS | 1,656,181 | | 1,656,181 | | 1,656,181 |
| 103 | TOTAL | 82,098,562 | | 82,098,562 | | 82,098,562 |

COMPUTATION OF RATIO OF COSTS TO CHARGES

| WKST A LINE NO. | COST CENTER DESCRIPTION | INPATIENT CHARGES 6 | OUTPATIENT CHARGES 7 | TOTAL CHARGES 8 | COST OR OTHER RATIO 9 | TEFRA INPAT- IENT RATIO 10 | PPS INPAT- IENT RATIO 11 |
|--------------------|--|---------------------------|----------------------------|-----------------------|-----------------------------|----------------------------------|--------------------------------|
| | INPAT ROUTINE SRVC CNTRS | | | | | | |
| 25 | ADULTS & PEDIATRICS | 21,817,359 | | 21,817,359 | | | |
| 26 | INTENSIVE CARE UNIT | 2,717,012 | | 2,717,012 | | | |
| 33 | NURSERY | | | | | | |
| 34 | SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS | 1,954,269 | | 1,954,269 | | | |
| 37 | OPERATING ROOM | 13,781,821 | 20,099,590 | 33,881,411 | .299359 | .299359 | .299359 |
| 37 01 | GI LAB | 3,810,509 | 13,301,955 | 17,112,464 | .156539 | .156539 | .156539 |
| 37 02 | AMBULATORY CARE UNIT | 105,434 | 512,257 | 617,691 | 3.397280 | 3.397280 | 3.397280 |
| 38 | RECOVERY ROOM | 638,924 | 871,137 | 1,510,061 | .492364 | .492364 | .492364 |
| 40 | ANESTHESIOLOGY | 1,817,404 | 3,284,608 | 5,102,012 | .084567 | .084567 | .084567 |
| 41 | RADIOLOGY-DIAGNOSTIC | 9,173,167 | 31,291,899 | 40,465,066 | .195930 | .195930 | .195930 |
| 42 | RADIOLOGY-THERAPEUTIC | | | | | | |
| 44 | LABORATORY | 9,653,403 | 23,755,294 | 33,408,697 | .182247 | .182247 | .182247 |
| 46 30 | BLOOD CLOTTING FACTORS AD | | | | | | |
| 49 | RESPIRATORY THERAPY | 8,474,521 | 1,766,292 | 10,240,813 | .173140 | .173140 | .173140 |
| 50 | PHYSICAL THERAPY | 2,655,022 | 3,918,267 | 6,573,289 | .558123 | .558123 | .558123 |
| 53 | ELECTROCARDIOLOGY | 2,192,122 | 2,947,535 | 5,139,657 | .102569 | .102569 | .102569 |
| 53 01 | CATH LAB | 5,796,723 | 6,045,629 | 11,842,352 | .260813 | .260813 | .260813 |
| 53 02 | CARDIAC REHAB | | | | | | |
| 54 | ELECTROENCEPHALOGRAPHY | 39,468 | 980,543 | 1,020,011 | .284104 | .284104 | .284104 |
| 55 | MEDICAL SUPPLIES CHARGED | 8,954,361 | 2,138,114 | 11,092,475 | .169426 | .169426 | .169426 |
| 56 | DRUGS CHARGED TO PATIENTS | 18,249,769 | 5,962,306 | 24,212,075 | .227053 | .227053 | .227053 |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 61 | EMERGENCY | 3,681,647 | 12,250,640 | 15,932,287 | .385035 | .385035 | .385035 |
| 62 | OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS | 118,439 | 1,836,439 | 1,954,878 | .847204 | .847204 | .847204 |
| 101 | SUBTOTAL | 115,631,374 | 130,962,505 | 246,593,879 | | | |
| 102 | LESS OBSERVATION BEDS | | | | | | |
| 103 | TOTAL | 115,631,374 | 130,962,505 | 246,593,879 | | | |

PROVIDER NO:
14-0160

PERIOD:
FROM 1/1/2008
TO 12/31/2008

PREPARED 5/28/2009
WORKSHEET C
PART I

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

| WKST A LINE NO. | COST CENTER DESCRIPTION | INPATIENT CHARGES 6 | OUTPATIENT CHARGES 7 | TOTAL CHARGES 8 | COST OR OTHER RATIO 9 | TEFRA INPAT- IENT RATIO 10 | PPS INPAT- IENT RATIO 11 |
|--------------------|--|---------------------------|----------------------------|-----------------------|-----------------------------|----------------------------------|--------------------------------|
| | INPAT ROUTINE SRVC CNTRS | | | | | | |
| 25 | ADULTS & PEDIATRICS | 21,817,359 | | 21,817,359 | | | |
| 26 | INTENSIVE CARE UNIT | 2,717,012 | | 2,717,012 | | | |
| 33 | NURSERY | | | | | | |
| 34 | SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS | 1,954,269 | | 1,954,269 | | | |
| 37 | OPERATING ROOM | 13,781,821 | 20,099,590 | 33,881,411 | .299359 | .299359 | .299359 |
| 37 01 | GI LAB | 3,810,509 | 13,301,955 | 17,112,464 | .156539 | .156539 | .156539 |
| 37 02 | AMBULATORY CARE UNIT | 105,434 | 512,257 | 617,691 | 3.397280 | 3.397280 | 3.397280 |
| 38 | RECOVERY ROOM | 638,924 | 871,137 | 1,510,061 | .492364 | .492364 | .492364 |
| 40 | ANESTHESIOLOGY | 1,817,404 | 3,284,608 | 5,102,012 | .084567 | .084567 | .084567 |
| 41 | RADIOLOGY-DIAGNOSTIC | 9,173,167 | 31,291,899 | 40,465,066 | .195930 | .195930 | .195930 |
| 42 | RADIOLOGY-THERAPEUTIC | | | | | | |
| 44 | LABORATORY | 9,653,403 | 23,755,294 | 33,408,697 | .182247 | .182247 | .182247 |
| 46 30 | BLOOD CLOTTING FACTORS AD | | | | | | |
| 49 | RESPIRATORY THERAPY | 8,474,521 | 1,766,292 | 10,240,813 | .173140 | .173140 | .173140 |
| 50 | PHYSICAL THERAPY | 2,655,022 | 3,918,267 | 6,573,289 | .558123 | .558123 | .558123 |
| 53 | ELECTROCARDIOLOGY | 2,192,122 | 2,947,535 | 5,139,657 | .102569 | .102569 | .102569 |
| 53 01 | CATH LAB | 5,796,723 | 6,045,629 | 11,842,352 | .260813 | .260813 | .260813 |
| 53 02 | CARDIAC REHAB | | | | | | |
| 54 | ELECTROENCEPHALOGRAPHY | 39,468 | 980,543 | 1,020,011 | .284104 | .284104 | .284104 |
| 55 | MEDICAL SUPPLIES CHARGED | 8,954,361 | 2,138,114 | 11,092,475 | .169426 | .169426 | .169426 |
| 56 | DRUGS CHARGED TO PATIENTS | 18,249,769 | 5,962,306 | 24,212,075 | .227053 | .227053 | .227053 |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 61 | EMERGENCY | 3,681,647 | 12,250,640 | 15,932,287 | .385035 | .385035 | .385035 |
| 62 | OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS | 118,439 | 1,836,439 | 1,954,878 | .847204 | .847204 | .847204 |
| 101 | SUBTOTAL | 115,631,374 | 130,962,505 | 246,593,879 | | | |
| 102 | LESS OBSERVATION BEDS | | | | | | |
| 103 | TOTAL | 115,631,374 | 130,962,505 | 246,593,879 | | | |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COST WKST B, PT I COL. 27 1 | CAPITAL COST WKST B PT II & III, COL. 27 2 | OPERATING COST NET OF CAPITAL COST 3 | CAPITAL REDUCTION 4 | OPERATING COST REDUCTION AMOUNT 5 | COST NET OF CAP AND OPER COST REDUCTION 6 |
|--------------------|--|--|---|---|---------------------------|--|--|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| | OPERATING ROOM | 10,142,710 | 657,635 | 9,485,075 | | | 10,142,710 |
| 37 01 | GI LAB | 2,678,770 | 102,391 | 2,576,379 | | | 2,678,770 |
| 37 02 | AMBULATORY CARE UNIT | 2,098,469 | 41,083 | 2,057,386 | | | 2,098,469 |
| 38 | RECOVERY ROOM | 743,499 | 6,164 | 737,335 | | | 743,499 |
| 40 | ANESTHESIOLOGY | 431,460 | 62,764 | 368,696 | | | 431,460 |
| 41 | RADIOLOGY-DIAGNOSTIC | 7,928,324 | 999,057 | 6,929,267 | | | 7,928,324 |
| 42 | RADIOLOGY-THERAPEUTIC | | | | | | |
| 44 | LABORATORY | 6,088,626 | 281,459 | 5,807,167 | | | 6,088,626 |
| 46 30 | BLOOD CLOTTING FACTORS AD | | | | | | |
| 49 | RESPIRATORY THERAPY | 1,773,094 | 154,523 | 1,618,571 | | | 1,773,094 |
| 50 | PHYSICAL THERAPY | 3,668,703 | 81,721 | 3,586,982 | | | 3,668,703 |
| 53 | ELECTROCARDIOLOGY | 527,167 | 86,188 | 440,979 | | | 527,167 |
| 53 01 | CATH LAB | 3,088,641 | 115,963 | 2,972,678 | | | 3,088,641 |
| 53 02 | CARDIAC REHAB | | | | | | |
| 54 | ELECTROENCEPHALOGRAPHY | 289,789 | 16,484 | 273,305 | | | 289,789 |
| 55 | MEDICAL SUPPLIES CHARGED | 1,879,351 | 7,917 | 1,871,434 | | | 1,879,351 |
| 56 | DRUGS CHARGED TO PATIENTS | 5,497,423 | 90,765 | 5,406,658 | | | 5,497,423 |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 61 | EMERGENCY | 6,134,493 | 183,711 | 5,950,782 | | | 6,134,493 |
| 62 | OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS | 1,656,181 | 35,616 | 1,620,565 | | | 1,656,181 |
| 101 | SUBTOTAL | 54,626,700 | 2,923,441 | 51,703,259 | | | 54,626,700 |
| 102 | LESS OBSERVATION BEDS | 1,656,181 | 35,616 | 1,620,565 | | | 1,656,181 |
| 103 | TOTAL | 52,970,519 | 2,887,825 | 50,082,694 | | | 52,970,519 |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL CHARGES | OUTPAT COST TO CHRGRATIO | I/P PT B COST TO CHRGRATIO |
|--------------------|--|------------------|-----------------------------|-------------------------------|
| | | 7 | 8 | 9 |
| 37 | ANCILLARY SRVC COST CNTRS | | | |
| | OPERATING ROOM | 33,881,411 | .299359 | .299359 |
| 37 01 | GI LAB | 17,112,464 | .156539 | .156539 |
| 37 02 | AMBULATORY CARE UNIT | 617,691 | 3.397280 | 3.397280 |
| 38 | RECOVERY ROOM | 1,510,061 | .492364 | .492364 |
| 40 | ANESTHESIOLOGY | 5,102,012 | .084567 | .084567 |
| 41 | RADIOLOGY-DIAGNOSTIC | 40,465,066 | .195930 | .195930 |
| 42 | RADIOLOGY-THERAPEUTIC | | | |
| 44 | LABORATORY | 33,408,697 | .182247 | .182247 |
| 46 30 | BLOOD CLOTTING FACTORS AD | | | |
| 49 | RESPIRATORY THERAPY | 10,240,813 | .173140 | .173140 |
| 50 | PHYSICAL THERAPY | 6,573,289 | .558123 | .558123 |
| 53 | ELECTROCARDIOLOGY | 5,139,657 | .102569 | .102569 |
| 53 01 | CATH LAB | 11,842,352 | .260813 | .260813 |
| 53 02 | CARDIAC REHAB | | | |
| 54 | ELECTROENCEPHALOGRAPHY | 1,020,011 | .284104 | .284104 |
| 55 | MEDICAL SUPPLIES CHARGED | 11,092,475 | .169426 | .169426 |
| 56 | DRUGS CHARGED TO PATIENTS | 24,212,075 | .227053 | .227053 |
| | OUTPAT SERVICE COST CNTRS | | | |
| 61 | EMERGENCY | 15,932,287 | .385035 | .385035 |
| 62 | OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS | 1,954,878 | .847204 | .847204 |
| 101 | SUBTOTAL | 220,105,239 | | |
| 102 | LESS OBSERVATION BEDS | 1,954,878 | | |
| 103 | TOTAL | 218,150,361 | | |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COST WKST B, PT I COL. 27 1 | CAPITAL COST WKST B PT II & III, COL. 27 2 | OPERATING COST NET OF CAPITAL COST 3 | CAPITAL REDUCTION 4 | OPERATING COST REDUCTION AMOUNT 5 | COST NET OF CAP AND OPER COST REDUCTION 6 |
|--------------------|--|--|---|---|---------------------------|--|--|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| | OPERATING ROOM | 10,142,710 | 657,635 | 9,485,075 | 65,764 | 550,134 | 9,526,812 |
| 37 01 | GI LAB | 2,678,770 | 102,391 | 2,576,379 | 10,239 | 149,430 | 2,519,101 |
| 37 02 | AMBULATORY CARE UNIT | 2,098,469 | 41,083 | 2,057,386 | 4,108 | 119,328 | 1,975,033 |
| 38 | RECOVERY ROOM | 743,499 | 6,164 | 737,335 | 616 | 42,765 | 700,118 |
| 40 | ANESTHESIOLOGY | 431,460 | 62,764 | 368,696 | 6,276 | 21,384 | 403,800 |
| 41 | RADIOLOGY-DIAGNOSTIC | 7,928,324 | 999,057 | 6,929,267 | 99,906 | 401,897 | 7,426,521 |
| 42 | RADIOLOGY-THERAPEUTIC | | | | | | |
| 44 | LABORATORY | 6,088,626 | 281,459 | 5,807,167 | 28,146 | 336,816 | 5,723,664 |
| 46 30 | BLOOD CLOTTING FACTORS AD | | | | | | |
| 49 | RESPIRATORY THERAPY | 1,773,094 | 154,523 | 1,618,571 | 15,452 | 93,877 | 1,663,765 |
| 50 | PHYSICAL THERAPY | 3,668,703 | 81,721 | 3,586,982 | 8,172 | 208,045 | 3,452,486 |
| 53 | ELECTROCARDIOLOGY | 527,167 | 86,188 | 440,979 | 8,619 | 25,577 | 492,971 |
| 53 01 | CATH LAB | 3,088,641 | 115,963 | 2,972,678 | 11,596 | 172,415 | 2,904,630 |
| 53 02 | CARDIAC REHAB | | | | | | |
| 54 | ELECTROENCEPHALOGRAPHY | 289,789 | 16,484 | 273,305 | 1,648 | 15,852 | 272,289 |
| 55 | MEDICAL SUPPLIES CHARGED | 1,879,351 | 7,917 | 1,871,434 | 792 | 108,543 | 1,770,016 |
| 56 | DRUGS CHARGED TO PATIENTS | 5,497,423 | 90,765 | 5,406,658 | 9,077 | 313,586 | 5,174,760 |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 61 | EMERGENCY | 6,134,493 | 183,711 | 5,950,782 | 18,371 | 345,145 | 5,770,977 |
| 62 | OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS | 1,656,181 | 35,616 | 1,620,565 | 3,562 | 93,993 | 1,558,626 |
| 101 | SUBTOTAL | 54,626,700 | 2,923,441 | 51,703,259 | 292,344 | 2,998,787 | 51,335,569 |
| 102 | LESS OBSERVATION BEDS | 1,656,181 | 35,616 | 1,620,565 | 3,562 | 93,993 | 1,558,626 |
| 103 | TOTAL | 52,970,519 | 2,887,825 | 50,082,694 | 288,782 | 2,904,794 | 49,776,943 |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL CHARGES | OUTPAT COST TO CHRG RATIO | I/P PT B COST TO CHRG RATIO |
|--------------------|--|------------------|------------------------------|--------------------------------|
| | | 7 | 8 | 9 |
| 37 | ANCILLARY SRVC COST CNTRS | | | |
| | OPERATING ROOM | 33,881,411 | .281181 | .297418 |
| 37 01 | GI LAB | 17,112,464 | .147209 | .155941 |
| 37 02 | AMBULATORY CARE UNIT | 617,691 | 3.197445 | 3.390629 |
| 38 | RECOVERY ROOM | 1,510,061 | .463636 | .491956 |
| 40 | ANESTHESIOLOGY | 5,102,012 | .079145 | .083337 |
| 41 | RADIOLOGY-DIAGNOSTIC | 40,465,066 | .183529 | .193461 |
| 42 | RADIOLOGY-THERAPEUTIC | | | |
| 44 | LABORATORY | 33,408,697 | .171323 | .181404 |
| 46 30 | BLOOD CLOTTING FACTORS AD | | | |
| 49 | RESPIRATORY THERAPY | 10,240,813 | .162464 | .171631 |
| 50 | PHYSICAL THERAPY | 6,573,289 | .525230 | .556880 |
| 53 | ELECTROCARDIOLOGY | 5,139,657 | .095915 | .100892 |
| 53 01 | CATH LAB | 11,842,352 | .245275 | .259834 |
| 53 02 | CARDIAC REHAB | | | |
| 54 | ELECTROENCEPHALOGRAPHY | 1,020,011 | .266947 | .282488 |
| 55 | MEDICAL SUPPLIES CHARGED | 11,092,475 | .159569 | .169354 |
| 56 | DRUGS CHARGED TO PATIENTS | 24,212,075 | .213726 | .226678 |
| | OUTPAT SERVICE COST CNTRS | | | |
| 61 | EMERGENCY | 15,932,287 | .362219 | .383882 |
| 62 | OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS | 1,954,878 | .797301 | .845382 |
| 101 | SUBTOTAL | 220,105,239 | | |
| 102 | LESS OBSERVATION BEDS | 1,954,878 | | |
| 103 | TOTAL | 218,150,361 | | |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0160 PERIOD: FROM 1/1/2008 TO 12/31/2008 PREPARED 5/28/2009 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OLD CAPITAL | | | NEW CAPITAL | | |
|--------------------|---|----------------------------------|------------------------------|----------------------------------|-----------------------------------|------------------------------|----------------------------------|
| | | CAPITAL REL COST (B, 11) 1 | SWING BED ADJUSTMENT 2 | REDUCED CAP RELATED COST 3 | CAPITAL REL COST (B, 111) 4 | SWING BED ADJUSTMENT 5 | REDUCED CAP RELATED COST 6 |
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | | | | 490,174 | | 490,174 |
| 26 | INTENSIVE CARE UNIT | | | | 172,525 | | 172,525 |
| 33 | NURSERY | | | | | | |
| 101 | TOTAL | | | | 662,699 | | 662,699 |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS
 TITLE XVIII, PART A

