

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        | I | PROVIDER NO: | I | PERIOD          | I | INTERMEDIARY USE ONLY   | I | DATE RECEIVED:   |
| COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | I | 14-0213      | I | FROM 10/ 1/2007 | I | --AUDITED --DESK REVIEW | I | / /              |
|  | I |              | I | TO 9/30/2008    | I | --INITIAL --REOPENED    | I | INTERMEDIARY NO: |
|  | I |              | I |                 | I | --FINAL 1-MCR CODE      | I |                  |
|  | I |              | I |                 | I | 00 - # OF REOPENINGS    | I |                  |

ELECTRONICALLY FILED COST REPORT DATE: 2/26/2009 TIME 16:25

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:  
 SILVER CROSS HOSPITAL 14-0213

FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2007 AND ENDING 9/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

|      | TITLE<br>V         | A | TITLE<br>XVIII | B      | TITLE<br>XIX |
|------|--------------------|---|----------------|--------|--------------|
|      | 1                  | 2 | 3              | 4      |              |
| 1    | HOSPITAL           | 0 | -266,042       | 35,489 | 0            |
| 2    | SUBPROVIDER        | 0 | 103,469        | 0      | 0            |
| 2.01 | SUBPROVIDER II     | 0 | -32,973        | 0      | 0            |
| 7    | HOSPITAL-BASED HHA | 0 | 0              | 0      | 0            |
| 100  | TOTAL              | 0 | -195,546       | 35,489 | 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.







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)      Y      N

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST  
REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS  
THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC.  
412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER  
1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD  
COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS  
OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).      N      0

MULTI CAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO.  
IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3,  
CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

| 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       |



HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0213  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/26/2009  
 WORKSHEET S-3  
 PARTS II & III