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET D
 PART I

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL PATIENT DAYS 7 | INPATIENT PROGRAM DAYS 8 | OLD CAPITAL PER DIEM 9 | INPAT PROGRAM OLD CAP CST 10 | NEW CAPITAL PER DIEM 11 | INPAT PROGRAM NEW CAP CST 12 |
|--------------------|--------------------------|----------------------------|--------------------------------|------------------------------|------------------------------------|-------------------------------|------------------------------------|
| | INPAT ROUTINE SRVC CNTRS | | | | | | |
| 25 | ADULTS & PEDIATRICS | 23,231 | 11,105 | | | 21.10 | 234,316 |
| 26 | INTENSIVE CARE UNIT | 1,519 | 886 | | | 113.58 | 100,632 |
| 33 | NURSERY | 1,356 | | | | | |
| 101 | TOTAL | 26,106 | 11,991 | | | | 334,948 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0160
 COMPONENT NO: 14-0160
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OLD CAPITAL RELATED COST 1 | NEW CAPITAL RELATED COST 2 | TOTAL CHARGES 3 | INPAT PROGRAM CHARGES 4 | OLD CAPITAL CST/CHRG RATIO 5 | CAPITAL COSTS 6 |
|--------------------|---------------------------|----------------------------------|----------------------------------|-----------------------|-------------------------------|------------------------------------|-----------------------|
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | | 657,635 | 33,881,411 | 5,320,119 | | |
| 37 01 | GI LAB | | 102,391 | 17,112,464 | 2,086,158 | | |
| 37 02 | AMBULATORY CARE UNIT | | 41,083 | 617,691 | 71,675 | | |
| 38 | RECOVERY ROOM | | 6,164 | 1,510,061 | 192,179 | | |
| 40 | ANESTHESIOLOGY | | 62,764 | 5,102,012 | 561,347 | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | 999,057 | 40,465,066 | 4,527,387 | | |
| 42 | RADIOLOGY-THERAPEUTIC | | | | | | |
| 44 | LABORATORY | | 281,459 | 33,408,697 | 4,724,007 | | |
| 46 30 | BLOOD CLOTTING FACTORS AD | | | | | | |
| 49 | RESPIRATORY THERAPY | | 154,523 | 10,240,813 | 4,635,824 | | |
| 50 | PHYSICAL THERAPY | | 81,721 | 6,573,289 | 896,030 | | |
| 53 | ELECTROCARDIOLOGY | | 86,188 | 5,139,657 | 1,312,417 | | |
| 53 01 | CATH LAB | | 115,963 | 11,842,352 | 3,188,596 | | |
| 53 02 | CARDIAC REHAB | | | | | | |
| 54 | ELECTROENCEPHALOGRAPHY | | 16,484 | 1,020,011 | 16,522 | | |
| 55 | MEDICAL SUPPLIES CHARGED | | 7,917 | 11,092,475 | 4,019,571 | | |
| 56 | DRUGS CHARGED TO PATIENTS | | 90,765 | 24,212,075 | 8,026,334 | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 61 | EMERGENCY | | 183,711 | 15,932,287 | 1,920,745 | | |
| 62 | OBSERVATION BEDS (NON-DIS | | 35,616 | 1,954,878 | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | TOTAL | | 2,923,441 | 220,105,239 | 41,498,911 | | |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 14-0160
 PREPARED 5/28/2009
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

| WKST A LINE NO. | COST CENTER DESCRIPTION | NEW CAPITAL COSTS | |
|--------------------|----------------------------|-------------------|------------|
| | | CST/CHRG 7 | RATIO 8 |
| 37 | ANCILLARY SRVC COST CNTRS | | |
| | OPERATING ROOM | .019410 | 103,264 |
| 37 01 | GI LAB | .005983 | 12,481 |
| 37 02 | AMBULATORY CARE UNIT | .066511 | 4,767 |
| 38 | RECOVERY ROOM | .004082 | 784 |
| 40 | ANESTHESIOLOGY | .012302 | 6,906 |
| 41 | RADIOLOGY-DIAGNOSTIC | .024689 | 111,777 |
| 42 | RADIOLOGY-THERAPEUTIC | | |
| 44 | LABORATORY | .008425 | 39,800 |
| 46 30 | BLOOD CLOTTING FACTORS AD | | |
| 49 | RESPIRATORY THERAPY | .015089 | 69,950 |
| 50 | PHYSICAL THERAPY | .012432 | 11,139 |
| 53 | ELECTROCARDIOLOGY | .016769 | 22,008 |
| 53 01 | CATH LAB | .009792 | 31,223 |
| 53 02 | CARDIAC REHAB | | |
| 54 | ELECTROENCEPHALOGRAPHY | .016161 | 267 |
| 55 | MEDICAL SUPPLIES CHARGED | .000714 | 2,870 |
| 56 | DRUGS CHARGED TO PATIENTS | .003749 | 30,091 |
| 61 | OUTPAT SERVICE COST CNTRS | | |
| 61 | EMERGENCY | .011531 | 22,148 |
| 62 | OBSERVATION BEDS (NON-DIS) | .018219 | |
| 62 | OTHER REIMBURS COST CNTRS | | |
| 101 | TOTAL | | 469,475 |

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

PROVIDER NO: 14-0160
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/28/2009
WORKSHEET D
PART III

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | NONPHYSICIAN ANESTHETIST 1 | MED EDUCATN COST 2 | SWING BED ADJ AMOUNT 3 | TOTAL COSTS 4 | TOTAL PATIENT DAYS 5 | PER DIEM 6 |
|--------------------|---|----------------------------------|--------------------------|------------------------------|---------------------|----------------------------|---------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | | | | | 23,231 | |
| 26 | INTENSIVE CARE UNIT | | | | | 1,519 | |
| 33 | NURSERY | | | | | 1,356 | |
| 34 | SKILLED NURSING FACILITY | | | | | 5,749 | |
| 101 | TOTAL | | | | | 31,855 | |

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

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET D
 PART III

| WKST A LINE NO. | COST CENTER DESCRIPTION | INPATIENT PROG DAYS | INPAT PROGRAM PASS THRU COST |
|--------------------|--------------------------|------------------------|---------------------------------|
| | | 7 | 8 |
| 25 | ADULTS & PEDIATRICS | 11,105 | |
| 26 | INTENSIVE CARE UNIT | 886 | |
| 33 | NURSERY | | |
| 34 | SKILLED NURSING FACILITY | 4,048 | |
| 101 | TOTAL | 16,039 | |

TITLE XVIII, PART A HOSPITAL PPS

| WKST A LINE NO. | COST CENTER | DESCRIPTION | NONPHYSICIAN ANESTHETIST | | MED ED NRS SCHOOL COST | MED ED ALLIED HEALTH COST | MED ED ALL OTHER COSTS | BLOOD CLOT FOR HEMOPHILIACS |
|--------------------|-------------|---------------------------|-----------------------------|------|---------------------------|------------------------------|---------------------------|--------------------------------|
| | | | 1 | 1.01 | 2 | 2.01 | 2.02 | 2.03 |
| 37 | | ANCILLARY SRVC COST CNTRS | | | | | | |
| | | OPERATING ROOM | | | | | | |
| 37 | 01 | GI LAB | | | | | | |
| 37 | 02 | AMBULATORY CARE UNIT | | | | | | |
| 38 | | RECOVERY ROOM | | | | | | |
| 40 | | ANESTHESIOLOGY | | | | | | |
| 41 | | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 42 | | RADIOLOGY-THERAPEUTIC | | | | | | |
| 44 | | LABORATORY | | | | | | |
| 46 | 30 | BLOOD CLOTTING FACTORS AD | | | | | | |
| 49 | | RESPIRATORY THERAPY | | | | | | |
| 50 | | PHYSICAL THERAPY | | | | | | |
| 53 | | ELECTROCARDIOLOGY | | | | | | |
| 53 | 01 | CATH LAB | | | | | | |
| 53 | 02 | CARDIAC REHAB | | | | | | |
| 54 | | ELECTROENCEPHALOGRAPHY | | | | | | |
| 55 | | MEDICAL SUPPLIES CHARGED | | | | | | |
| 56 | | DRUGS CHARGED TO PATIENTS | | | | | | |
| | | OUTPAT SERVICE COST CNTRS | | | | | | |
| 61 | | EMERGENCY | | | | | | |
| 62 | | OBSERVATION BEDS (NON-DIS | | | | | | |
| | | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | | TOTAL | | | | | | |

TITLE XVIII, PART A

HOSPITAL

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COSTS 3 | O/P PASS THRU COSTS 3.01 | TOTAL CHARGES 4 | RATIO OF COST TO CHARGES 5 | O/P RATIO OF CST TO CHARGES 5.01 | INPAT PROG CHARGE 6 | INPAT PROG PASS THRU COST 7 |
|--------------------|----------------------------|---------------------|--------------------------------|-----------------------|----------------------------------|--|---------------------------|-----------------------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | | |
| | OPERATING ROOM | | | 33,881,411 | | | 5,320,119 | |
| 37 01 | GI LAB | | | 17,112,464 | | | 2,086,158 | |
| 37 02 | AMBULATORY CARE UNIT | | | 617,691 | | | 71,675 | |
| 38 | RECOVERY ROOM | | | 1,510,061 | | | 192,179 | |
| 40 | ANESTHESIOLOGY | | | 5,102,012 | | | 561,347 | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | 40,465,066 | | | 4,527,387 | |
| 42 | RADIOLOGY-THERAPEUTIC | | | | | | | |
| 44 | LABORATORY | | | 33,408,697 | | | 4,724,007 | |
| 46 30 | BLOOD CLOTTING FACTORS AD | | | | | | | |
| 49 | RESPIRATORY THERAPY | | | 10,240,813 | | | 4,635,824 | |
| 50 | PHYSICAL THERAPY | | | 6,573,289 | | | 896,030 | |
| 53 | ELECTROCARDIOLOGY | | | 5,139,657 | | | 1,312,417 | |
| 53 01 | CATH LAB | | | 11,842,352 | | | 3,188,596 | |
| 53 02 | CARDIAC REHAB | | | | | | | |
| 54 | ELECTROENCEPHALOGRAPHY | | | 1,020,011 | | | 16,522 | |
| 55 | MEDICAL SUPPLIES CHARGED | | | 11,092,475 | | | 4,019,571 | |
| 56 | DRUGS CHARGED TO PATIENTS | | | 24,212,075 | | | 8,026,334 | |
| | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 61 | EMERGENCY | | | 15,932,287 | | | 1,920,745 | |
| 62 | OBSERVATION BEDS (NON-DIS) | | | 1,954,878 | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | | |
| 101 | TOTAL | | | 220,105,239 | | | 41,498,911 | |

TITLE XVIII, PART A HOSPITAL PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OUTPAT PROG CHARGES 8 | OUTPAT PROG D, V COL 5.03 8.01 | OUTPAT PROG D, V COL 5.04 8.02 | OUTPAT PROG PASS THRU COST 9 | COL 8.01 * COL 5 9.01 | COL 8.02 * COL 5 9.02 |
|--------------------|----------------------------|-----------------------------|--------------------------------------|--------------------------------------|------------------------------------|-----------------------------|-----------------------------|
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | 6,562,024 | | | | | |
| 37 01 | GI LAB | 4,168,019 | | | | | |
| 37 02 | AMBULATORY CARE UNIT | 499,343 | | | | | |
| 38 | RECOVERY ROOM | 164,748 | | | | | |
| 40 | ANESTHESIOLOGY | 1,637,769 | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 7,793,196 | | | | | |
| 42 | RADIOLOGY-THERAPEUTIC | | | | | | |
| 44 | LABORATORY | 610,922 | | | | | |
| 46 30 | BLOOD CLOTTING FACTORS AD | | | | | | |
| 49 | RESPIRATORY THERAPY | 681,384 | | | | | |
| 50 | PHYSICAL THERAPY | 140,511 | | | | | |
| 53 | ELECTROCARDIOLOGY | 1,725,771 | | | | | |
| 53 01 | CATH LAB | 2,229,511 | | | | | |
| 53 02 | CARDIAC REHAB | | | | | | |
| 54 | ELECTROENCEPHALOGRAPHY | 290,808 | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 651,250 | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | 2,774,216 | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 61 | EMERGENCY | 2,434,741 | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS) | 617,553 | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | TOTAL | 32,981,766 | | | | | |

| Cost Center Description | Cost/Charge Ratio (C, Pt I, col. 9) | Cost/Charge Ratio (C, Pt II, col. 9) | Outpatient Ambulatory Surgical Ctr | Outpatient Radiology | Other Outpatient Diagnostic |
|---|-------------------------------------|--------------------------------------|------------------------------------|----------------------|-----------------------------|
| | 1 | 1.02 | 2 | 3 | 4 |
| (A) ANCILLARY SRVC COST CNTRS | | | | | |
| 37 OPERATING ROOM | .299359 | .299359 | | | |
| 37 01 GI LAB | .156539 | .156539 | | | |
| 37 02 AMBULATORY CARE UNIT | 3.397280 | 3.397280 | | | |
| 38 RECOVERY ROOM | .492364 | .492364 | | | |
| 40 ANESTHESIOLOGY | .084567 | .084567 | | | |
| 41 RADIOLOGY-DIAGNOSTIC | .195930 | .195930 | | | |
| 42 RADIOLOGY-THERAPEUTIC | | | | | |
| 44 LABORATORY | .182247 | .182247 | | | |
| 46 30 BLOOD CLOTTING FACTORS ADMIN COSTS | | | | | |
| 49 RESPIRATORY THERAPY | .173140 | .173140 | | | |
| 50 PHYSICAL THERAPY | .558123 | .558123 | | | |
| 53 ELECTROCARDIOLOGY | .102569 | .102569 | | | |
| 53 01 CATH LAB | .260813 | .260813 | | | |
| 53 02 CARDIAC REHAB | | | | | |
| 54 ELECTROENCEPHALOGRAPHY | .284104 | .284104 | | | |
| 55 MEDICAL SUPPLIES CHARGED TO PATIENTS | .169426 | .169426 | | | |
| 56 DRUGS CHARGED TO PATIENTS | .227053 | .227053 | | | |
| 61 OUTPAT SERVICE COST CNTRS | | | | | |
| 61 EMERGENCY | .385035 | .385035 | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT PART) | .847204 | .847204 | | | |
| 101 SUBTOTAL | | | | | |
| 102 CRNA CHARGES | | | | | |
| 103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES | | | | | |
| 104 NET CHARGES | | | | | |

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

TITLE XVIII, PART B HOSPITAL

| Cost Center Description | Outpatient Radiology | Other Outpatient Diagnosti c | All Other | PPS Servi ces FYB to 12/31 | Non-PPS Servi ces |
|---|-------------------------|------------------------------------|-----------|-------------------------------|----------------------|
| | 7 | 8 | 9 | 9.01 | 9.02 |
| (A) ANCILLARY SRVC COST CNTRS | | | | | |
| 37 OPERATING ROOM | | | | 1,964,401 | |
| 37 01 GI LAB | | | | 652,458 | |
| 37 02 AMBULATORY CARE UNIT | | | | 1,696,408 | |
| 38 RECOVERY ROOM | | | | 81,116 | |
| 40 ANESTHESIOLOGY | | | | 138,501 | |
| 41 RADIOLOGY-DIAGNOSTIC | | | | 1,526,921 | |
| 42 RADIOLOGY-THERAPEUTIC | | | | | |
| 44 LABORATORY | | | | 111,339 | |
| 46 30 BLOOD CLOTTING FACTORS ADMIN COSTS | | | | | |
| 49 RESPIRATORY THERAPY | | | | 117,975 | |
| 50 PHYSICAL THERAPY | | | | 78,422 | |
| 53 ELECTROCARDIOLOGY | | | | 177,011 | |
| 53 01 CATH LAB | | | | 581,485 | |
| 53 02 CARDIAC REHAB | | | | | |
| 54 ELECTROENCEPHALOGRAPHY | | | | 82,620 | |
| 55 MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | 110,339 | |
| 56 DRUGS CHARGED TO PATIENTS | | | | 629,894 | |
| 56 OUTPAT SERVICE COST CNTRS | | | | | |
| 61 EMERGENCY | | | | 937,461 | |
| 62 OBSERVATION BEDS (NON-DISTINCT PART) | | | | 523,193 | |
| 101 SUBTOTAL | | | | 9,409,544 | |
| 102 CRNA CHARGES | | | | | |
| 103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES | | | | | |
| 104 NET CHARGES | | | | 9,409,544 | |

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0160
 COMPONENT NO: 14-5531
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OLD CAPITAL RELATED COST 1 | NEW CAPITAL RELATED COST 2 | TOTAL CHARGES 3 | INPAT PROGRAM CHARGES 4 | OLD CAPITAL CST/CHRG RATIO 5 | CAPITAL COSTS 6 |
|--------------------|------------------------------|----------------------------------|----------------------------------|-----------------------|-------------------------------|------------------------------------|-----------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| | OPERATING ROOM | | | | | | |
| 37 | 01 GI LAB | | | | | | |
| 37 | 02 AMBULATORY CARE UNIT | | | | | | |
| 38 | RECOVERY ROOM | | | | | | |
| 40 | ANESTHESIOLOGY | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 42 | RADIOLOGY-THERAPEUTIC | | | | | | |
| 44 | LABORATORY | | | | | | |
| 46 | 30 BLOOD CLOTTING FACTORS AD | | | | | | |
| 49 | RESPIRATORY THERAPY | | | | | | |
| 50 | PHYSICAL THERAPY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 53 | 01 CATH LAB | | | | | | |
| 53 | 02 CARDIAC REHAB | | | | | | |
| 54 | ELECTROENCEPHALOGRAPHY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 61 | EMERGENCY | | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | TOTAL | | | | | | |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0160
 COMPONENT NO: 14-5531
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

| WKST A | COST CENTER | DESCRIPTION | NEW CAPITAL |
|----------|-------------|---------------------------|----------------------|
| LINE NO. | | | CST/CHRG RATIO COSTS |
| | | | 7 8 |
| | | ANCILLARY SRVC COST CNTRS | |
| | | OPERATING ROOM | |
| 37 | 01 | GI LAB | |
| 37 | 02 | AMBULATORY CARE UNIT | |
| 38 | | RECOVERY ROOM | |
| 40 | | ANESTHESIOLOGY | |
| 41 | | RADIOLOGY-DIAGNOSTIC | |
| 42 | | RADIOLOGY-THERAPEUTIC | |
| 44 | | LABORATORY | |
| 46 | 30 | BLOOD CLOTTING FACTORS AD | |
| 49 | | RESPIRATORY THERAPY | |
| 50 | | PHYSICAL THERAPY | |
| 53 | | ELECTROCARDIOLOGY | |
| 53 | 01 | CATH LAB | |
| 53 | 02 | CARDIAC REHAB | |
| 54 | | ELECTROENCEPHALOGRAPHY | |
| 55 | | MEDICAL SUPPLIES CHARGED | |
| 56 | | DRUGS CHARGED TO PATIENTS | |
| | | OUTPAT SERVICE COST CNTRS | |
| 61 | | EMERGENCY | |
| 62 | | OBSERVATION BEDS (NON-DIS | |
| | | OTHER REIMBURS COST CNTRS | |
| 101 | | TOTAL | |

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | NONPHYSICIAN ANESTHETIST | MED ED NRS SCHOOL COST | MED ED ALLIED HEALTH COST | MED ED ALL OTHER COSTS | BLOOD CLOT FOR HEMOPHILIACS |
|--------------------|------------------------------|-----------------------------|---------------------------|------------------------------|---------------------------|--------------------------------|
| | | 1 | 2 | 2.01 | 2.02 | 2.03 |
| | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | OPERATING ROOM | | | | | |
| 37 | 01 GI LAB | | | | | |
| 37 | 02 AMBULATORY CARE UNIT | | | | | |
| 38 | RECOVERY ROOM | | | | | |
| 40 | ANESTHESIOLOGY | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | |
| 42 | RADIOLOGY-THERAPEUTIC | | | | | |
| 44 | LABORATORY | | | | | |
| 46 | 30 BLOOD CLOTTING FACTORS AD | | | | | |
| 49 | RESPIRATORY THERAPY | | | | | |
| 50 | PHYSICAL THERAPY | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | |
| 53 | 01 CATH LAB | | | | | |
| 53 | 02 CARDIAC REHAB | | | | | |
| 54 | ELECTROENCEPHALOGRAPHY | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | |
| 61 | EMERGENCY | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | |
| 101 | TOTAL | | | | | |

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COSTS 3 | O/P PASS THRU COSTS 3.01 | TOTAL CHARGES 4 | RATIO OF COST TO CHARGES 5 | O/P RATIO OF CST TO CHARGES 5.01 | INPAT PROG CHARGE 6 | INPAT PROG PASS THRU COST 7 |
|--------------------|---------------------------|---------------------|-----------------------------------|-----------------------|----------------------------------|---|---------------------------|-----------------------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | | |
| | OPERATING ROOM | | | 33,881,411 | | | 1,481 | |
| 37 01 | GI LAB | | | 17,112,464 | | | 218 | |
| 37 02 | AMBULATORY CARE UNIT | | | 617,691 | | | 1,800 | |
| 38 | RECOVERY ROOM | | | 1,510,061 | | | | |
| 40 | ANESTHESIOLOGY | | | 5,102,012 | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | 40,465,066 | | | 37,427 | |
| 42 | RADIOLOGY-THERAPEUTIC | | | | | | | |
| 44 | LABORATORY | | | 33,408,697 | | | 217,177 | |
| 46 30 | BLOOD CLOTTING FACTORS AD | | | | | | | |
| 49 | RESPIRATORY THERAPY | | | 10,240,813 | | | 785,036 | |
| 50 | PHYSICAL THERAPY | | | 6,573,289 | | | 944,549 | |
| 53 | ELECTROCARDIOLOGY | | | 5,139,657 | | | 5,127 | |
| 53 01 | CATH LAB | | | 11,842,352 | | | | |
| 53 02 | CARDIAC REHAB | | | | | | | |
| 54 | ELECTROENCEPHALOGRAPHY | | | 1,020,011 | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | 11,092,475 | | | 532,515 | |
| 56 | DRUGS CHARGED TO PATIENTS | | | 24,212,075 | | | 1,444,202 | |
| | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 61 | EMERGENCY | | | 15,932,287 | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | 1,954,878 | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | | |
| 101 | TOTAL | | | 220,105,239 | | | 3,969,532 | |

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OUTPAT PROG CHARGES | OUTPAT PROG D, V COL 5.03 8.01 | OUTPAT PROG D, V COL 5.04 8.02 | OUTPAT PROG PASS THRU COST 9 | COL 8.01 * COL 5 9.01 | COL 8.02 * COL 5 9.02 |
|--------------------|------------------------------|------------------------|--------------------------------------|--------------------------------------|------------------------------------|-----------------------------|-----------------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| | OPERATING ROOM | | | | | | |
| 37 | 01 GI LAB | | | | | | |
| 37 | 02 AMBULATORY CARE UNIT | | | | | | |
| 38 | RECOVERY ROOM | | | | | | |
| 40 | ANESTHESIOLOGY | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 42 | RADIOLOGY-THERAPEUTIC | | | | | | |
| 44 | LABORATORY | | | | | | |
| 46 | 30 BLOOD CLOTTING FACTORS AD | | | | | | |
| 49 | RESPIRATORY THERAPY | | | | | | |
| 50 | PHYSICAL THERAPY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 53 | 01 CATH LAB | | | | | | |
| 53 | 02 CARDIAC REHAB | | | | | | |
| 54 | ELECTROENCEPHALOGRAPHY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 61 | EMERGENCY | | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | TOTAL | | | | | | |

COMPUTATION OF INPATIENT OPERATING COST

| | | |
|---------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0160 | FROM 1/ 1/2008 | 5/28/2009 |
| COMPONENT NO: | TO 12/31/2008 | WORKSHEET D-1 |
| 14-0160 | | PART III |

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

| | | |
|----|--|-----------|
| 83 | TOTAL OBSERVATION BED DAYS | 1,688 |
| 84 | ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 981.15 |
| 85 | OBSERVATION BED COST | 1,656,181 |

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

| | COST | ROUTINE COST | COLUMN 1 DIVIDED BY COLUMN 2 | TOTAL OBSERVATION BED COST | OBSERVATION BED PASS THROUGH COST |
|-------|--------------------------------|--------------|------------------------------------|----------------------------------|---|
| | 1 | 2 | 3 | 4 | 5 |
| 86 | OLD CAPITAL-RELATED COST | 22,792,993 | | 1,656,181 | |
| 87 | NEW CAPITAL-RELATED COST | 490,174 | .021505 | 1,656,181 | 35,616 |
| 88 | NON PHYSICIAN ANESTHETIST | 22,792,993 | | 1,656,181 | |
| 89 | MEDICAL EDUCATION | 22,792,993 | | 1,656,181 | |
| 89.01 | MEDICAL EDUCATION - ALLIED HEA | | | | |
| 89.02 | MEDICAL EDUCATION - ALL OTHER | | | | |

COMPUTATION OF INPATIENT OPERATING COST

| | | |
|---------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0160 | FROM 1/ 1/2008 | 5/28/2009 |
| COMPONENT NO: | TO 12/31/2008 | WORKSHEET D-1 |
| 14-5531 | | PART III |

TITLE XVIII PART A

SNF

PPS

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

| | | | |
|----|---|---|-----------|
| 66 | SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST | 1 | 3,807,887 |
| 67 | ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM | | 662.36 |
| 68 | PROGRAM ROUTINE SERVICE COST | | 2,681,233 |
| 69 | MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM | | |
| 70 | TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS | | 2,681,233 |
| 71 | CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS | | 65,501 |
| 72 | PER DIEM CAPITAL-RELATED COSTS | | 11.39 |
| 73 | PROGRAM CAPITAL-RELATED COSTS | | 46,107 |
| 74 | INPATIENT ROUTINE SERVICE COST | | 2,635,126 |
| 75 | AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS | | |
| 76 | TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION | | 2,635,126 |
| 77 | INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION | | |
| 78 | INPATIENT ROUTINE SERVICE COST LIMITATION | | |
| 79 | REASONABLE INPATIENT ROUTINE SERVICE COSTS | | 2,681,233 |
| 80 | PROGRAM INPATIENT ANCILLARY SERVICES | | 1,135,259 |
| 81 | UTILIZATION REVIEW - PHYSICIAN COMPENSATION | | |
| 82 | TOTAL PROGRAM INPATIENT OPERATING COSTS | | 3,816,492 |

PART IV - COMPUTATION OF OBSERVATION BED COST

| | |
|----|--|
| 83 | TOTAL OBSERVATION BED DAYS |
| 84 | ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM |
| 85 | OBSERVATION BED COST |

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

| WKST A LINE NO. | COST CENTER DESCRIPTION | RATIO COST TO CHARGES 1 | INPATIENT CHARGES 2 | INPATIENT COST 3 |
|--------------------|---|-------------------------------|---------------------------|------------------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | | 10,013,207 | |
| 26 | INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS | | 1,609,686 | |
| 37 | OPERATING ROOM | .299359 | 5,320,119 | 1,592,626 |
| 37 01 | GI LAB | .156539 | 2,086,158 | 326,565 |
| 37 02 | AMBULATORY CARE UNIT | 3.397280 | 71,675 | 243,500 |
| 38 | RECOVERY ROOM | .492364 | 192,179 | 94,622 |
| 40 | ANESTHESIOLOGY | .084567 | 561,347 | 47,471 |
| 41 | RADIOLOGY-DIAGNOSTIC | .195930 | 4,527,387 | 887,051 |
| 42 | RADIOLOGY-THERAPEUTIC | | | |
| 44 | LABORATORY | .182247 | 4,724,007 | 860,936 |
| 46 30 | BLOOD CLOTTING FACTORS ADMIN COSTS | | | |
| 49 | RESPIRATORY THERAPY | .173140 | 4,635,824 | 802,647 |
| 50 | PHYSICAL THERAPY | .558123 | 896,030 | 500,095 |
| 53 | ELECTROCARDIOLOGY | .102569 | 1,312,417 | 134,613 |
| 53 01 | CATH LAB | .260813 | 3,188,596 | 831,627 |
| 53 02 | CARDIAC REHAB | | | |
| 54 | ELECTROENCEPHALOGRAPHY | .284104 | 16,522 | 4,694 |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | .169426 | 4,019,571 | 681,020 |
| 56 | DRUGS CHARGED TO PATIENTS | .227053 | 8,026,334 | 1,822,403 |
| | OUTPAT SERVICE COST CNTRS | | | |
| 61 | EMERGENCY | .385035 | 1,920,745 | 739,554 |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS | .847204 | | |
| 101 | TOTAL | | 41,498,911 | 9,569,424 |
| 102 | LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES | | | |
| 103 | NET CHARGES | | 41,498,911 | |

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | RATIO COST TO CHARGES 1 | INPATIENT CHARGES 2 | INPATIENT COST 3 |
|--------------------|---|-------------------------------|---------------------------|------------------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | | | |
| 26 | INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS | | | |
| 37 | OPERATING ROOM | .299359 | 1,481 | 443 |
| 37 01 | GI LAB | .156539 | 218 | 34 |
| 37 02 | AMBULATORY CARE UNIT | 3.397280 | 1,800 | 6,115 |
| 38 | RECOVERY ROOM | .492364 | | |
| 40 | ANESTHESIOLOGY | .084567 | | |
| 41 | RADIOLOGY-DIAGNOSTIC | .195930 | 37,427 | 7,333 |
| 42 | RADIOLOGY-THERAPEUTIC | | | |
| 44 | LABORATORY | .182247 | 217,177 | 39,580 |
| 46 30 | BLOOD CLOTTING FACTORS ADMIN COSTS | | | |
| 49 | RESPIRATORY THERAPY | .173140 | 785,036 | 135,921 |
| 50 | PHYSICAL THERAPY | .558123 | 944,549 | 527,175 |
| 53 | ELECTROCARDIOLOGY | .102569 | 5,127 | 526 |
| 53 01 | CATH LAB | .260813 | | |
| 53 02 | CARDIAC REHAB | | | |
| 54 | ELECTROENCEPHALOGRAPHY | .284104 | | |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | .169426 | 532,515 | 90,222 |
| 56 | DRUGS CHARGED TO PATIENTS | .227053 | 1,444,202 | 327,910 |
| | OUTPAT SERVICE COST CNTRS | | | |
| 61 | EMERGENCY | .385035 | | |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | .847204 | | |
| | OTHER REIMBURS COST CNTRS | | | |
| 101 | TOTAL | | 3,969,532 | 1,135,259 |
| 102 | LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES | | | |
| 103 | NET CHARGES | | 3,969,532 | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0160
 COMPONENT NO: 14-0160
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

| DESCRIPTION | 1 | 1.01 |
|--|---|--------------------------|
| DRG AMOUNT | | |
| 1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1 | 11,573,948 | |
| 1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1 | 3,541,126 | |
| 1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 | | |
| MANAGED CARE PATIENTS | | |
| 1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST | | |
| 1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1 | | |
| 1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1 | | |
| 1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR) | | |
| 1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001. | | |
| 1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001. | | |
| 2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97 | | |
| 2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS) | 362,780 | |
| 3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD | 130.68 | |
| INDIRECT MEDICAL EDUCATION ADJUSTMENT | | |
| 3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I | | |
| 3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS) | | |
| 3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT | | |
| 3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996. | | |
| 3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) | | |
| 3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) | | |
| | FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06 | |
| 3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS) | | |
| 3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS | | |
| 3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1. | | |
| 3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1 | | |
| 3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09 | | |
| 3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10 | | |
| 3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS. | | |
| 3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS) | | |
| 3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE | | |
| 3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE | | |
| 3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS). | | |
| 3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3) | | |
| 3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS) | | |
| 3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST) | | |
| 3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1 | | |
| 3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS) | | |
| 3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1 | | |
| | SUM OF LINES 3.21 - 3.23 | PLUS E-3, PT VI, LINE 23 |
| 3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS). | | |
| DISPROPORTIONATE SHARE ADJUSTMENT | | |
| 4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS) | | 3.03 |
| 4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I | | 17.02 |
| 4.02 SUM OF LINES 4 AND 4.01 | | 20.05 |
| 4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC) | | 5.78 |
| 4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS) | | 873,651 |
| 5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS) | | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

| | | |
|---------------|----------------|-------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0160 | FROM 1/ 1/2008 | 5/28/2009 |
| COMPONENT NO: | TO 12/31/2008 | WORKSHEET E |
| 14-0160 | | PART A |

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

| DESCRIPTION | 1 | 1.01 |
|--|------------|------|
| 5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS) | | |
| 5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT) | | |
| 5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS) | | |
| 5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK | | |
| 5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC) | 335.00 | |
| 5.06 TOTAL ADDITIONAL PAYMENT | | |
| 6 SUBTOTAL (SEE INSTRUCTIONS) | 16,351,505 | |
| 7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS) | | |
| 7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000) | | |
| 8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS) | 16,351,505 | |
| 9 PAYMENT FOR INPATIENT PROGRAM CAPITAL | 1,283,972 | |
| 10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS) | | |
| 11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS) | | |
| 11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT | | |
| 11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES | | |
| 12 NET ORGAN ACQUISITION COST | | |
| 13 COST OF TEACHING PHYSICIANS | | |
| 14 ROUTINE SERVICE OTHER PASS THROUGH COSTS | | |
| 15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS | | |
| 16 TOTAL | 17,635,477 | |
| 17 PRIMARY PAYER PAYMENTS | 3,176 | |
| 18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES | 17,632,301 | |
| 19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES | 1,882,240 | |
| 20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES | 47,328 | |
| 21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 339,801 | |
| 21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 237,861 | |
| 21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | 271,968 | |
| 22 SUBTOTAL | 15,940,594 | |
| 23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | | |
| 24 | | |
| 24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES | | |
| 24.99 OUTLIER RECONCILIATION ADJUSTMENT | | |
| 25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | |
| 26 AMOUNT DUE PROVIDER | 15,940,594 | |
| 27 SEQUESTRATION ADJUSTMENT | | |
| 28 INTERIM PAYMENTS | 15,885,606 | |
| 28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | | |
| 29 BALANCE DUE PROVIDER (PROGRAM) | 54,988 | |
| 30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2. | | |
| ----- FI ONLY ----- | | |
| 50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01 | | |
| 51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01 | | |
| 52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS) | | |
| 53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS) | | |
| 54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY | | |
| 55 TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | |
| 56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

| | | |
|---------------|----------------|-------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0160 | FROM 1/ 1/2008 | 5/28/2009 |
| COMPONENT NO: | TO 12/31/2008 | WORKSHEET E |
| 14-0160 | | PART B |

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

| | | |
|--|---|-----------|
| 1 | MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) | 3,688 |
| 1.01 | MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS). | 9,409,544 |
| 1.02 | PPS PAYMENTS RECEIVED INCLUDING OUTLIERS. | 7,247,534 |
| 1.03 | ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO. | 822 |
| 1.04 | LINE 1.01 TIMES LINE 1.03. | 7,734,645 |
| 1.05 | LINE 1.02 DIVIDED BY LINE 1.04. | 93.70 |
| 1.06 | TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS) | |
| 1.07 | ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101. | |
| 2 | INTERNS AND RESIDENTS | |
| 3 | ORGAN ACQUISITIONS | |
| 4 | COST OF TEACHING PHYSICIANS | |
| 5 | TOTAL COST (SEE INSTRUCTIONS) | 3,688 |
| COMPUTATION OF LESSER OF COST OR CHARGES | | |
| REASONABLE CHARGES | | |
| 6 | ANCILLARY SERVICE CHARGES | 16,243 |
| 7 | INTERNS AND RESIDENTS SERVICE CHARGES | |
| 8 | ORGAN ACQUISITION CHARGES | |
| 9 | CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS. | |
| 10 | TOTAL REASONABLE CHARGES | 16,243 |
| CUSTOMARY CHARGES | | |
| 11 | AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | |
| 12 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e). | |
| 13 | RATIO OF LINE 11 TO LINE 12 | |
| 14 | TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) | 16,243 |
| 15 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | 12,555 |
| 16 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | |
| 17 | LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC) | 3,688 |
| 17.01 | TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07) | 7,247,534 |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | | |
| 18 | DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS) | |
| 18.01 | DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS) | 1,979,798 |
| 19 | SUBTOTAL (SEE INSTRUCTIONS) | 5,271,424 |
| 20 | SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.) | |
| 21 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | |
| 22 | ESRD DIRECT MEDICAL EDUCATION COSTS | |
| 23 | SUBTOTAL | 5,271,424 |
| 24 | PRIMARY PAYER PAYMENTS | 2,436 |
| 25 | SUBTOTAL | 5,268,988 |
| REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | | |
| 26 | COMPOSITE RATE ESRD | |
| 27 | BAD DEBTS (SEE INSTRUCTIONS) | 319,430 |
| 27.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 223,601 |
| 27.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | 276,186 |
| 28 | SUBTOTAL | 5,492,589 |
| 29 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION. | |
| 30 | OTHER ADJUSTMENTS (SPECIFY) | |
| 30.99 | OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT) | |
| 31 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS. | |
| 32 | SUBTOTAL | 5,492,589 |
| 33 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 34 | INTERIM PAYMENTS | 5,499,579 |
| 34.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | |
| 35 | BALANCE DUE PROVIDER/PROGRAM | -6,990 |
| 36 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2 | |