| PART II - WAGE DATA  | AMOUNT REPORTED<br>1 | RECLASS OF SALARIES<br>2 | ADJUSTED SALARIES<br>3 | PAID HOURS RELATED TO SALARY<br>4 | AVERAGE HOURLY WAGE<br>5 | DATA SOURCE<br>6 |
|--|----------------------|--------------------------|------------------------|-----------------------------------|--------------------------|------------------|
| SALARIES   |                      |                          |                        |                                   |                          |                  |
| 1 TOTAL SALARY   | 76,280,482           |                          | 76,280,482             | 2,859,636.00                      | 26.67                    |                  |
| 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  |                      |                          |                        |                                   |                          |                  |
| 8.01 EXCLUDED AREA SALARIES                                | 4,533,652            | -266,768                 | 4,266,884              | 142,798.00                        | 29.88                    |                  |
| OTHER WAGES & RELATED COSTS                                |                      |                          |                        |                                   |                          |                  |
| 9 CONTRACT LABOR:  | 1,632,523            |                          | 1,632,523              | 27,631.00                         | 59.08                    |                  |
| 9.01 PHARMACY SERVICES UNDER CONTRACT                      |                      |                          |                        |                                   |                          |                  |
| 9.02 LABORATORY SERVICES UNDER CONTRACT                    |                      |                          |                        |                                   |                          |                  |
| 9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT            |                      |                          |                        |                                   |                          |                  |
| 10 CONTRACT LABOR: PHYS PART A                             | 322,548              |                          | 322,548                | 2,076.00                          | 155.37                   |                  |
| 10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS) |                      |                          |                        |                                   |                          |                  |
| 11 HOME OFFICE SALARIES & WAGE RELATED COSTS               | 5,700,163            |                          | 5,700,163              | 20,280.00                         | 281.07                   |                  |
| 12 HOME OFFICE: PHYS PART A                                |                      |                          |                        |                                   |                          |                  |
| 12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)       |                      |                          |                        |                                   |                          |                  |
| WAGE RELATED COSTS   |                      |                          |                        |                                   |                          |                  |
| 13 WAGE-RELATED COSTS (CORE)                               | 20,726,858           |                          | 20,726,858             |                                   |                          | CMS 339          |
| 14 WAGE-RELATED COSTS (OTHER)                              |                      |                          |                        |                                   |                          | CMS 339          |
| 15 EXCLUDED AREAS  | 1,228,089            |                          | 1,228,089              |                                   |                          | 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                                       | 411,887              |                          | 411,887                | 12,756.00                         | 32.29                    |                  |
| 22 ADMINISTRATIVE & GENERAL                                | 10,474,240           | -204,820                 | 10,269,420             | 375,047.00                        | 27.38                    |                  |
| 22.01 A & G UNDER CONTRACT                                 | 818,256              |                          | 818,256                | 4,085.00                          | 200.31                   |                  |
| 23 MAINTENANCE & REPAIRS                                   |                      |                          |                        |                                   |                          |                  |
| 24 OPERATION OF PLANT                                      | 2,158,471            |                          | 2,158,471              | 96,253.00                         | 22.42                    |                  |
| 25 LAUNDRY & LINEN SERVICE                                 | 41,455               |                          | 41,455                 | 3,069.00                          | 13.51                    |                  |
| 26 HOUSEKEEPING  | 1,748,253            |                          | 1,748,253              | 126,350.00                        | 13.84                    |                  |
| 26.01 HOUSEKEEPING UNDER CONTRACT                          |                      |                          |                        |                                   |                          |                  |
| 27 DIETARY   | 1,302,571            | -645,865                 | 656,706                | 47,665.00                         | 13.78                    |                  |
| 27.01 DIETARY UNDER CONTRACT                               |                      |                          |                        |                                   |                          |                  |
| 28 CAFETERIA   |                      | 645,865                  | 645,865                | 46,885.00                         | 13.78                    |                  |
| 29 MAINTENANCE OF PERSONNEL                                |                      |                          |                        |                                   |                          |                  |
| 30 NURSING ADMINISTRATION                                  | 1,316,064            |                          | 1,316,064              | 42,941.00                         | 30.65                    |                  |
| 31 CENTRAL SERVICE AND SUPPLY                              | 791,443              | -423,900                 | 367,543                | 24,220.00                         | 15.18                    |                  |
| 32 PHARMACY  | 1,737,805            |                          | 1,737,805              | 49,774.00                         | 34.91                    |                  |
| 33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY               | 1,675,894            |                          | 1,675,894              | 87,116.00                         | 19.24                    |                  |
| 34 SOCIAL SERVICE  |                      | 204,820                  | 204,820                | 7,846.00                          | 26.11                    |                  |
| 35 OTHER GENERAL SERVICE                                   |                      |                          |                        |                                   |                          |                  |
| PART III - HOSPITAL WAGE INDEX SUMMARY                     |                      |                          |                        |                                   |                          |                  |
| 1 NET SALARIES   | 77,098,738           |                          | 77,098,738             | 2,863,721.00                      | 26.92                    |                  |
| 2 EXCLUDED AREA SALARIES                                   | 4,533,652            | -266,768                 | 4,266,884              | 142,798.00                        | 29.88                    |                  |
| 3 SUBTOTAL SALARIES  | 72,565,086           | 266,768                  | 72,831,854             | 2,720,923.00                      | 26.77                    |                  |
| 4 SUBTOTAL OTHER WAGES & RELATED COSTS                     | 7,655,234            |                          | 7,655,234              | 49,987.00                         | 153.14                   |                  |
| 5 SUBTOTAL WAGE-RELATED COSTS                              | 20,726,858           |                          | 20,726,858             |                                   | 28.46                    |                  |
| 6 TOTAL  | 100,947,178          | 266,768                  | 101,213,946            | 2,770,910.00                      | 36.53                    |                  |
| 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                                    | 22,476,339           | -423,900                 | 22,052,439             | 924,007.00                        | 23.87                    |                  |

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

PROVIDER NO: 14-0213  
HHA NO: 14-7452  
COUNTY:  
PERIOD: FROM 10/1/2007 TO 9/30/2008  
PREPARED 2/26/2009  
WORKSHEET S-4

HHA 1

|                             | TITLE V<br>1 | TITLE XVII<br>2 | TITLE XIX<br>3 | OTHER<br>4 |
|-----------------------------|--------------|-----------------|----------------|------------|
| 1 HOME HEALTH AIDE HOURS    | 0            | 4,059           | 18             | 38         |
| 2 UNDUPLICATED CENSUS COUNT |              | 892.00          | 57.00          | 272.00     |
|                             | TOTAL<br>5   |                 |                |            |

|                             |          |
|-----------------------------|----------|
| 1 HOME HEALTH AIDE HOURS    | 4,115    |
| 2 UNDUPLICATED CENSUS COUNT | 1,221.00 |