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0160
 COMPONENT NO: 14-0160
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET E-1

TITLE XVII HOSPITAL

| DESCRIPTION | INPATIENT-PART A | | PART B | |
|--|------------------|------------|------------|-----------|
| | MM/DD/YYYY | AMOUNT | MM/DD/YYYY | AMOUNT |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | 1 | 15,459,869 | 3 | 5,269,818 |
| 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. | | 259,107 | | 229,761 |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | | |
| ADJUSTMENTS TO PROVIDER .01 | 11/25/2008 | 31,056 | | |
| ADJUSTMENTS TO PROVIDER .02 | 11/25/2008 | 135,574 | | |
| ADJUSTMENTS TO PROVIDER .03 | | | | |
| ADJUSTMENTS TO PROVIDER .04 | | | | |
| ADJUSTMENTS TO PROVIDER .05 | | | | |
| ADJUSTMENTS TO PROGRAM .50 | | | | |
| ADJUSTMENTS TO PROGRAM .51 | | | | |
| ADJUSTMENTS TO PROGRAM .52 | | | | |
| ADJUSTMENTS TO PROGRAM .53 | | | | |
| ADJUSTMENTS TO PROGRAM .54 | | | | |
| SUBTOTAL .99 | | 166,630 | | NONE |
| 4 TOTAL INTERIM PAYMENTS | | 15,885,606 | | 5,499,579 |
| TO BE COMPLETED BY INTERMEDIARY | | | | |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | | |
| TENTATIVE TO PROVIDER .01 | | | | |
| TENTATIVE TO PROVIDER .02 | | | | |
| TENTATIVE TO PROVIDER .03 | | | | |
| TENTATIVE TO PROGRAM .50 | | | | |
| TENTATIVE TO PROGRAM .51 | | | | |
| TENTATIVE TO PROGRAM .52 | | | | |
| SUBTOTAL .99 | | NONE | | NONE |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1) | | 54,988 | | 6,990 |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | 15,940,594 | | 5,492,589 |

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0160
 COMPONENT NO: 14-5531
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET E-1

TITLE XVIII SNF

| DESCRIPTION | INPATIENT-PART A | | PART B | |
|--|------------------|-----------|------------|--------|
| | MM/DD/YYYY | AMOUNT | MM/DD/YYYY | AMOUNT |
| | 1 | 2 | 3 | 4 |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 1,272,912 | | |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO. | | NONE | | NONE |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | | |
| ADJUSTMENTS TO PROVIDER .01 | | | | |
| ADJUSTMENTS TO PROVIDER .02 | | | | |
| ADJUSTMENTS TO PROVIDER .03 | | | | |
| ADJUSTMENTS TO PROVIDER .04 | | | | |
| ADJUSTMENTS TO PROVIDER .05 | | | | |
| ADJUSTMENTS TO PROGRAM .50 | | | | |
| ADJUSTMENTS TO PROGRAM .51 | | | | |
| ADJUSTMENTS TO PROGRAM .52 | | | | |
| ADJUSTMENTS TO PROGRAM .53 | | | | |
| ADJUSTMENTS TO PROGRAM .54 | | | | |
| SUBTOTAL .99 | | NONE | | NONE |
| 4 TOTAL INTERIM PAYMENTS | | 1,272,912 | | |
| TO BE COMPLETED BY INTERMEDIARY | | | | |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | | |
| TENTATIVE TO PROVIDER .01 | | | | |
| TENTATIVE TO PROVIDER .02 | | | | |
| TENTATIVE TO PROVIDER .03 | | | | |
| TENTATIVE TO PROGRAM .50 | | | | |
| TENTATIVE TO PROGRAM .51 | | | | |
| TENTATIVE TO PROGRAM .52 | | | | |
| SUBTOTAL .99 | | NONE | | NONE |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1) | | 13,701 | | |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | 1,286,613 | | |

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

| | | |
|---------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0160 | FROM 1/ 1/2008 | 5/28/2009 |
| COMPONENT NO: | TO 12/31/2008 | WORKSHEET E-3 |
| 14-5531 | | PART III |

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

| | TITLE XVIII | SNF | PPS TITLE V OR TITLE XIX | TITLE XVIII SNF PPS |
|----|--|-----|--------------------------------|------------------------|
| | | | 1 | 2 |
| 1 | COMPUTATION OF NET COST OF COVERED SERVICE | | | |
| 2 | INPATIENT HOSPITAL/SNF/NF SERVICES | | | |
| 3 | MEDICAL AND OTHER SERVICES | | | |
| 4 | INTERNS AND RESIDENTS (SEE INSTRUCTIONS) | | | |
| 5 | ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY) | | | |
| 6 | COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS) | | | |
| 7 | SUBTOTAL | | | |
| 8 | INPATIENT PRIMARY PAYER PAYMENTS | | | |
| 9 | OUTPATIENT PRIMARY PAYER PAYMENTS | | | |
| | SUBTOTAL | | | |
| | COMPUTATION OF LESSER OF COST OR CHARGES | | | |
| | REASONABLE CHARGES | | | |
| 10 | ROUTINE SERVICE CHARGES | | | |
| 11 | ANCILLARY SERVICE CHARGES | | | |
| 12 | INTERNS AND RESIDENTS SERVICE CHARGES | | | |
| 13 | ORGAN ACQUISITION CHARGES, NET OF REVENUE | | | |
| 14 | TEACHING PHYSICIANS | | | |
| 15 | INCENTIVE FROM TARGET AMOUNT COMPUTATION | | | |
| 16 | TOTAL REASONABLE CHARGES | | | |
| | CUSTOMARY CHARGES | | | |
| 17 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR | | | |
| 18 | PAYMENT FOR SERVICES ON A CHARGE BASIS | | | |
| 19 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE | | | |
| 20 | FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT | | | |
| 21 | BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e) | | | |
| 22 | RATIO OF LINE 17 TO LINE 18 | | | |
| 23 | TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) | | | |
| 24 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | | | |
| 25 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | | |
| 26 | COST OF COVERED SERVICES | | | |
| 27 | PROSPECTIVE PAYMENT AMOUNT | | | |
| 28 | OTHER THAN OUTLIER PAYMENTS | | | |
| 29 | OUTLIER PAYMENTS | | | |
| 30 | PROGRAM CAPITAL PAYMENTS | | | |
| 31 | CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS) | | | |
| 32 | ROUTINE SERVICE OTHER PASS THROUGH COSTS | | | |
| 33 | ANCILLARY SERVICE OTHER PASS THROUGH COSTS | | | |
| 34 | SUBTOTAL | | | |
| 35 | CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY) | | | |
| 36 | TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE | | | |
| 37 | XVIII ENTER AMOUNT FROM LINE 30 | | | |
| 38 | DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT) | | | |
| 39 | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | |
| 40 | EXCESS OF REASONABLE COST | | | |
| 41 | SUBTOTAL | | | |
| 42 | COINSURANCE | | | |
| 43 | SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19 | | | |
| 44 | REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | | | |
| 45 | ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING | | | |
| 46 | BEFORE 10/01/05 (SEE INSTRUCTIONS) | | | |
| 47 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | | | |
| 48 | ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING | | | |
| 49 | ON OR AFTER 10/01/05 (SEE INSTRUCTIONS) | | | |
| 50 | UTILIZATION REVIEW | | | |
| 51 | SUBTOTAL (SEE INSTRUCTIONS) | | | |
| 52 | INPATIENT ROUTINE SERVICE COST | | | |
| 53 | MEDICARE INPATIENT ROUTINE CHARGES | | | |
| 54 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR | | | |
| 55 | PAYMENT FOR SERVICES ON A CHARGE BASIS | | | |
| 56 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE | | | |
| 57 | FOR PAYMENT OF PART A SERVICES | | | |
| 58 | RATIO OF LINE 43 TO 44 | | | |
| 59 | TOTAL CUSTOMARY CHARGES | | | |
| 60 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | | | |
| 61 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | | |
| 62 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER | | | |
| 63 | TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | | | |
| 64 | OTHER ADJUSTMENTS (SPECIFY) | | | |
| 65 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS | | | |
| 66 | RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | | |
| 67 | SUBTOTAL | | | |
| 68 | INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY) | | | |
| 69 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | | | |
| 70 | TOTAL AMOUNT PAYABLE TO THE PROVIDER | | | |
| 71 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | | | |
| 72 | INTERIM PAYMENTS | | | |
| 73 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | | | |
| 74 | BALANCE DUE PROVIDER/PROGRAM | | | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

| | | |
|---------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0160 | FROM 1/ 1/2008 | 5/28/2009 |
| COMPONENT NO: | TO 12/31/2008 | WORKSHEET E-3 |
| 14-5531 | | PART III |

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

BALANCE SHEET

| | GENERAL FUND | SPECIFIC FUND PURPOSE | ENDOWMENT FUND | PLANT FUND |
|---|--------------|-----------------------|----------------|------------|
| ASSETS | 1 | 2 | 3 | 4 |
| CURRENT ASSETS | | | | |
| 1 CASH ON HAND AND IN BANKS | 17,278,758 | | | |
| 2 TEMPORARY INVESTMENTS | | | | |
| 3 NOTES RECEIVABLE | | | | |
| 4 ACCOUNTS RECEIVABLE | 22,668,953 | | | |
| 5 OTHER RECEIVABLES | | | | |
| 6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE | | | | |
| 7 INVENTORY | | | | |
| 8 PREPAID EXPENSES | | | | |
| 9 OTHER CURRENT ASSETS | 8,052,897 | | | |
| 10 DUE FROM OTHER FUNDS | 86,145 | | | |
| 11 TOTAL CURRENT ASSETS | 48,086,753 | | | |
| FIXED ASSETS | | | | |
| 12 LAND | 945,058 | | | |
| 12.01 LAND IMPROVEMENTS | 1,326,622 | | | |
| 13.01 LESS ACCUMULATED DEPRECIATION | -916,658 | | | |
| 14 BUILDINGS | 42,296,494 | | | |
| 14.01 LESS ACCUMULATED DEPRECIATION | -27,666,749 | | | |
| 15 LEASEHOLD IMPROVEMENTS | | | | |
| 15.01 LESS ACCUMULATED DEPRECIATION | | | | |
| 16 FIXED EQUIPMENT | 1,350,111 | | | |
| 16.01 LESS ACCUMULATED DEPRECIATION | -887,929 | | | |
| 17 AUTOMOBILES AND TRUCKS | | | | |
| 17.01 LESS ACCUMULATED DEPRECIATION | | | | |
| 18 MAJOR MOVABLE EQUIPMENT | 20,870,216 | | | |
| 18.01 LESS ACCUMULATED DEPRECIATION | -11,603,382 | | | |
| 19 MINOR EQUIPMENT DEPRECIABLE | | | | |
| 19.01 LESS ACCUMULATED DEPRECIATION | | | | |
| 20 MINOR EQUIPMENT-NONDEPRECIABLE | | | | |
| 21 TOTAL FIXED ASSETS | 25,713,783 | | | |
| OTHER ASSETS | | | | |
| 22 INVESTMENTS | 1,260,743 | | | |
| 23 DEPOSITS ON LEASES | | | | |
| 24 DUE FROM OWNERS/OFFICERS | | | | |
| 25 OTHER ASSETS | 9,690 | | | |
| 26 TOTAL OTHER ASSETS | 1,270,433 | | | |
| 27 TOTAL ASSETS | 75,070,969 | | | |

| | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|--|-----------------|-----------------------------|-------------------|---------------|
| LIABILITIES AND FUND BALANCE | 1 | 2 | 3 | 4 |
| CURRENT LIABILITIES | | | | |
| 28 ACCOUNTS PAYABLE | 3,036,780 | | | |
| 29 SALARIES, WAGES & FEES PAYABLE | | | | |
| 30 PAYROLL TAXES PAYABLE | | | | |
| 31 NOTES AND LOANS PAYABLE (SHORT TERM) | 658,717 | | | |
| 32 DEFERRED INCOME | | | | |
| 33 ACCELERATED PAYMENTS | | | | |
| 34 DUE TO OTHER FUNDS | 4,592,487 | | | |
| 35 OTHER CURRENT LIABILITIES | 10,881,094 | | | |
| 36 TOTAL CURRENT LIABILITIES | 19,169,078 | | | |
| LONG TERM LIABILITIES | | | | |
| 37 MORTGAGE PAYABLE | | | | |
| 38 NOTES PAYABLE | 1,065,043 | | | |
| 39 UNSECURED LOANS | | | | |
| 40.01 LOANS PRIOR TO 7/1/66 | | | | |
| 40.02 ON OR AFTER 7/1/66 | | | | |
| 41 OTHER LONG TERM LIABILITIES | 14,562,822 | | | |
| 42 TOTAL LONG-TERM LIABILITIES | 15,627,865 | | | |
| 43 TOTAL LIABILITIES | 34,796,943 | | | |
| CAPITAL ACCOUNTS | | | | |
| 44 GENERAL FUND BALANCE | 40,274,026 | | | |
| 45 SPECIFIC PURPOSE FUND | | | | |
| 46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED | | | | |
| 47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT | | | | |
| 48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE | | | | |
| 49 PLANT FUND BALANCE-INVESTED IN PLANT | | | | |
| 50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION | | | | |
| 51 TOTAL FUND BALANCES | 40,274,026 | | | |
| 52 TOTAL LIABILITIES AND FUND BALANCES | 75,070,969 | | | |

STATEMENT OF CHANGES IN FUND BALANCES

| | | GENERAL FUND | | SPECIFIC PURPOSE FUND | |
|----|---|--------------|------------|-----------------------|---|
| | | 1 | 2 | 3 | 4 |
| 1 | FUND BALANCE AT BEGINNING OF PERIOD | | 48,042,496 | | |
| 2 | NET INCOME (LOSS) | | 20,730,854 | | |
| 3 | TOTAL | | 68,773,350 | | |
| 4 | ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY) | | | | |
| 5 | ADDITIONS (CREDIT ADJUSTM | | | | |
| 6 | RECONCILING ITEM | 64,784 | | | |
| 7 | RECLASS OF NET UNREALIZED | 217,173 | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | TOTAL ADDITIONS | | 281,957 | | |
| 11 | SUBTOTAL | | 69,055,307 | | |
| 12 | DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY) | | | | |
| 13 | CHANGE IN NET UNREALIZED | 208,312 | | | |
| 14 | TRNASFER TO AFFILIATE | 16,428,331 | | | |
| 15 | CHANGE IN MINIMUM PENSION | 12,144,638 | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | TOTAL DEDUCTIONS | | 28,781,281 | | |
| 19 | FUND BALANCE AT END OF PERIOD PER BALANCE SHEET | | 40,274,026 | | |

| | | ENDOWMENT FUND | | PLANT FUND | |
|----|---|----------------|---|------------|---|
| | | 5 | 6 | 7 | 8 |
| 1 | FUND BALANCE AT BEGINNING OF PERIOD | | | | |
| 2 | NET INCOME (LOSS) | | | | |
| 3 | TOTAL | | | | |
| 4 | ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY) | | | | |
| 5 | ADDITIONS (CREDIT ADJUSTM | | | | |
| 6 | RECONCILING ITEM | | | | |
| 7 | RECLASS OF NET UNREALIZED | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | TOTAL ADDITIONS | | | | |
| 11 | SUBTOTAL | | | | |
| 12 | DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY) | | | | |
| 13 | CHANGE IN NET UNREALIZED | | | | |
| 14 | TRNASFER TO AFFILIATE | | | | |
| 15 | CHANGE IN MINIMUM PENSION | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | TOTAL DEDUCTIONS | | | | |
| 19 | FUND BALANCE AT END OF PERIOD PER BALANCE SHEET | | | | |

PART I - PATIENT REVENUES

| REVENUE CENTER | INPATIENT 1 | OUTPATIENT 2 | TOTAL 3 |
|---|----------------|-----------------|-------------|
| GENERAL INPATIENT ROUTINE CARE SERVICES | | | |
| 1 00 HOSPITAL | 23,772,237 | | 23,772,237 |
| 4 00 SWING BED - SNF | | | |
| 5 00 SWING BED - NF | | | |
| 6 00 SKILLED NURSING FACILITY | 1,954,633 | | 1,954,633 |
| 9 00 TOTAL GENERAL INPATIENT ROUTINE CARE | 25,726,870 | | 25,726,870 |
| INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS | | | |
| 10 00 INTENSIVE CARE UNIT | 2,717,012 | | 2,717,012 |
| 15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP | 2,717,012 | | 2,717,012 |
| 16 00 TOTAL INPATIENT ROUTINE CARE SERVICE | 28,443,882 | | 28,443,882 |
| 17 00 ANCILLARY SERVICES | 89,021,355 | 129,018,925 | 218,040,280 |
| 18 00 OUTPATIENT SERVICES | | 109,716 | 109,716 |
| 19 00 HOME HEALTH AGENCY | | 27,559 | 27,559 |
| 21 00 CORF | | | |
| 23 00 HOSPICE | | 3,866,435 | 3,866,435 |
| 24 00 PRO FEES | | 24,892,138 | 24,892,138 |
| 25 00 TOTAL PATIENT REVENUES | 117,465,237 | 157,914,773 | 275,380,010 |

PART II - OPERATING EXPENSES

| | | | |
|--------------------------------|------------|-------------|--|
| 26 00 OPERATING EXPENSES | | 92,828,239 | |
| ADD (SPECIFY) | | | |
| 27 00 BAD DEBTS | 10,454,097 | | |
| 28 00 | | | |
| 29 00 | | | |
| 30 00 | | | |
| 31 00 | | | |
| 32 00 | | | |
| 33 00 TOTAL ADDITIONS | | 10,454,097 | |
| DEDUCT (SPECIFY) | | | |
| 34 00 DEDUCT (SPECIFY) | 2 | | |
| 35 00 | | | |
| 36 00 | | | |
| 37 00 | | | |
| 38 00 | | | |
| 39 00 TOTAL DEDUCTIONS | | 2 | |
| 40 00 TOTAL OPERATING EXPENSES | | 103,282,334 | |

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET G-3

DESCRIPTION

| | | |
|-------|--|-------------|
| 1 | TOTAL PATIENT REVENUES | 275,380,010 |
| 2 | LESS: ALLOWANCES AND DISCOUNTS ON | 152,887,393 |
| 3 | NET PATIENT REVENUES | 122,492,617 |
| 4 | LESS: TOTAL OPERATING EXPENSES | 103,282,334 |
| 5 | NET INCOME FROM SERVICE TO PATIENT OTHER INCOME | 19,210,283 |
| 6 | CONTRIBUTIONS, DONATIONS, BEQUES | |
| 7 | INCOME FROM INVESTMENTS | 452,978 |
| 8 | REVENUE FROM TELEPHONE AND TELEG | |
| 9 | REVENUE FROM TELEVISION AND RADI | |
| 10 | PURCHASE DISCOUNTS | |
| 11 | REBATES AND REFUNDS OF EXPENSES | |
| 12 | PARKING LOT RECEIPTS | |
| 13 | REVENUE FROM LAUNDRY AND LINEN S | |
| 14 | REVENUE FROM MEALS SOLD TO EMPLO | |
| 15 | REVENUE FROM RENTAL OF LIVING QU | |
| 16 | REVENUE FROM SALE OF MEDICAL & S TO OTHER THAN PATIENTS | |
| 17 | REVENUE FROM SALE OF DRUGS TO OT | |
| 18 | REVENUE FROM SALE OF MEDICAL REC | |
| 19 | TUITION (FEES, SALE OF TEXTBOOKS | |
| 20 | REVENUE FROM GIFTS, FLOWER, COFFE | |
| 21 | RENTAL OF VENDING MACHINES | |
| 22 | RENTAL OF HOSPITAL SPACE | |
| 23 | GOVERNMENTAL APPROPRIATIONS | |
| 24 | OTHER OPERATING REVENUE | 1,029,573 |
| 24.01 | GAIN ON SALE OF PROPERTY AND EQUIPME | 96,537 |
| 24.02 | NET ASSETS RELEASED FROM RESTRICTI | 291,921 |
| 24.09 | OTHER REVENUE | |
| 25 | TOTAL OTHER INCOME | 1,871,009 |
| 26 | TOTAL OTHER EXPENSES | 21,081,292 |
| 27 | RECLASS OF NET UNREALIZED LOSSES | 217,173 |
| 28 | OTHER NET | 133,260 |
| 29 | RECONCILING ITEM | 5 |
| 30 | TOTAL OTHER EXPENSES | 350,438 |
| 31 | NET INCOME (OR LOSS) FOR THE PERIO | 20,730,854 |

HHA 1

| HHA COST CENTER | HHA TRIAL BALANCE (1) | OLD CAP REL COSTS-BLDG & | OLD CAP REL COSTS-MVBLE | NEW CAP REL COSTS-BLDG & | NEW CAP REL COSTS-MVBLE | EMPLOYEE BEN EFITS |
|-----------------|--------------------------|-----------------------------|----------------------------|-----------------------------|----------------------------|-----------------------|
| | 0 | 1 | 2 | 3 | 4 | 5 |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 9.20 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 19.50 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | |

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

| HHA COST CENTER | SUBTOTAL | ADMINISTRATIVE & GENERAL | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY |
|-----------------|----------|--------------------------|--------------------|-------------------------|--------------|---------|
| | 5A | 6 | 8 | 9 | 10 | 11 |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 9.20 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 19.50 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | |

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

| HHA COST CENTER | CAFETERIA | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPL | PHARMACY | MEDICAL RECORDS & LIBRAR | SUBTOTAL |
|-------------------------------|-----------|------------------------|--------------------------|----------|--------------------------|----------|
| | 12 | 14 | 15 | 16 | 17 | 25 |
| 1 ADMIN & GENERAL | | | | | | |
| 2 SKILLED NURSING CARE | | | | | | |
| 3 PHYSICAL THERAPY | | | | | | |
| 4 OCCUPATIONAL THERAPY | | | | | | |
| 5 SPEECH PATHOLOGY | | | | | | |
| 6 MEDICAL SOCIAL SERVICES | | | | | | |
| 7 HOME HEALTH AIDE | | | | | | |
| 8 SUPPLIES | | | | | | |
| 9 DRUGS | | | | | | |
| 9.20 COST ADMINISTERING DRUGS | | | | | | |
| 10 DME | | | | | | |
| 11 HOME DIALYSIS AIDE SVCS | | | | | | |
| 12 RESPIRATORY THERAPY | | | | | | |
| 13 PRIVATE DUTY NURSING | | | | | | |
| 14 CLINIC | | | | | | |
| 15 HEALTH PROM ACTIVITIES | | | | | | |
| 16 DAY CARE PROGRAM | | | | | | |
| 17 HOME DEL MEALS PROGRAM | | | | | | |
| 18 HOMEMAKER SERVICE | | | | | | |
| 19 ALL OTHER | | | | | | |
| 19.50 TELEMEDICINE | | | | | | |
| 20 TOTAL (SUM OF 1-19) (2) | | | | | | |
| 21 UNIT COST MULTIPLIER | | | | | | |

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

| HHA COST CENTER | POST STEP DOWN ADJUST | SUBTOTAL | ALLOCATED HHA A & G | TOTAL HHA COSTS |
|-------------------------------|-----------------------|----------|---------------------|-----------------|
| | 26 | 27 | 28 | 29 |
| 1 ADMIN & GENERAL | | | | |
| 2 SKILLED NURSING CARE | | | | |
| 3 PHYSICAL THERAPY | | | | |
| 4 OCCUPATIONAL THERAPY | | | | |
| 5 SPEECH PATHOLOGY | | | | |
| 6 MEDICAL SOCIAL SERVICES | | | | |
| 7 HOME HEALTH AIDE | | | | |
| 8 SUPPLIES | | | | |
| 9 DRUGS | | | | |
| 9.20 COST ADMINISTERING DRUGS | | | | |
| 10 DME | | | | |
| 11 HOME DIALYSIS AIDE SVCS | | | | |
| 12 RESPIRATORY THERAPY | | | | |
| 13 PRIVATE DUTY NURSING | | | | |
| 14 CLINIC | | | | |
| 15 HEALTH PROM ACTIVITIES | | | | |
| 16 DAY CARE PROGRAM | | | | |
| 17 HOME DEL MEALS PROGRAM | | | | |
| 18 HOMEMAKER SERVICE | | | | |
| 19 ALL OTHER | | | | |
| 19.50 TELEMEDICINE | | | | |
| 20 TOTAL (SUM OF 1-19) (2) | | | | |
| 21 UNIT COST MULTIPLIER | | | 0.000000 | |

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

| HHA COST CENTER | OLD CAP REL COSTS-BLDG & (SQUARE FEET) | OLD CAP REL COSTS-MVBLE (DOLLAR VALUE) | NEW CAP REL COSTS-BLDG & (SQUARE FEET) | NEW CAP REL COSTS-MVBLE (DOLLAR VALUE) | EMPLOYEE BENEFITS (GROSS SALARIES) | RECONCILIATION |
|-----------------|--|--|--|--|------------------------------------|----------------|
| | 1 | 2 | 3 | 4 | 5 | 6A |
| 1 | ADMIN & GENERAL | | | | | |
| 2 | SKILLED NURSING CARE | | | | | |
| 3 | PHYSICAL THERAPY | | | | | |
| 4 | OCCUPATIONAL THERAPY | | | | | |
| 5 | SPEECH PATHOLOGY | | | | | |
| 6 | MEDICAL SOCIAL SERVICES | | | | | |
| 7 | HOME HEALTH AIDE | | | | | |
| 8 | SUPPLIES | | | | | |
| 9 | DRUGS | | | | | |
| 9.20 | COST ADMINISTERING DRUGS | | | | | |
| 10 | DME | | | | | |
| 11 | HOME DIALYSIS AIDE SVCS | | | | | |
| 12 | RESPIRATORY THERAPY | | | | | |
| 13 | PRIVATE DUTY NURSING | | | | | |
| 14 | CLINIC | | | | | |
| 15 | HEALTH PROM ACTIVITIES | | | | | |
| 16 | DAY CARE PROGRAM | | | | | |
| 17 | HOME DEL MEALS PROGRAM | | | | | |
| 18 | HOMEMAKER SERVICE | | | | | |
| 19 | ALL OTHER | | | | | |
| 19.50 | TELEMEDICINE | | | | | |
| 20 | TOTAL (SUM OF 1-19) | | | | | |
| 21 | COST TO BE ALLOCATED | | | | | |
| 22 | UNIT COST MULTIPLIER | | | | | |

| HHA COST CENTER | ADMINISTRATIVE & GENERAL (ACCUM. COST) | OPERATION OF PLANT (SQUARE FEET) | LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) | HOUSEKEEPING (HOURS OF SERVICE) | DIETARY (MEALS SERVED) | CAFETERIA (FTE'S) |
|-----------------|--|----------------------------------|---|---------------------------------|------------------------|-------------------|
| | 6 | 8 | 9 | 10 | 11 | 12 |
| 1 | ADMIN & GENERAL | | | | | |
| 2 | SKILLED NURSING CARE | | | | | |
| 3 | PHYSICAL THERAPY | | | | | |
| 4 | OCCUPATIONAL THERAPY | | | | | |
| 5 | SPEECH PATHOLOGY | | | | | |
| 6 | MEDICAL SOCIAL SERVICES | | | | | |
| 7 | HOME HEALTH AIDE | | | | | |
| 8 | SUPPLIES | | | | | |
| 9 | DRUGS | | | | | |
| 9.20 | COST ADMINISTERING DRUGS | | | | | |
| 10 | DME | | | | | |
| 11 | HOME DIALYSIS AIDE SVCS | | | | | |
| 12 | RESPIRATORY THERAPY | | | | | |
| 13 | PRIVATE DUTY NURSING | | | | | |
| 14 | CLINIC | | | | | |
| 15 | HEALTH PROM ACTIVITIES | | | | | |
| 16 | DAY CARE PROGRAM | | | | | |
| 17 | HOME DEL MEALS PROGRAM | | | | | |
| 18 | HOMEMAKER SERVICE | | | | | |
| 19 | ALL OTHER | | | | | |
| 19.50 | TELEMEDICINE | | | | | |
| 20 | TOTAL (SUM OF 1-19) | | | | | |
| 21 | COST TO BE ALLOCATED | | | | | |
| 22 | UNIT COST MULTIPLIER | | | | | |

HHA 1

| HHA COST CENTER | NURSING ADMINISTRATION (DIRECT NRSNG HRS 14 | CENTRAL SERVICES & SUPPLIES (COSTED REQUIS 15 | PHARMACY (COSTED REQUIS 16 | MEDICAL RECORDS & LIBRARIES (TIME SPENT 17 |
|-----------------|---|---|----------------------------------|--|
| 1 | ADMIN & GENERAL | | | |
| 2 | SKILLED NURSING CARE | | | |
| 3 | PHYSICAL THERAPY | | | |
| 4 | OCCUPATIONAL THERAPY | | | |
| 5 | SPEECH PATHOLOGY | | | |
| 6 | MEDICAL SOCIAL SERVICES | | | |
| 7 | HOME HEALTH AIDE | | | |
| 8 | SUPPLIES | | | |
| 9 | DRUGS | | | |
| 9.20 | COST ADMINISTERING DRUGS | | | |
| 10 | DME | | | |
| 11 | HOME DIALYSIS AIDE SVCS | | | |
| 12 | RESPIRATORY THERAPY | | | |
| 13 | PRIVATE DUTY NURSING | | | |
| 14 | CLINIC | | | |
| 15 | HEALTH PROM ACTIVITIES | | | |
| 16 | DAY CARE PROGRAM | | | |
| 17 | HOME DEL MEALS PROGRAM | | | |
| 18 | HOMEMAKER SERVICE | | | |
| 19 | ALL OTHER | | | |
| 19.50 | TELEMEDICINE | | | |
| 20 | TOTAL (SUM OF 1-19) | | | |
| 21 | COST TO BE ALLOCATED | | | |
| 22 | UNIT COST MULTIPLIER | | | |

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

| | | |
|--------------|----------------|-------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0160 | FROM 1/ 1/2008 | 5/28/2009 |
| HOSPICE NO: | TO 12/31/2008 | WORKSHEET K |
| 14-1560 | | |

HOSPICE 1

| | SALARIES (FROM K-1) 1 | EMPLOYEE BENEFITS (FROM K-2) 2 | TRANSPORTATION (SEE INST.) 3 | CONTRACTED SERVICES (FROM K-3) 4 |
|--|-----------------------------|---|------------------------------------|---|
| GENERAL SERVICE COST CENTERS | | | | |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | | |
| 3 PLANT OPERATION AND MAINTENANCE | | | | |
| 4 TRANSPORTATION - STAFF | | | | |
| 5 VOLUNTEER SERVICE COORDINATION | | | | |
| 6 ADMINISTRATIVE AND GENERAL | | | | |
| INPATIENT CARE SERVICE | | | | |
| 7 INPATIENT - GENERAL CARE | | | | |
| 8 INPATIENT - RESPIRE CARE | | | | |
| VISITING SERVICES | | | | |
| 9 PHYSICIAN SERVICES | | | | |
| 10 NURSING CARE | 757,668 | 74,091 | 26,649 | 297,321 |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 11 PHYSICAL THERAPY | | | 145 | |
| 12 OCCUPATIONAL THERAPY | | | | |
| 13 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 14 MEDICAL SOCIAL SERVICES | | | 5,559 | |
| 15 SPIRITUAL COUNSELING | | | | |
| 16 DIETARY COUNSELING | | | | |
| 17 COUNSELING - OTHER | | | | |
| 18 HOME HEALTH AIDE AND HOME MAKER | | | 15,443 | |
| 18.20 HH AIDE & HOME MAKER-CONT. HOME CARE | | | | |
| OTHER HOSPICE SERVICE COSTS | | | | |
| 19 OTHER | | | | |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 20.30 ANALGESICS | | | | |
| 20.31 SEDATIVES / HYPNOTICS | | | | |
| 20.32 OTHER - SPECIFY | | | | |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 22 PATIENT TRANSPORTATION | | | | |
| 23 IMAGING SERVICES | | | | |
| 24 LABS AND DIAGNOSTICS | | | | |
| 25 MEDICAL SUPPLIES | | | | |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 27 RADIATION THERAPY | | | | |
| 28 CHEMOTHERAPY | | | | |
| 29 OTHER | | | | |
| 30 BEREAVEMENT PROGRAM COSTS | | | | |
| 31 VOLUNTEER PROGRAM COSTS | | | | |
| 32 FUNDRAISING | | | | |
| 33 OTHER PROGRAM COSTS | | | | |
| 34 TOTAL (SUM OF LINES 1 THRU 33) | 757,668 | 74,091 | 47,796 | 297,321 |

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

| | | |
|--------------|----------------|-------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0160 | FROM 1/ 1/2008 | 5/28/2009 |
| HOSPICE NO: | TO 12/31/2008 | WORKSHEET K |
| 14-1560 | | |

HOSPICE 1

| | OTHER 5 | TOTAL (COLS. 1-5) 6 | RECLASSIFICATIONS 7 | SUBTOTAL (COL. 6 + COL. 7) 8 |
|--|------------|---------------------------|------------------------|---------------------------------------|
| GENERAL SERVICE COST CENTERS | | | | |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | | |
| 3 PLANT OPERATION AND MAINTENANCE | | | | |
| 4 TRANSPORTATION - STAFF | | | | |
| 5 VOLUNTEER SERVICE COORDINATION | | | | |
| 6 ADMINISTRATIVE AND GENERAL | | | | |
| INPATIENT CARE SERVICE | | | | |
| 7 INPATIENT - GENERAL CARE | | | | |
| 8 INPATIENT - RESPIRE CARE | | | | |
| VISITING SERVICES | | | | |
| 9 PHYSICIAN SERVICES | | | | |
| 10 NURSING CARE | 113,573 | 1,269,302 | | 1,269,302 |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 11 PHYSICAL THERAPY | | 145 | | 145 |
| 12 OCCUPATIONAL THERAPY | | | | |
| 13 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 14 MEDICAL SOCIAL SERVICES | | 5,559 | | 5,559 |
| 15 SPIRITUAL COUNSELING | | | | |
| 16 DIETARY COUNSELING | | | | |
| 17 COUNSELING - OTHER | | | | |
| 18 HOME HEALTH AIDE AND HOME MAKER | | 15,443 | | 15,443 |
| 18.20 HH AIDE & HOME MAKER-CONT. HOME CARE | | | | |
| OTHER HOSPICE SERVICE COSTS | | | | |
| 19 OTHER | | | | |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY | 203,148 | 203,148 | | 203,148 |
| 20.30 ANALGESICS | | | | |
| 20.31 SEDATIVES / HYPNOTICS | | | | |
| 20.32 OTHER - SPECIFY | | | | |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 22 PATIENT TRANSPORTATION | | | | |
| 23 IMAGING SERVICES | | | | |
| 24 LABS AND DIAGNOSTICS | | | | |
| 25 MEDICAL SUPPLIES | | | | |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 27 RADIATION THERAPY | | | | |
| 28 CHEMOTHERAPY | | | | |
| 29 OTHER | | | | |
| 30 BEREAVEMENT PROGRAM COSTS | | | | |
| 31 VOLUNTEER PROGRAM COSTS | | | | |
| 32 FUNDRAISING | | | | |
| 33 OTHER PROGRAM COSTS | | | | |
| 34 TOTAL (SUM OF LINES 1 THRU 33) | 316,721 | 1,493,597 | | 1,493,597 |

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

| | | |
|--------------|----------------|-------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0160 | FROM 1/ 1/2008 | 5/28/2009 |
| HOSPICE NO: | TO 12/31/2008 | WORKSHEET K |
| 14-1560 | | |