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

|  | STAFF<br>1 | CONTRACT<br>2 | TOTAL<br>3 |
|--|------------|---------------|------------|
| 3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)   | 6.62       |               | 6.62       |
| 4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)  |            |               |            |
| 5 OTHER ADMINISTRATIVE PERSONEL  |            |               |            |
| 6 DIRECTING NURSING SERVICE  | 12.34      |               | 12.34      |
| 7 NURSING SUPERVISOR   |            |               |            |
| 8 PHYSICAL THERAPY SERVICE   |            | 4.16          | 4.16       |
| 9 PHYSICAL THERAPY SUPERVISOR  |            |               |            |
| 10 OCCUPATIONAL THERAPY SERVICE  |            | 1.55          | 1.55       |
| 11 OCCUPATIONAL THERAPY SUPERVISOR   |            |               |            |
| 12 SPEECH PATHOLOGY SERVICE  |            | .11           | .11        |
| 13 SPEECH PATHOLOGY SUPERVISOR   |            |               |            |
| 14 MEDICAL SOCIAL SERVICE  | .05        | .19           | .24        |
| 15 MEDICAL SOCIAL SERVICE SUPERVISOR   |            |               |            |
| 16 HOME HEALTH AIDE  | 1.98       |               | 1.98       |
| 17 HOME HEALTH AIDE SUPERVISOR   |            |               |            |
| 18   |            |               |            |
| HOME HEALTH AGENCY MSA CODES   | 1          | 1.01          |            |
| 19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?                               | 0          | 1             |            |
| 20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE). |            | 16974         |            |

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

|   | FULL EPI SODES           |                       |                        |                            |
|---|--------------------------|-----------------------|------------------------|----------------------------|
|   | WITHOUT<br>OUTLIERS<br>1 | WITH<br>OUTLIERS<br>2 | LUPA<br>EPI SODES<br>3 | PEP ONLY<br>EPI SODES<br>4 |
| 21 SKILLED NURSING VISITS                                 | 6,970                    | 388                   | 96                     | 620                        |
| 22 SKILLED NURSING VISIT CHARGES                          | 1,439,654                | 80,141                | 19,829                 | 128,061                    |
| 23 PHYSICAL THERAPY VISITS                                | 4,881                    | 100                   | 12                     | 340                        |
| 24 PHYSICAL THERAPY VISIT CHARGES                         | 945,694                  | 19,375                | 2,325                  | 65,875                     |
| 25 OCCUPATIONAL THERAPY VISITS                            | 1,690                    | 64                    | 5                      | 126                        |
| 26 OCCUPATIONAL THERAPY VISIT CHARGES                     | 327,438                  | 12,400                | 969                    | 24,413                     |
| 27 SPEECH PATHOLOGY VISITS                                | 105                      | 22                    | 0                      | 7                          |
| 28 SPEECH PATHOLOGY VISIT CHARGES                         | 21,583                   | 4,522                 | 0                      | 1,439                      |
| 29 MEDICAL SOCIAL SERVICE VISITS                          | 208                      | 11                    | 0                      | 29                         |
| 30 MEDICAL SOCIAL SERVICE VISIT CHARGES                   | 58,854                   | 3,112                 | 0                      | 8,206                      |
| 31 HOME HEALTH AIDE VISITS                                | 2,038                    | 92                    | 2                      | 250                        |
| 32 HOME HEALTH AIDE VISIT CHARGES                         | 257,399                  | 11,620                | 253                    | 31,575                     |
| 33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)    | 15,892                   | 677                   | 115                    | 1,372                      |
| 34 OTHER CHARGES  | 16,051                   | 496                   | 1,293                  | 1,164                      |
| 35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34) | 3,066,673                | 131,666               | 24,669                 | 260,733                    |
| 36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)       | 724                      | 0                     | 39                     | 78                         |
| 37 TOTAL NUMBER OF OUTLIER EPI SODES                      | 0                        | 12                    | 0                      | 5                          |
| 38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES               | 13,802                   | 158                   | 776                    | 902                        |

HOSPITAL-BASED HOME HEALTH AGENCY  
 STATISTICAL DATA  
 HOME HEALTH AGENCY STATISTICAL DATA

PROVIDER NO: 14-0213  
 HHA NO: 14-7452  
 COUNTY:  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/26/2009  
 WORKSHEET S-4