HOSPICE 1

| | ADJUSTMENTS | TOTAL (COL. 8 + COL. 9) |
|--|-------------|-------------------------------|
| | 9 | 10 |
| GENERAL SERVICE COST CENTERS | | |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT. | | |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | |
| 3 PLANT OPERATION AND MAINTENANCE | | |
| 4 TRANSPORTATION - STAFF | | |
| 5 VOLUNTEER SERVICE COORDINATION | | |
| 6 ADMINISTRATIVE AND GENERAL | | |
| INPATIENT CARE SERVICE | | |
| 7 INPATIENT - GENERAL CARE | | |
| 8 INPATIENT - RESPIRE CARE | | |
| VISITING SERVICES | | |
| 9 PHYSICIAN SERVICES | | |
| 10 NURSING CARE | -12,200 | 1,257,102 |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE | | |
| 11 PHYSICAL THERAPY | | 145 |
| 12 OCCUPATIONAL THERAPY | | |
| 13 SPEECH/LANGUAGE PATHOLOGY | | |
| 14 MEDICAL SOCIAL SERVICES | | 5,559 |
| 15 SPIRITUAL COUNSELING | | |
| 16 DIETARY COUNSELING | | |
| 17 COUNSELING - OTHER | | |
| 18 HOME HEALTH AIDE AND HOME MAKER | | 15,443 |
| 18.20 HH AIDE & HOME MAKER-CONT. HOME CARE | | |
| OTHER HOSPICE SERVICE COSTS | | |
| 19 OTHER | | |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY | | 203,148 |
| 20.30 ANALGESICS | | |
| 20.31 SEDATIVES / HYPNOTICS | | |
| 20.32 OTHER - SPECIFY | | |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN | | |
| 22 PATIENT TRANSPORTATION | | |
| 23 IMAGING SERVICES | | |
| 24 LABS AND DIAGNOSTICS | | |
| 25 MEDICAL SUPPLIES | | |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | |
| 27 RADIATION THERAPY | | |
| 28 CHEMOTHERAPY | | |
| 29 OTHER | | |
| 30 BEREAVEMENT PROGRAM COSTS | | |
| 31 VOLUNTEER PROGRAM COSTS | | |
| 32 FUNDRAISING | | |
| 33 OTHER PROGRAM COSTS | | |
| 34 TOTAL (SUM OF LINES 1 THRU 33) | -12,200 | 1,481,397 |

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0160 | FROM 1/ 1/2008 | 5/28/2009 |
| HOSPICE NO: | TO 12/31/2008 | WORKSHEET K-1 |
| 14-1560 | | |

HOSPICE 1

| ADMINISTRATOR | DIRECTOR | SOCIAL SERVICES | SUPERVISORS |
|---------------|----------|-----------------|-------------|
| 1 | 2 | 3 | 4 |

| | | | |
|-------|---------------------------------------|--------|--|
| 1 | GENERAL SERVICE COST CENTERS | | |
| 2 | CAPITAL RELATED COSTS-BLDG AND FIXT. | | |
| 3 | CAPITAL RELATED COSTS-MOVABLE EQUIP. | | |
| 4 | PLANT OPERATION AND MAINTENANCE | | |
| 5 | TRANSPORTATION - STAFF | | |
| 6 | VOLUNTEER SERVICE COORDINATION | | |
| 7 | ADMINISTRATIVE AND GENERAL | | |
| 8 | INPATIENT CARE SERVICE | | |
| 9 | INPATIENT - GENERAL CARE | | |
| 10 | INPATIENT - RESPIRE CARE | | |
| 10.20 | VISITING SERVICES | | |
| 11 | PHYSICIAN SERVICES | | |
| 12 | NURSING CARE | | |
| 13 | NURSING CARE-CONTINUOUS HOME CARE | 97,300 | |
| 14 | PHYSICAL THERAPY | | |
| 15 | OCCUPATIONAL THERAPY | | |
| 16 | SPEECH/LANGUAGE PATHOLOGY | | |
| 17 | MEDICAL SOCIAL SERVICES | | |
| 18 | SPIRITUAL COUNSELING | | |
| 19 | DIETARY COUNSELING | | |
| 20 | COUNSELING - OTHER | | |
| 20.30 | HOME HEALTH AIDE AND HOMEMAKER | | |
| 21 | HH AIDE & HOMEMAKER-CONT. HOME CARE | | |
| 22 | OTHER HOSPICE SERVICE COSTS | | |
| 23 | OTHER | | |
| 24 | DRUGS BIOLOGICAL AND INFUSION THERAPY | | |
| 25 | ANALGESICS | | |
| 26 | SEDATIVES / HYPNOTICS | | |
| 27 | OTHER - SPECIFY | | |
| 28 | DURABLE MEDICAL EQUIPMENT/OXYGEN | | |
| 29 | PATIENT TRANSPORTATION | | |
| 30 | IMAGING SERVICES | | |
| 31 | LABS AND DIAGNOSTICS | | |
| 32 | MEDICAL SUPPLIES | | |
| 33 | OUTPATIENT SERVICES (INCL. E/R DEPT.) | | |
| 34 | RADIATION THERAPY | | |
| | CHEMOTHERAPY | | |
| | OTHER | | |
| | BEREAVEMENT PROGRAM COSTS | | |
| | VOLUNTEER PROGRAM COSTS | | |
| | FUNDRAISING | | |
| | OTHER PROGRAM COSTS | | |
| | TOTAL (SUM OF LINES 1 THRU 33) | 97,300 | |

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0160 | FROM 1/ 1/2008 | 5/28/2009 |
| HOSPICE NO: | TO 12/31/2008 | WORKSHEET K-1 |
| 14-1560 | | |

HOSPICE 1

| | NURSES 5 | TOTAL THERAPISTS 6 | AIDES 7 | ALL OTHER 8 |
|--|-------------|--------------------------|------------|-------------------|
| GENERAL SERVICE COST CENTERS | | | | |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | | |
| 3 PLANT OPERATION AND MAINTENANCE | | | | |
| 4 TRANSPORTATION - STAFF | | | | |
| 5 VOLUNTEER SERVICE COORDINATION | | | | |
| 6 ADMINISTRATIVE AND GENERAL | | | | |
| INPATIENT CARE SERVICE | | | | |
| 7 INPATIENT - GENERAL CARE | | | | |
| 8 INPATIENT - RESPIRE CARE | | | | |
| VISITING SERVICES | | | | |
| 9 PHYSICIAN SERVICES | | | | |
| 10 NURSING CARE | 456,928 | | 87,623 | 115,817 |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 11 PHYSICAL THERAPY | | | | |
| 12 OCCUPATIONAL THERAPY | | | | |
| 13 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 14 MEDICAL SOCIAL SERVICES | | | | |
| 15 SPIRITUAL COUNSELING | | | | |
| 16 DIETARY COUNSELING | | | | |
| 17 COUNSELING - OTHER | | | | |
| 18 HOME HEALTH AIDE AND HOME MAKER | | | | |
| 18.20 HH AIDE & HOME MAKER-CONT. HOME CARE | | | | |
| OTHER HOSPICE SERVICE COSTS | | | | |
| 19 OTHER | | | | |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 20.30 ANALGESICS | | | | |
| 20.31 SEDATIVES / HYPNOTICS | | | | |
| 20.32 OTHER - SPECIFY | | | | |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 22 PATIENT TRANSPORTATION | | | | |
| 23 IMAGING SERVICES | | | | |
| 24 LABS AND DIAGNOSTICS | | | | |
| 25 MEDICAL SUPPLIES | | | | |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 27 RADIATION THERAPY | | | | |
| 28 CHEMOTHERAPY | | | | |
| 29 OTHER | | | | |
| 30 BEREAVEMENT PROGRAM COSTS | | | | |
| 31 VOLUNTEER PROGRAM COSTS | | | | |
| 32 FUNDRAISING | | | | |
| 33 OTHER PROGRAM COSTS | | | | |
| 34 TOTAL (SUM OF LINES 1 THRU 33) | 456,928 | | 87,623 | 115,817 |

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0160 | FROM 1/ 1/2008 | 5/28/2009 |
| HOSPICE NO: | TO 12/31/2008 | WORKSHEET K-1 |
| 14-1560 | | |

HOSPICE 1

TOTAL (1)
9

| | | |
|----|---------------------------------------|---------|
| 1 | GENERAL SERVICE COST CENTERS | |
| 2 | CAPITAL RELATED COSTS-BLDG AND FIXT. | |
| 3 | CAPITAL RELATED COSTS-MOVABLE EQUIP. | |
| 4 | PLANT OPERATION AND MAINTENANCE | |
| 5 | TRANSPORTATION - STAFF | |
| 6 | VOLUNTEER SERVICE COORDINATION | |
| 7 | ADMINISTRATIVE AND GENERAL | |
| 8 | INPATIENT CARE SERVICE | |
| 9 | INPATIENT - GENERAL CARE | |
| 10 | INPATIENT - RESPIRE CARE | |
| 11 | VISITING SERVICES | |
| 12 | PHYSICIAN SERVICES | |
| 13 | NURSING CARE | 757,668 |
| 14 | NURSING CARE-CONTINUOUS HOME CARE | |
| 15 | PHYSICAL THERAPY | |
| 16 | OCCUPATIONAL THERAPY | |
| 17 | SPEECH/LANGUAGE PATHOLOGY | |
| 18 | MEDICAL SOCIAL SERVICES | |
| 19 | SPIRITUAL COUNSELING | |
| 20 | DIETARY COUNSELING | |
| 21 | COUNSELING - OTHER | |
| 22 | HOME HEALTH AIDE AND HOMEMAKER | |
| 23 | HH AIDE & HOMEMAKER-CONT. HOME CARE | |
| 24 | OTHER HOSPICE SERVICE COSTS | |
| 25 | OTHER | |
| 26 | DRUGS BIOLOGICAL AND INFUSION THERAPY | |
| 27 | ANALGESICS | |
| 28 | SEDATIVES / HYPNOTICS | |
| 29 | OTHER - SPECIFY | |
| 30 | DURABLE MEDICAL EQUIPMENT/OXYGEN | |
| 31 | PATIENT TRANSPORTATION | |
| 32 | IMAGING SERVICES | |
| 33 | LABS AND DIAGNOSTICS | |
| 34 | MEDICAL SUPPLIES | |
| 35 | OUTPATIENT SERVICES (INCL. E/R DEPT.) | |
| 36 | RADIATION THERAPY | |
| 37 | CHEMOTHERAPY | |
| 38 | OTHER | |
| 39 | BEREAVEMENT PROGRAM COSTS | |
| 40 | VOLUNTEER PROGRAM COSTS | |
| 41 | FUNDRAISING | |
| 42 | OTHER PROGRAM COSTS | |
| 43 | TOTAL (SUM OF LINES 1 THRU 33) | 757,668 |

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 1

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0160 | FROM 1/ 1/2008 | 5/28/2009 |
| HOSPICE NO: | TO 12/31/2008 | WORKSHEET K-2 |
| 14-1560 | | |

HOSPICE 1

| ADMINISTRATOR | DIRECTOR | SOCIAL SERVICES | SUPERVISORS |
|---------------|----------|-----------------|-------------|
| 1 | 2 | 3 | 4 |

| | | | |
|-------|---------------------------------------|-------|--|
| 1 | GENERAL SERVICE COST CENTERS | | |
| 2 | CAPITAL RELATED COSTS-BLDG AND FIXT. | | |
| 3 | CAPITAL RELATED COSTS-MOVABLE EQUIP. | | |
| 4 | PLANT OPERATION AND MAINTENANCE | | |
| 5 | TRANSPORTATION - STAFF | | |
| 6 | VOLUNTEER SERVICE COORDINATION | | |
| 7 | ADMINISTRATIVE AND GENERAL | | |
| 8 | INPATIENT CARE SERVICE | | |
| 9 | INPATIENT - GENERAL CARE | | |
| 10 | INPATIENT - RESPIRE CARE | | |
| 10.20 | VISITING SERVICES | | |
| 11 | PHYSICIAN SERVICES | | |
| 12 | NURSING CARE | | |
| 13 | NURSING CARE-CONTINUOUS HOME CARE | 9,514 | |
| 14 | PHYSICAL THERAPY | | |
| 15 | OCCUPATIONAL THERAPY | | |
| 16 | SPEECH/LANGUAGE PATHOLOGY | | |
| 17 | MEDICAL SOCIAL SERVICES | | |
| 18 | SPIRITUAL COUNSELING | | |
| 19 | DIETARY COUNSELING | | |
| 20 | COUNSELING - OTHER | | |
| 20.30 | HOME HEALTH AIDE AND HOMEMAKER | | |
| 21 | HH AIDE & HOMEMAKER-CONT. HOME CARE | | |
| 22 | OTHER HOSPICE SERVICE COSTS | | |
| 23 | OTHER | | |
| 24 | DRUGS BIOLOGICAL AND INFUSION THERAPY | | |
| 25 | ANALGESICS | | |
| 26 | SEDATIVES / HYPNOTICS | | |
| 27 | OTHER - SPECIFY | | |
| 28 | DURABLE MEDICAL EQUIPMENT/OXYGEN | | |
| 29 | PATIENT TRANSPORTATION | | |
| 30 | IMAGING SERVICES | | |
| 31 | LABS AND DIAGNOSTICS | | |
| 32 | MEDICAL SUPPLIES | | |
| 33 | OUTPATIENT SERVICES (INCL. E/R DEPT.) | | |
| 34 | RADIATION THERAPY | | |
| | CHEMOTHERAPY | | |
| | OTHER | | |
| | BEREAVEMENT PROGRAM COSTS | | |
| | VOLUNTEER PROGRAM COSTS | | |
| | FUNDRAISING | | |
| | OTHER PROGRAM COSTS | | |
| | TOTAL (SUM OF LINES 1 THRU 33) | 9,514 | |

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0160 | FROM 1/ 1/2008 | 5/28/2009 |
| HOSPICE NO: | TO 12/31/2008 | WORKSHEET K-2 |
| 14-1560 | | |

HOSPICE 1

| | NURSES 5 | TOTAL THERAPISTS 6 | AIDES 7 | ALL OTHER 8 |
|--|-------------|--------------------------|------------|-------------------|
| GENERAL SERVICE COST CENTERS | | | | |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | | |
| 3 PLANT OPERATION AND MAINTENANCE | | | | |
| 4 TRANSPORTATION - STAFF | | | | |
| 5 VOLUNTEER SERVICE COORDINATION | | | | |
| 6 ADMINISTRATIVE AND GENERAL | | | | |
| INPATIENT CARE SERVICE | | | | |
| 7 INPATIENT - GENERAL CARE | | | | |
| 8 INPATIENT - RESPIRE CARE | | | | |
| VISITING SERVICES | | | | |
| 9 PHYSICIAN SERVICES | | | | |
| 10 NURSING CARE | 44,683 | | 8,568 | 11,326 |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 11 PHYSICAL THERAPY | | | | |
| 12 OCCUPATIONAL THERAPY | | | | |
| 13 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 14 MEDICAL SOCIAL SERVICES | | | | |
| 15 SPIRITUAL COUNSELING | | | | |
| 16 DIETARY COUNSELING | | | | |
| 17 COUNSELING - OTHER | | | | |
| 18 HOME HEALTH AIDE AND HOME MAKER | | | | |
| 18.20 HH AIDE & HOME MAKER-CONT. HOME CARE | | | | |
| OTHER HOSPICE SERVICE COSTS | | | | |
| 19 OTHER | | | | |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 20.30 ANALGESICS | | | | |
| 20.31 SEDATIVES / HYPNOTICS | | | | |
| 20.32 OTHER - SPECIFY | | | | |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 22 PATIENT TRANSPORTATION | | | | |
| 23 IMAGING SERVICES | | | | |
| 24 LABS AND DIAGNOSTICS | | | | |
| 25 MEDICAL SUPPLIES | | | | |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 27 RADIATION THERAPY | | | | |
| 28 CHEMOTHERAPY | | | | |
| 29 OTHER | | | | |
| 30 BEREAVEMENT PROGRAM COSTS | | | | |
| 31 VOLUNTEER PROGRAM COSTS | | | | |
| 32 FUNDRAISING | | | | |
| 33 OTHER PROGRAM COSTS | | | | |
| 34 TOTAL (SUM OF LINES 1 THRU 33) | 44,683 | | 8,568 | 11,326 |

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0160 | FROM 1/ 1/2008 | 5/28/2009 |
| HOSPICE NO: | TO 12/31/2008 | WORKSHEET K-2 |
| 14-1560 | | |

HOSPICE 1

TOTAL (1)
9

| | | |
|----|---------------------------------------|--------|
| 1 | GENERAL SERVICE COST CENTERS | |
| 2 | CAPITAL RELATED COSTS-BLDG AND FIXT. | |
| 3 | CAPITAL RELATED COSTS-MOVABLE EQUIP. | |
| 4 | PLANT OPERATION AND MAINTENANCE | |
| 5 | TRANSPORTATION - STAFF | |
| 6 | VOLUNTEER SERVICE COORDINATION | |
| 7 | ADMINISTRATIVE AND GENERAL | |
| 8 | INPATIENT CARE SERVICE | |
| 9 | INPATIENT - GENERAL CARE | |
| 10 | INPATIENT - RESPIRE CARE | |
| 11 | VISITING SERVICES | |
| 12 | PHYSICIAN SERVICES | |
| 13 | NURSING CARE | 74,091 |
| 14 | NURSING CARE-CONTINUOUS HOME CARE | |
| 15 | PHYSICAL THERAPY | |
| 16 | OCCUPATIONAL THERAPY | |
| 17 | SPEECH/LANGUAGE PATHOLOGY | |
| 18 | MEDICAL SOCIAL SERVICES | |
| 19 | SPIRITUAL COUNSELING | |
| 20 | DIETARY COUNSELING | |
| 21 | COUNSELING - OTHER | |
| 22 | HOME HEALTH AIDE AND HOMEMAKER | |
| 23 | HH AIDE & HOMEMAKER-CONT. HOME CARE | |
| 24 | OTHER HOSPICE SERVICE COSTS | |
| 25 | OTHER | |
| 26 | DRUGS BIOLOGICAL AND INFUSION THERAPY | |
| 27 | ANALGESICS | |
| 28 | SEDATIVES / HYPNOTICS | |
| 29 | OTHER - SPECIFY | |
| 30 | DURABLE MEDICAL EQUIPMENT/OXYGEN | |
| 31 | PATIENT TRANSPORTATION | |
| 32 | IMAGING SERVICES | |
| 33 | LABS AND DIAGNOSTICS | |
| 34 | MEDICAL SUPPLIES | |
| 35 | OUTPATIENT SERVICES (INCL. E/R DEPT.) | |
| 36 | RADIATION THERAPY | |
| 37 | CHEMOTHERAPY | |
| 38 | OTHER | |
| 39 | BEREAVEMENT PROGRAM COSTS | |
| 40 | VOLUNTEER PROGRAM COSTS | |
| 41 | FUNDRAISING | |
| 42 | OTHER PROGRAM COSTS | |
| 43 | TOTAL (SUM OF LINES 1 THRU 33) | 74,091 |

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 2

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0160 | FROM 1/ 1/2008 | 5/28/2009 |
| HOSPICE NO: | TO 12/31/2008 | WORKSHEET K-3 |
| 14-1560 | | |

HOSPICE 1

| | | | |
|---------------|----------|-----------------|-------------|
| ADMINISTRATOR | DIRECTOR | SOCIAL SERVICES | SUPERVISORS |
| 1 | 2 | 3 | 4 |

- GENERAL SERVICE COST CENTERS
- 1 CAPITAL RELATED COSTS-BLDG AND FIXT.
- 2 CAPITAL RELATED COSTS-MOVABLE EQUIP.
- 3 PLANT OPERATION AND MAINTENANCE
- 4 TRANSPORTATION - STAFF
- 5 VOLUNTEER SERVICE COORDINATION
- 6 ADMINISTRATIVE AND GENERAL
- INPATIENT CARE SERVICE
- 7 INPATIENT - GENERAL CARE
- 8 INPATIENT - RESPIRE CARE
- VISITING SERVICES
- 9 PHYSICIAN SERVICES
- 10 NURSING CARE
- 10.20 NURSING CARE-CONTINUOUS HOME CARE
- 11 PHYSICAL THERAPY
- 12 OCCUPATIONAL THERAPY
- 13 SPEECH/LANGUAGE PATHOLOGY
- 14 MEDICAL SOCIAL SERVICES
- 15 SPIRITUAL COUNSELING
- 16 DIETARY COUNSELING
- 17 COUNSELING - OTHER
- 18 HOME HEALTH AIDE AND HOMEMAKER
- 18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE
- OTHER HOSPICE SERVICE COSTS
- 19 OTHER
- 20 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 20.30 ANALGESICS
- 20.31 SEDATIVES / HYPNOTICS
- 20.32 OTHER - SPECIFY
- 21 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 22 PATIENT TRANSPORTATION
- 23 IMAGING SERVICES
- 24 LABS AND DIAGNOSTICS
- 25 MEDICAL SUPPLIES
- 26 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 27 RADIATION THERAPY
- 28 CHEMOTHERAPY
- 29 OTHER
- 30 BEREAVEMENT PROGRAM COSTS
- 31 VOLUNTEER PROGRAM COSTS
- 32 FUNDRAISING
- 33 OTHER PROGRAM COSTS
- 34 TOTAL (SUM OF LINES 1 THRU 33)

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0160 | FROM 1/ 1/2008 | 5/28/2009 |
| HOSPICE NO: | TO 12/31/2008 | WORKSHEET K-3 |
| 14-1560 | | |

HOSPICE 1

| | NURSES 5 | TOTAL THERAPISTS 6 | AIDES 7 | ALL OTHER 8 |
|---|-------------|--------------------------|------------|-------------------|
| GENERAL SERVICE COST CENTERS | | | | |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | | |
| 3 PLANT OPERATION AND MAINTENANCE | | | | |
| 4 TRANSPORTATION - STAFF | | | | |
| 5 VOLUNTEER SERVICE COORDINATION | | | | |
| 6 ADMINISTRATIVE AND GENERAL | | | | |
| INPATIENT CARE SERVICE | | | | |
| 7 INPATIENT - GENERAL CARE | | | | |
| 8 INPATIENT - RESPIRE CARE | | | | |
| VISITING SERVICES | | | | |
| 9 PHYSICIAN SERVICES | | | | |
| 10 NURSING CARE | 297,321 | | | |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 11 PHYSICAL THERAPY | | | | |
| 12 OCCUPATIONAL THERAPY | | | | |
| 13 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 14 MEDICAL SOCIAL SERVICES | | | | |
| 15 SPIRITUAL COUNSELING | | | | |
| 16 DIETARY COUNSELING | | | | |
| 17 COUNSELING - OTHER | | | | |
| 18 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE | | | | |
| OTHER HOSPICE SERVICE COSTS | | | | |
| 19 OTHER | | | | |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 20.30 ANALGESICS | | | | |
| 20.31 SEDATIVES / HYPNOTICS | | | | |
| 20.32 OTHER - SPECIFY | | | | |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 22 PATIENT TRANSPORTATION | | | | |
| 23 IMAGING SERVICES | | | | |
| 24 LABS AND DIAGNOSTICS | | | | |
| 25 MEDICAL SUPPLIES | | | | |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 27 RADIATION THERAPY | | | | |
| 28 CHEMOTHERAPY | | | | |
| 29 OTHER | | | | |
| 30 BEREAVEMENT PROGRAM COSTS | | | | |
| 31 VOLUNTEER PROGRAM COSTS | | | | |
| 32 FUNDRAISING | | | | |
| 33 OTHER PROGRAM COSTS | | | | |
| 34 TOTAL (SUM OF LINES 1 THRU 33) | 297,321 | | | |

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0160 | FROM 1/ 1/2008 | 5/28/2009 |
| HOSPICE NO: | TO 12/31/2008 | WORKSHEET K-3 |
| 14-1560 | | |

HOSPICE 1

TOTAL (1)
9

| | | |
|----|---------------------------------------|---------|
| 1 | GENERAL SERVICE COST CENTERS | |
| 2 | CAPITAL RELATED COSTS-BLDG AND FIXT. | |
| 3 | CAPITAL RELATED COSTS-MOVABLE EQUIP. | |
| 4 | PLANT OPERATION AND MAINTENANCE | |
| 5 | TRANSPORTATION - STAFF | |
| 6 | VOLUNTEER SERVICE COORDINATION | |
| 7 | ADMINISTRATIVE AND GENERAL | |
| 8 | INPATIENT CARE SERVICE | |
| 9 | INPATIENT - GENERAL CARE | |
| 10 | INPATIENT - RESPIRE CARE | |
| 11 | VISITING SERVICES | |
| 12 | PHYSICIAN SERVICES | |
| 13 | NURSING CARE | 297,321 |
| 14 | NURSING CARE-CONTINUOUS HOME CARE | |
| 15 | PHYSICAL THERAPY | |
| 16 | OCCUPATIONAL THERAPY | |
| 17 | SPEECH/LANGUAGE PATHOLOGY | |
| 18 | MEDICAL SOCIAL SERVICES | |
| 19 | SPIRITUAL COUNSELING | |
| 20 | DIETARY COUNSELING | |
| 21 | COUNSELING - OTHER | |
| 22 | HOME HEALTH AIDE AND HOMEMAKER | |
| 23 | HH AIDE & HOMEMAKER-CONT. HOME CARE | |
| 24 | OTHER HOSPICE SERVICE COSTS | |
| 25 | OTHER | |
| 26 | DRUGS BIOLOGICAL AND INFUSION THERAPY | |
| 27 | ANALGESICS | |
| 28 | SEDATIVES / HYPNOTICS | |
| 29 | OTHER - SPECIFY | |
| 30 | DURABLE MEDICAL EQUIPMENT/OXYGEN | |
| 31 | PATIENT TRANSPORTATION | |
| 32 | IMAGING SERVICES | |
| 33 | LABS AND DIAGNOSTICS | |
| 34 | MEDICAL SUPPLIES | |
| 35 | OUTPATIENT SERVICES (INCL. E/R DEPT.) | |
| 36 | RADIATION THERAPY | |
| 37 | CHEMOTHERAPY | |
| 38 | OTHER | |
| 39 | BEREAVEMENT PROGRAM COSTS | |
| 40 | VOLUNTEER PROGRAM COSTS | |
| 41 | FUNDRAISING | |
| 42 | OTHER PROGRAM COSTS | |
| 43 | TOTAL (SUM OF LINES 1 THRU 33) | 297,321 |

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 4

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0160 | FROM 1/ 1/2008 | 5/28/2009 |
| HOSPICE NO: | TO 12/31/2008 | WORKSHEET K-4 |
| 14-1560 | | PART I |

HOSPICE 1

| | NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10) | CAP. REL. COST BUILDINGS & FIXTURES | CAP. REL. COST MOVABLE EQUIPMENT | PLANT OPERATION & MAINT. |
|---|--|---|--|--------------------------------|
| | 0 | 1 | 2 | 3 |
| GENERAL SERVICE COST CENTERS | | | | |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | | |
| 3 PLANT OPERATION AND MAINTENANCE | | | | |
| 4 TRANSPORTATION - STAFF | | | | |
| 5 VOLUNTEER SERVICE COORDINATION | | | | |
| 6 ADMINISTRATIVE AND GENERAL | | | | |
| INPATIENT CARE SERVICE | | | | |
| 7 INPATIENT - GENERAL CARE | | | | |
| 8 INPATIENT - RESPIRE CARE | | | | |
| VISITING SERVICES | | | | |
| 9 PHYSICIAN SERVICES | | | | |
| 10 NURSING CARE | 1,257,102 | | | |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 11 PHYSICAL THERAPY | 145 | | | |
| 12 OCCUPATIONAL THERAPY | | | | |
| 13 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 14 MEDICAL SOCIAL SERVICES | 5,559 | | | |
| 15 SPIRITUAL COUNSELING | | | | |
| 16 DIETARY COUNSELING | | | | |
| 17 COUNSELING - OTHER | | | | |
| 18 HOME HEALTH AIDE AND HOMEMAKER | 15,443 | | | |
| 18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE | | | | |
| OTHER HOSPICE SERVICE COSTS | | | | |
| 19 OTHER | | | | |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY | 203,148 | | | |
| 20.30 ANALGESICS | | | | |
| 20.31 SEDATIVES / HYPNOTICS | | | | |
| 20.32 OTHER - SPECIFY | | | | |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 22 PATIENT TRANSPORTATION | | | | |
| 23 IMAGING SERVICES | | | | |
| 24 LABS AND DIAGNOSTICS | | | | |
| 25 MEDICAL SUPPLIES | | | | |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 27 RADIATION THERAPY | | | | |
| 28 CHEMOTHERAPY | | | | |
| 29 OTHER | | | | |
| 30 BEREAVEMENT PROGRAM COSTS | | | | |
| 31 VOLUNTEER PROGRAM COSTS | | | | |
| 32 FUNDRAISING | | | | |
| 33 OTHER PROGRAM COSTS | | | | |
| 34 TOTAL (SUM OF LINES 1 THRU 33) | 1,481,397 | | | |

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0160 | FROM 1/ 1/2008 | 5/28/2009 |
| HOSPICE NO: | TO 12/31/2008 | WORKSHEET K-4 |
| 14-1560 | | PART I |

HOSPICE 1

| | TRANSPORTATION | VOLUNTEER SERVICES COORDINATOR | SUBTOTAL (COL. 0-5) | ADMINISTRATIVE & GENERAL |
|--|----------------|--------------------------------|---------------------|--------------------------|
| | 4 | 5 | 5A | 6 |
| GENERAL SERVICE COST CENTERS | | | | |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | | |
| 3 PLANT OPERATION AND MAINTENANCE | | | | |
| 4 TRANSPORTATION - STAFF | | | | |
| 5 VOLUNTEER SERVICE COORDINATION | | | | |
| 6 ADMINISTRATIVE AND GENERAL | | | | |
| INPATIENT CARE SERVICE | | | | |
| 7 INPATIENT - GENERAL CARE | | | | |
| 8 INPATIENT - RESPIRE CARE | | | | |
| VISITING SERVICES | | | | |
| 9 PHYSICIAN SERVICES | | | | |
| 10 NURSING CARE | | | 1,257,102 | |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 11 PHYSICAL THERAPY | | | 145 | |
| 12 OCCUPATIONAL THERAPY | | | | |
| 13 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 14 MEDICAL SOCIAL SERVICES | | | 5,559 | |
| 15 SPIRITUAL COUNSELING | | | | |
| 16 DIETARY COUNSELING | | | | |
| 17 COUNSELING - OTHER | | | | |
| 18 HOME HEALTH AIDE AND HOME MAKER | | | 15,443 | |
| 18.20 HH AIDE & HOME MAKER-CONT. HOME CARE | | | | |
| OTHER HOSPICE SERVICE COSTS | | | | |
| 19 OTHER | | | | |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | 203,148 | |
| 20.30 ANALGESICS | | | | |
| 20.31 SEDATIVES / HYPNOTICS | | | | |
| 20.32 OTHER - SPECIFY | | | | |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 22 PATIENT TRANSPORTATION | | | | |
| 23 IMAGING SERVICES | | | | |
| 24 LABS AND DIAGNOSTICS | | | | |
| 25 MEDICAL SUPPLIES | | | | |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 27 RADIATION THERAPY | | | | |
| 28 CHEMOTHERAPY | | | | |
| 29 OTHER | | | | |
| 30 BEREAVEMENT PROGRAM COSTS | | | | |
| 31 VOLUNTEER PROGRAM COSTS | | | | |
| 32 FUNDRAISING | | | | |
| 33 OTHER PROGRAM COSTS | | | | |
| 34 TOTAL (SUM OF LINES 1 THRU 33) | | | 1,481,397 | |

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0160 | FROM 1/ 1/2008 | 5/28/2009 |
| HOSPICE NO: | TO 12/31/2008 | WORKSHEET K-4 |
| 14-1560 | | PART I |

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

| | | |
|----|---|-----------|
| 1 | GENERAL SERVICE COST CENTERS | |
| 2 | CAPITAL RELATED COSTS-BLDG AND FIXT. | |
| 3 | CAPITAL RELATED COSTS-MOVABLE EQUIP. | |
| 4 | PLANT OPERATION AND MAINTENANCE | |
| 5 | TRANSPORTATION - STAFF | |
| 6 | VOLUNTEER SERVICE COORDINATION | |
| 7 | ADMINISTRATIVE AND GENERAL | |
| 8 | INPATIENT CARE SERVICE | |
| 9 | INPATIENT - GENERAL CARE | |
| 10 | INPATIENT - RESPIRE CARE | |
| 11 | VISITING SERVICES | |
| 12 | PHYSICIAN SERVICES | |
| 13 | NURSING CARE | 1,257,102 |
| 14 | 10.20 NURSING CARE-CONTINUOUS HOME CARE | |
| 15 | PHYSICAL THERAPY | 145 |
| 16 | OCCUPATIONAL THERAPY | |
| 17 | SPEECH/LANGUAGE PATHOLOGY | |
| 18 | MEDICAL SOCIAL SERVICES | 5,559 |
| 19 | SPIRITUAL COUNSELING | |
| 20 | DIETARY COUNSELING | |
| 21 | COUNSELING - OTHER | |
| 22 | 18 HOME HEALTH AIDE AND HOMEMAKER | 15,443 |
| 23 | 18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE | |
| 24 | OTHER HOSPICE SERVICE COSTS | |
| 25 | 19 OTHER | |
| 26 | 20 DRUGS BIOLOGICAL AND INFUSION THERAPY | 203,148 |
| 27 | 20.30 ANALGESICS | |
| 28 | 20.31 SEDATIVES / HYPNOTICS | |
| 29 | 20.32 OTHER - SPECIFY | |
| 30 | 21 DURABLE MEDICAL EQUIPMENT/OXYGEN | |
| 31 | 22 PATIENT TRANSPORTATION | |
| 32 | 23 IMAGING SERVICES | |
| 33 | 24 LABS AND DIAGNOSTICS | |
| 34 | 25 MEDICAL SUPPLIES | |
| 35 | 26 OUTPATIENT SERVICES (INCL. E/R DEPT.) | |
| 36 | 27 RADIATION THERAPY | |
| 37 | 28 CHEMOTHERAPY | |
| 38 | 29 OTHER | |
| 39 | 30 BEREAVEMENT PROGRAM COSTS | |
| 40 | 31 VOLUNTEER PROGRAM COSTS | |
| 41 | 32 FUNDRAISING | |
| 42 | 33 OTHER PROGRAM COSTS | |
| 43 | 34 TOTAL (SUM OF LINES 1 THRU 33) | 1,481,397 |

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0160 | FROM 1/ 1/2008 | 5/28/2009 |
| HOSPICE NO: | TO 12/31/2008 | WORKSHEET K-4 |
| 14-1560 | | PART II |

HOSPICE 1

| CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) | CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) | PLANT OPERATION & MAINT. (SQUARE FEET) | TRANSPORTATION (MILEAGE) |
|--|--|---|-----------------------------|
| 1 | 2 | 3 | 4 |

- 1 GENERAL SERVICE COST CENTERS
- 2 CAPITAL RELATED COSTS-BLDG AND FIXT.
- 3 CAPITAL RELATED COSTS-MOVABLE EQUIP.
- 4 PLANT OPERATION AND MAINTENANCE
- 5 TRANSPORTATION - STAFF
- 6 VOLUNTEER SERVICE COORDINATION
- 7 ADMINISTRATIVE AND GENERAL
- 8 INPATIENT CARE SERVICE
- 9 INPATIENT - GENERAL CARE
- 10 INPATIENT - RESPIRE CARE
- 11 VISITING SERVICES
- 12 PHYSICIAN SERVICES
- 13 NURSING CARE
- 14.20 NURSING CARE-CONTINUOUS HOME CARE
- 15 PHYSICAL THERAPY
- 16 OCCUPATIONAL THERAPY
- 17 SPEECH/LANGUAGE PATHOLOGY
- 18 MEDICAL SOCIAL SERVICES
- 19 SPIRITUAL COUNSELING
- 20 DIETARY COUNSELING
- 21 COUNSELING - OTHER
- 22 HOME HEALTH AIDE AND HOMEMAKER
- 23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE
- 24 OTHER HOSPICE SERVICE COSTS
- 25 OTHER
- 26 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 27.30 ANALGESICS
- 28.31 SEDATIVES / HYPNOTICS
- 29.32 OTHER - SPECIFY
- 30 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 31 PATIENT TRANSPORTATION
- 32 IMAGING SERVICES
- 33 LABS AND DIAGNOSTICS
- 34 MEDICAL SUPPLIES
- 35 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 36 RADIATION THERAPY
- 37 CHEMOTHERAPY
- 38 OTHER
- 39
- 40
- 41
- 42 FUNDRAISING
- 43 OTHER PROGRAM COSTS
- 44 COST TO BE ALLOCATED (PER WKST K-4, PART I)
- 45 UNIT COST MULTIPLIER

| | | | |
|---------|---------|---------|---------|
| .000000 | .000000 | .000000 | .000000 |
|---------|---------|---------|---------|