HHA 1

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

|   | SCIC WITHIN<br>A PEP<br>5 | SCIC ONLY<br>EPIISODES<br>6 | TOTAL<br>(COLS. 1-6)<br>7 |
|---|---------------------------|-----------------------------|---------------------------|
| 21 SKILLED NURSING VISITS                                 | 31                        | 195                         | 8,300                     |
| 22 SKILLED NURSING VISIT CHARGES                          | 6,403                     | 40,277                      | 1,714,365                 |
| 23 PHYSICAL THERAPY VISITS                                | 23                        | 141                         | 5,497                     |
| 24 PHYSICAL THERAPY VISIT CHARGES                         | 4,456                     | 27,319                      | 1,065,044                 |
| 25 OCCUPATIONAL THERAPY VISITS                            | 1                         | 2                           | 1,888                     |
| 26 OCCUPATIONAL THERAPY VISIT CHARGES                     | 194                       | 388                         | 365,802                   |
| 27 SPEECH PATHOLOGY VISITS                                | 0                         | 0                           | 134                       |
| 28 SPEECH PATHOLOGY VISIT CHARGES                         | 0                         | 0                           | 27,544                    |
| 29 MEDICAL SOCIAL SERVICE VISITS                          | 0                         | 9                           | 257                       |
| 30 MEDICAL SOCIAL SERVICE VISIT CHARGES                   | 0                         | 2,547                       | 72,719                    |
| 31 HOME HEALTH AIDE VISITS                                | 0                         | 41                          | 2,423                     |
| 32 HOME HEALTH AIDE VISIT CHARGES                         | 0                         | 5,178                       | 306,025                   |
| 33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)    | 55                        | 388                         | 18,499                    |
| 34 OTHER CHARGES  | 0                         | 0                           | 19,004                    |
| 35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34) | 11,053                    | 75,709                      | 3,570,503                 |
| 36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)       | 3                         | 11                          | 855                       |
| 37 TOTAL NUMBER OF OUTLIER EPIISODES                      | 0                         | 2                           | 19                        |
| 38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES               | 0                         | 78                          | 15,716                    |

HOSPITAL RENAL DIALYSIS DEPARTMENT  
STATISTICAL DATA

|               |                |               |
|---------------|----------------|---------------|
| PROVIDER NO:  | PERIOD:        | PREPARED      |
| 14-0213       | FROM 10/1/2007 | 2/26/2009     |
| SATELLITE NO: | TO 9/30/2008   | WORKSHEET S-5 |

| DESCRIPTION   | ----- OUTPATIENT ----- |                | ----- TRAINING -----   |                   | ----- HOME -----       |                   |
|---|------------------------|----------------|------------------------|-------------------|------------------------|-------------------|
|   | REGULAR<br>1           | HIGH FLUX<br>2 | HEMO-<br>DIALYSIS<br>3 | CAPD<br>CCPD<br>4 | HEMO-<br>DIALYSIS<br>5 | CAPD<br>CCPD<br>6 |
| 1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD                         |                        |                |                        |                   |                        |                   |
| 2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS                                    | 3.00                   |                |                        |                   |                        |                   |
| 3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP   | 4.50                   |                |                        |                   |                        |                   |
| 4 CAPD EXCHANGES PER DAY  |                        |                |                        |                   |                        |                   |
| 5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED   | 312                    |                |                        |                   |                        |                   |
| 6 NUMBER OF STATIONS  | 52                     |                |                        |                   |                        |                   |
| 7 TREATMENT CAPACITY PER DAY PER STATION  | 8                      |                |                        |                   |                        |                   |
| 8 UTILIZATION (SEE INSTRUCTIONS)  |                        |                |                        |                   |                        |                   |
| 9 AVERAGE TIMES DIALYZERS RE-USED   |                        |                |                        |                   |                        |                   |
| 10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS  |                        |                |                        |                   |                        |                   |
| TRANSPLANT INFORMATION  |                        |                |                        |                   |                        |                   |
| 11 NUMBER OF PATIENTS ON TRANSPLANT LIST  |                        |                |                        |                   |                        |                   |
| 12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD                     |                        |                |                        |                   |                        |                   |
| EPOIETIN  |                        |                |                        |                   |                        |                   |
| 13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER | 1,949,173              |                |                        |                   |                        |                   |
| 13 . 1 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM                       | 75,893                 |                |                        |                   |                        |                   |
| 14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT              | 64,382                 |                |                        |                   |                        |                   |
| 14 . 1 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT           |                        |                |                        |                   |                        |                   |
| PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)                         |                        |                |                        |                   |                        |                   |
| 15 MCP [X] INITIAL METHOD [ ]   |                        |                |                        |                   |                        |                   |
| ARANESP   |                        |                |                        |                   |                        |                   |
| 16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER  |                        |                |                        |                   |                        |                   |
| 17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM                            |                        |                |                        |                   |                        |                   |
| 18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO RENAL DIALYSIS DEPARTMENT              |                        |                |                        |                   |                        |                   |
| 19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO HOME DIALYSIS DEPARTMENT               |                        |                |                        |                   |                        |                   |