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0160 | FROM 1/ 1/2008 | 5/28/2009 |
| HOSPICE NO: | TO 12/31/2008 | WORKSHEET K-4 |
| 14-1560 | | PART II |

HOSPICE 1

| | VOLUNTEER SERVICES COORDINATOR (HOURS) 5 | RECONCILIATION 6A | ADMINISTRATIVE & GENERAL (ACCUM. COST) 6 |
|---|---|----------------------|---|
| 1 GENERAL SERVICE COST CENTERS | | | |
| 2 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | |
| 3 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | |
| 4 PLANT OPERATION AND MAINTENANCE | | | |
| 5 TRANSPORTATION - STAFF | | | |
| 6 VOLUNTEER SERVICE COORDINATION | | | |
| 7 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE | | -1,169,241 | 312,156 |
| 8 INPATIENT - GENERAL CARE | | | |
| 9 INPATIENT - RESPIRE CARE | | | |
| 10 VISITING SERVICES | | | |
| 11 PHYSICIAN SERVICES | | | |
| 12 NURSING CARE | | -1,169,241 | 87,861 |
| 13.20 NURSING CARE-CONTINUOUS HOME CARE | | | |
| 14 PHYSICAL THERAPY | | | 145 |
| 15 OCCUPATIONAL THERAPY | | | |
| 16 SPEECH/LANGUAGE PATHOLOGY | | | |
| 17 MEDICAL SOCIAL SERVICES | | | 5,559 |
| 18 SPIRITUAL COUNSELING | | | |
| 19 DIETARY COUNSELING | | | |
| 20 COUNSELING - OTHER | | | |
| 21 HOME HEALTH AIDE AND HOME MAKER | | | 15,443 |
| 22.20 HH AIDE & HOME MAKER-CONT. HOME CARE | | | |
| 23 OTHER HOSPICE SERVICE COSTS | | | |
| 24 OTHER | | | |
| 25 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | 203,148 |
| 26.30 ANALGESICS | | | |
| 27.31 SEDATIVES / HYPNOTICS | | | |
| 28.32 OTHER - SPECIFY | | | |
| 29 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | |
| 30 PATIENT TRANSPORTATION | | | |
| 31 IMAGING SERVICES | | | |
| 32 LABS AND DIAGNOSTICS | | | |
| 33 MEDICAL SUPPLIES | | | |
| 34 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | |
| 35 RADIATION THERAPY | | | |
| 36 CHEMOTHERAPY | | | |
| 37 OTHER | | | |
| 38 | | | |
| 39 | | | |
| 40 | | | |
| 41 | | | |
| 42 FUNDRAISING | | | |
| 43 OTHER PROGRAM COSTS | | | |
| 44 COST TO BE ALLOCATED (PER WKST K-4, PART I) | | | |
| 45 UNIT COST MULTIPLIER | .000000 | | .000000 |

HOSPI CE 1

| HOSPI CE COST CENTER | FROM K-4, PART 1, COLUMN 7, LINE | HOSPI CE TRIAL BALANCE (1) | OLD CAP REL COSTS-BLDG & FIXT | OLD CAP REL COSTS-MVBLE EQUIP | NEW CAP REL COSTS-BLDG & FIXT |
|---|----------------------------------|----------------------------|-------------------------------|-------------------------------|-------------------------------|
| | | 0 | 1 | 2 | 3 |
| 1.00 ADMINISTRATIVE AND GENERAL | 6 | | | | |
| 2.00 INPATIENT - GENERAL CARE | 7 | | | | |
| 3.00 INPATIENT - RESPI TE CARE | 8 | | | | |
| 4.00 PHYSI CI AN SERVI CES | 9 | | | | |
| 5.00 NURSING CARE | 10 | 1,257,102 | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | 10.20 | | | | |
| 6.00 PHYSI CAL THERAPY | 11 | 145 | | | |
| 7.00 OCCUPATIONAL THERAPY | 12 | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | 13 | | | | |
| 9.00 MEDI CAL SOCI AL SERVI CES | 14 | 5,559 | | | |
| 10.00 SPI RI TUAL COUNSELING | 15 | | | | |
| 11.00 DI ETARY COUNSELING | 16 | | | | |
| 12.00 COUNSELING - OTHER | 17 | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | 18 | 15,443 | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | 18.20 | | | | |
| 14.00 | 19 | | | | |
| 15.00 DRUGS BI OLOGI CAL AND INFUSION THERAPY | 20 | 203,148 | | | |
| 15.30 ANALGESI CS | 20.30 | | | | |
| 15.31 SEDATI VES / HYPNOTI CS | 20.31 | | | | |
| 15.32 OTHER | 20.32 | | | | |
| 16.00 DURABLE MEDI CAL EQUI PMENT/OXYGEN | 21 | | | | |
| 17.00 PATI ENT TRANSPORTATI ON | 22 | | | | |
| 18.00 IMAGI NG SERVI CES | 23 | | | | |
| 19.00 LABS AND DI AGNOSTI CS | 24 | | | | |
| 20.00 MEDI CAL SUPPLI ES | 25 | | | | |
| 21.00 OUTPATI ENT SERVI CES (INCL. E/R DEPT.) | 26 | | | | |
| 22.00 RADI ATI ON THERAPY | 27 | | | | |
| 23.00 CHEMOTHERAPY | 28 | | | | |
| 24.00 | 29 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | 30 | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | 31 | | | | |
| 27.00 FUNDRAI SI NG | 32 | | | | |
| 28.00 OTHER PROGRAM COSTS | 33 | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2) | | 1,481,397 | | | |
| 30.00 UNIT COST MULI PLI ER | | | | | |

| HOSPI CE COST CENTER | NEW CAP REL COSTS-MVBLE EQUIP | EMPLOYEE BENEFITS | SUBTOTAL | ADMINI STRATI VE & GENERAL |
|---|-------------------------------|-------------------|-----------|----------------------------|
| | 4 | 5 | 5A | 6 |
| 1.00 ADMINISTRATIVE AND GENERAL | | | | |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPI TE CARE | | | | |
| 4.00 PHYSI CI AN SERVI CES | | | | |
| 5.00 NURSING CARE | 6,597 | 128,824 | 1,392,523 | 407,056 |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSI CAL THERAPY | | | 145 | 42 |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDI CAL SOCI AL SERVI CES | | | 5,559 | 1,625 |
| 10.00 SPI RI TUAL COUNSELING | | | | |
| 11.00 DI ETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | 15,443 | 4,514 |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BI OLOGI CAL AND INFUSION THERAPY | | | 203,148 | 59,383 |
| 15.30 ANALGESI CS | | | | |
| 15.31 SEDATI VES / HYPNOTI CS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDI CAL EQUI PMENT/OXYGEN | | | | |
| 17.00 PATI ENT TRANSPORTATI ON | | | | |
| 18.00 IMAGI NG SERVI CES | | | | |
| 19.00 LABS AND DI AGNOSTI CS | | | | |
| 20.00 MEDI CAL SUPPLI ES | | | | |
| 21.00 OUTPATI ENT SERVI CES (INCL. E/R DEPT.) | | | | |
| 22.00 RADI ATI ON THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAI SI NG | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2) | 6,597 | 128,824 | 1,616,818 | 472,620 |
| 30.00 UNIT COST MULI PLI ER | | | | |

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0160 | FROM 1/ 1/2008 | 5/28/2009 |
| HOSPICE NO: | TO 12/31/2008 | WORKSHEET K-5 |
| 14-1560 | | PART I |

HOSPICE 1

| HOSPICE COST CENTER | ALLOCATED HOSPICE A & G | TOTAL HOSPICE COSTS |
|---------------------|----------------------------|------------------------|
| | 28 | 29 |

(2) COLUMNS 0 THROUGH 27, LINE 29 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, LINE 93.

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

PROVIDER NO: 14-0160
HOSPICE NO: 14-1560
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/28/2009
WORKSHEET K-5
PART II

HOSPICE 1

| HOSPICE COST CENTER | OLD CAP REL COSTS-BLDG & FIXT | OLD CAP REL COSTS-MVBLE EQUIP | NEW CAP REL COSTS-BLDG & FIXT | NEW CAP REL COSTS-MVBLE EQUIP |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| | (SQUARE FEET) | (DOLLAR VALUE) | (SQUARE FEET) | (DOLLAR VALUE) |
| | 1 | 2 | 3 | 4 |
| 1.00 ADMINISTRATIVE AND GENERAL | | | | |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPIRE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | 390 | | 390 | 3,498 |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) | 390 | | 390 | 3,498 |
| 30.00 TOTAL COST TO BE ALLOCATED | | | | 6,597 |
| 31.00 UNIT COST MULTIPLIER | .000000 | .000000 | .000000 | 1.885935 |

| HOSPICE COST CENTER | EMPLOYEE BENEFITS | RECONCILIATION | ADMINISTRATIVE & GENERAL | OPERATION OF PLANT |
|---|-------------------|----------------|--------------------------|--------------------|
| | (GROSS SALARIES) | | (ACCUMULATED COST) | (SQUARE FEET) |
| | 5 | 6A | 6 | 8 |
| 1.00 ADMINISTRATIVE AND GENERAL | | | | |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPIRE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | 757,670 | | 1,392,523 | 390 |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | 145 | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | 5,559 | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | 15,443 | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | 203,148 | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
 COST CENTERS - STATISTICAL BASIS

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0160 | FROM 1/ 1/2008 | 5/28/2009 |
| HOSPICE NO: | TO 12/31/2008 | WORKSHEET K-5 |
| 14-1560 | | PART II |

HOSPICE 1

| HOSPICE COST CENTER | EMPLOYEE BENEFITS | RECONCILIATION | ADMINISTRATIVE & GENERAL | OPERATION OF PLANT |
|-------------------------------------|-------------------|----------------|--------------------------|--------------------|
| | 5 | 6A | 6 | 8 |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) | 757,670 | | 1,616,818 | 390 |
| 30.00 TOTAL COST TO BE ALLOCATED | 128,824 | | 472,620 | 8,546 |
| 31.00 UNIT COST MULTIPLIER | .170027 | | .292315 | 21.912821 |

| HOSPICE COST CENTER | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA |
|---|-------------------------|--------------------|----------------|-----------|
| | (POUNDS OF LAUNDRY) | (HOURS OF SERVICE) | (MEALS SERVED) | (FTE'S) |
| | 9 | 10 | 11 | 12 |
| 1.00 ADMINISTRATIVE AND GENERAL | | | | |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPIRE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | 1,690 |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) | | | | 1,690 |
| 30.00 TOTAL COST TO BE ALLOCATED | | | | 37,692 |
| 31.00 UNIT COST MULTIPLIER | .000000 | .000000 | .000000 | 22.302959 |

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
 COST CENTERS - STATISTICAL BASIS

| | | | | | |
|--------------|---------|---------|----------------|-----------|-----------|
| PROVIDER NO: | 14-0160 | PERIOD: | FROM 1/ 1/2008 | PREPARED | 5/28/2009 |
| HOSPICE NO: | 14-1560 | TO | 12/31/2008 | WORKSHEET | K-5 |
| | | | | PART | 11 |

HOSPICE 1

| HOSPICE COST CENTER | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY |
|---|---------------------------|---------------------------------|-----------------|------------------------------|
| | (DIRECT NRSNG HRS) | (COSTED REQUIS) | (COSTED REQUIS) | (TIME SPENT) |
| | 14 | 15 | 16 | 17 |
| 1.00 ADMINISTRATIVE AND GENERAL | | | | |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPIRE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | 1,607 | 202,634 | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) | | 1,607 | 202,634 | |
| 30.00 TOTAL COST TO BE ALLOCATED | | 5,741 | 149,901 | |
| 31.00 UNIT COST MULTIPLIER | .000000 | 3.572495 | .739762 | .000000 |

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
 COST CENTERS - STATISTICAL BASIS

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0160 | FROM 1/ 1/2008 | 5/28/2009 |
| HOSPICE NO: | TO 12/31/2008 | WORKSHEET K-5 |
| 14-1560 | | PART III |

HOSPICE 1

| | WKSHT C, PART I COLUMN 9 LINE: | COST TO CHARGE RATIO 1 | TOTAL HOSPICE CHARGES 2 | HOSPICE SHARED ANCI LLARY COSTS 3 |
|----|---|---------------------------------|----------------------------------|---|
| 1 | PHYSICAL THERAPY | 50 | . 558123 | |
| 2 | OCCUPATIONAL THERAPY | 51 | | |
| 3 | SPEECH PATHOLOGY | 52 | | |
| 4 | DRUGS CHARGED TO PATIENTS | 56 | . 227053 | |
| 5 | DURABLE MEDICAL EQUIP-SOLD | 67 | | |
| 6 | LABORATORY | 44 | . 182247 | |
| 7 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 55 | . 169426 | |
| 8 | EMERGENCY | 61 | . 385035 | |
| 9 | RADIOLOGY-DIAGNOSTIC | 41 | . 195930 | |
| 10 | OTHER ANCI LLARY | 59 | | |
| 11 | TOTAL (SUM OF LINES 1-10) | | | |

CALCULATION OF PER DIEM COST

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0160 | FROM 1/ 1/2008 | 5/28/2009 |
| HOSPICE NO: | TO 12/31/2008 | WORKSHEET K-6 |
| 14-1560 | | |

HOSPICE 1

COMPUTATION OF PER DIEM COST

| | TITLE XVIII | TITLE XIX | OTHER | TOTAL(1) |
|---|-------------|-----------|---------|-----------|
| | 1 | 2 | 3 | 4 |
| 1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS) | | | | 2,291,318 |
| 2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4) | | | | 14,862 |
| 3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2) | | | | 154.17 |
| 4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1) | 13,339 | | | |
| 5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4) | 2,056,474 | | | |
| 6 UNDUPLICATED MEDICAID DAYS | | 12 | | |
| 7 AGGREGATE MEDICAID COST | | 1,850 | | |
| 8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2) | | | | |
| 9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8) | | | | |
| 10 UNDUPLICATED NF DAYS | | | | |
| 11 AGGREGATE NF COST | | | | |
| 12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3) | | | 1,511 | |
| 13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12) | | | 232,951 | |

NOTE: THE DATA FOR THE SNF AND NF LINES 8 THROUGH 11 ARE INCLUDED IN THE MEDICARE AND MEDICAID LINES 4 THROUGH 7.

CALCULATION OF CAPITAL PAYMENT

| | | |
|---------------|----------------|-------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0160 | FROM 1/ 1/2008 | 5/28/2009 |
| COMPONENT NO: | TO 12/31/2008 | WORKSHEET L |
| 14-0160 | | PARTS I-IV |

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

| | | |
|---|--|-----------|
| 1 | CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS | |
| | CAPITAL FEDERAL AMOUNT | |
| 2 | CAPITAL DRG OTHER THAN OUTLIER | 1,278,550 |
| 3 | CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997 | |
| 3.01 | CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997 | 5,422 |
| | INDIRECT MEDICAL EDUCATION ADJUSTMENT | |
| 4 | TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS | 63.01 |
| | IN THE COST REPORTING PERIOD | |
| 4.01 | NUMBER OF INTERNS AND RESIDENTS | .00 |
| | (SEE INSTRUCTIONS) | |
| 4.02 | INDIRECT MEDICAL EDUCATION PERCENTAGE | .00 |
| 4.03 | INDIRECT MEDICAL EDUCATION ADJUSTMENT | |
| | (SEE INSTRUCTIONS) | |
| 5 | PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO | .00 |
| | MEDICARE PART A PATIENT DAYS | |
| 5.01 | PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL | .00 |
| | DAYS REPORTED ON S-3, PART I | |
| 5.02 | SUM OF 5 AND 5.01 | .00 |
| 5.03 | ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE | .00 |
| 5.04 | DISPROPORTIONATE SHARE ADJUSTMENT | |
| 6 | TOTAL PROSPECTIVE CAPITAL PAYMENTS | 1,283,972 |
| PART II - HOLD HARMLESS METHOD | | |
| 1 | NEW CAPITAL | |
| 2 | OLD CAPITAL | |
| 3 | TOTAL CAPITAL | |
| 4 | RATIO OF NEW CAPITAL TO OLD CAPITAL | .000000 |
| 5 | TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE | |
| 6 | REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT | |
| 7 | REDUCED OLD CAPITAL AMOUNT | |
| 8 | HOLD HARMLESS PAYMENT FOR NEW CAPITAL | |
| 9 | SUBTOTAL | |
| 10 | PAYMENT UNDER HOLD HARMLESS | |
| PART III - PAYMENT UNDER REASONABLE COST | | |
| 1 | PROGRAM INPATIENT ROUTINE CAPITAL COST | |
| 2 | PROGRAM INPATIENT ANCILLARY CAPITAL COST | |
| 3 | TOTAL INPATIENT PROGRAM CAPITAL COST | |
| 4 | CAPITAL COST PAYMENT FACTOR | |
| 5 | TOTAL INPATIENT PROGRAM CAPITAL COST | |
| PART IV - COMPUTATION OF EXCEPTION PAYMENTS | | |
| 1 | PROGRAM INPATIENT CAPITAL COSTS | |
| 2 | PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY | |
| | CIRCUMSTANCES | |
| 3 | NET PROGRAM INPATIENT CAPITAL COSTS | |
| 4 | APPLICABLE EXCEPTION PERCENTAGE | .00 |
| 5 | CAPITAL COST FOR COMPARISON TO PAYMENTS | |
| 6 | PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY | .00 |
| | CIRCUMSTANCES | |
| 7 | ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL | |
| | FOR EXTRAORDINARY CIRCUMSTANCES | |
| 8 | CAPITAL MINIMUM PAYMENT LEVEL | |
| 9 | CURRENT YEAR CAPITAL PAYMENTS | |
| 10 | CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT | |
| | LEVEL TO CAPITAL PAYMENTS | |
| 11 | CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT | |
| | LEVEL OVER CAPITAL PAYMENT | |
| 12 | NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL | |
| | TO CAPITAL PAYMENTS | |
| 13 | CURRENT YEAR EXCEPTION PAYMENT | |
| 14 | CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT | |
| | LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD | |
| 15 | CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT | |
| 16 | CURRENT YEAR OPERATING AND CAPITAL COSTS | |
| 17 | CURRENT YEAR EXCEPTION OFFSET AMOUNT | |
| | (SEE INSTRUCTIONS) | |