HOSPITAL UNCOMPENSATED CARE DATA

|              |                 |                |
|--------------|-----------------|----------------|
| PROVIDER NO: | PERIOD:         | PREPARED       |
| 14-0213      | FROM 10/ 1/2007 | 2/26/2009      |
|              | TO 9/30/2008    | 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   | 18,571,000 |
| 18                             | REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS  |            |
| 19                             | REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)   |            |
| 20                             | RESTRICTED GRANTS   |            |
| 21                             | NON-RESTRICTED GRANTS   |            |
| 22                             | TOTAL GROSS UNCOMPENSATED CARE REVENUES   | 18,571,000 |
| 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)  | .296662    |
| 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       |
| 14-0213      | FROM 10/ 1/2007 | 2/26/2009      |
|              | TO 9/30/2008    | WORKSHEET S-10 |

DESCRIPTION

|    |  |            |
|----|--|------------|
| 28 | TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS                                 | 83,380,000 |
| 29 | TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)                                  | 24,735,678 |
| 30 | OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS                             | 14,519,000 |
| 31 | UNCOMPENSATED CARE COST (LINE 24 * LINE 30)                                    | 4,307,236  |
| 32 | TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL<br>(SUM OF LINES 25, 27, AND 29) | 24,735,678 |

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO:  
14-0213

PERIOD:  
FROM 10/ 1/2007  
TO 9/30/2008

PREPARED 2/26/2009  
WORKSHEET A

| COST CENTER | COST CENTER DESCRIPTION  | SALARIES<br>1 | OTHER<br>2  | TOTAL<br>3  | RECLASS-<br>IFICATIONS<br>4 | RECLASSIFIED<br>TRIAL BALANCE<br>5 |
|-------------|--|---------------|-------------|-------------|-----------------------------|------------------------------------|
|             | GENERAL SERVICE COST CNTR  |               |             |             |                             |                                    |
| 3           | 0300 NEW CAP REL COSTS-BLDG & FIXT                                     |               | 35,147,427  | 35,147,427  | -19,813,742                 | 15,333,685                         |
| 4           | 0400 NEW CAP REL COSTS-MVBLE EQUIP                                     |               |             |             | 6,863,393                   | 6,863,393                          |
| 5           | 0500 EMPLOYEE BENEFITS   | 411,887       | 22,598,351  | 23,010,238  |                             | 23,010,238                         |
| 6           | 0600 ADMINISTRATIVE & GENERAL  | 10,474,240    | 31,126,414  | 41,600,654  | 11,067,062                  | 52,667,716                         |
| 8           | 0800 OPERATION OF PLANT  | 2,158,471     | 5,796,786   | 7,955,257   |                             | 7,955,257                          |
| 9           | 0900 LAUNDRY & LINEN SERVICE   | 41,455        | 188,284     | 229,739     |                             | 229,739                            |
| 10          | 1000 HOUSEKEEPING  | 1,748,253     | 973,830     | 2,722,083   |                             | 2,722,083                          |
| 11          | 1100 DIETARY   | 1,302,571     | 1,305,824   | 2,608,395   | -1,293,342                  | 1,315,053                          |
| 12          | 1200 CAFETERIA   |               |             |             | 1,293,342                   | 1,293,342                          |
| 14          | 1400 NURSING ADMINISTRATION  | 1,316,064     | 44,101      | 1,360,165   |                             | 1,360,165                          |
| 15          | 1500 CENTRAL SERVICES & SUPPLY   | 791,443       | 1,097,822   | 1,889,265   | -1,389,106                  | 500,159                            |
| 16          | 1600 PHARMACY  | 1,737,805     | 8,335,516   | 10,073,321  | -6,800,807                  | 3,272,514                          |
| 17          | 1700 MEDICAL RECORDS & LIBRARY   | 1,675,894     | 929,689     | 2,605,583   |                             | 2,605,583                          |
| 18          | 1800 SOCIAL SERVICE  |               |             |             | 204,820                     | 204,820                            |
| 24          | 2400 PARAMED ED PRGM   | 202,640       | 237,322     | 439,962     | -75,066                     | 364,896                            |
|             | INPAT ROUTINE SRVC CNTRS   |               |             |             |                             |                                    |
| 25          | 2500 ADULTS & PEDIATRICS   | 14,982,417    | 2,010,022   | 16,992,439  | 2,208,533                   | 19,200,972                         |
| 26          | 2600 INTENSIVE CARE UNIT   | 3,055,346     | 464,732     | 3,520,078   | -188,208                    | 3,331,870                          |
| 31          | 3100 SUBPROVIDER   | 1,237,327     | 54,017      | 1,291,344   | -188,327                    | 1,103,017                          |
| 31.01       | 3101 SUBPROVIDER 2   | 1,738,594     | 197,691     | 1,936,285   | 62,948                      | 1,999,233                          |
| 33          | 3300 NURSERY   | 4,536,753     | 261,761     | 4,798,514   | -3,928,282                  | 870,232                            |
|             | ANCILLARY SRVC COST CNTRS  |               |             |             |                             |                                    |
| 37          | 3700 OPERATING ROOM  | 4,363,969     | 11,141,969  | 15,505,938  | -8,417,384                  | 7,088,554                          |
| 38          | 3800 RECOVERY ROOM   | 889,279       | 77,479      | 966,758     | -28,680                     | 938,078                            |
| 39          | 3900 DELIVERY ROOM & LABOR ROOM  |               | 450,853     | 450,853     | 1,865,613                   | 2,316,466                          |
| 40          | 4000 ANESTHESIOLOGY  | 123,831       | 512,933     | 636,764     | -313,965                    | 322,799                            |
| 41          | 4100 RADIOLOGY-DIAGNOSTIC  | 6,031,152     | 10,579,415  | 16,610,567  | -3,333,983                  | 13,276,584                         |
| 41.01       | 4101 ULTRASOUND  | 994,732       | 160,002     | 1,154,734   | -10,646                     | 1,144,088                          |
| 44          | 4400 LABORATORY  | 3,034,043     | 3,544,472   | 6,578,515   | 73,393                      | 6,651,908                          |
| 47          | 4700 BLOOD STORING, PROCESSING & TRANS.                                | 139,963       | 1,317,756   | 1,457,719   | -10,523                     | 1,447,196                          |
| 49          | 4900 RESPIRATORY THERAPY   | 961,031       | 274,700     | 1,235,731   | 10,070                      | 1,245,801                          |
| 50          | 5000 PHYSICAL THERAPY  | 1,111,729     | 769,564     | 1,881,293   | -6,343                      | 1,874,950                          |
| 51          | 5100 OCCUPATIONAL THERAPY  | 382,362       | 8,726       | 391,088     | -3,568                      | 387,520                            |
| 52          | 5200 SPEECH PATHOLOGY  | 215,530       | 66,849      | 282,379     |                             | 282,379                            |
| 53          | 5300 ELECTROCARDIOLOGY   | 696,701       | 293,343     | 990,044     | 105,909                     | 1,095,953                          |
| 54          | 5400 ELECTROENCEPHALOGRAPHY  | 90,748        | 10,344      | 101,092     | 7,773                       | 108,865                            |
| 55          | 5500 MEDICAL SUPPLIES CHARGED TO PATIENTS                              |               |             |             | 14,906,245                  | 14,906,245                         |
| 56          | 5600 DRUGS CHARGED TO PATIENTS   |               |             |             | 6,770,605                   | 6,770,605                          |
| 57          | 5700 RENAL DIALYSIS<br>OUTPAT SERVICE COST CNTRS                       | 2,820,578     | 3,600,342   | 6,420,920   | 26,142                      | 6,447,062                          |
| 60          | 6000 CLINIC  | 256,731       | 160,015     | 416,746     | -8,452                      | 408,294                            |
| 61          | 6100 EMERGENCY   | 4,976,576     | 958,598     | 5,935,174   | 88,532                      | 6,023,706                          |
| 61.01       | 6101 OP MENTAL HEALTH  | 161,427       | 11,316      | 172,743     | 278,414                     | 451,157                            |
| 61.02       | 6102 DIABETES CENTER   | 263,849       | 7,931       | 271,780     | -26,204                     | 245,576                            |
| 62          | 6200 OBSERVATION BEDS (NON-DISTINCT PART)<br>OTHER REIMBURS COST CNTRS |               |             |             |                             |                                    |
| 64          | 6400 HOME PROGRAM DIALYSIS   | 62,095        | 431,409     | 493,504     | -177                        | 493,327                            |
| 71          | 7100 HOME HEALTH AGENCY<br>SPEC PURPOSE COST CENTERS                   | 1,285,939     | 864,132     | 2,150,071   | 4,011                       | 2,154,082                          |
| 95          | 9500 SUBTOTALS<br>NONREIMBURS COST CENTERS                             | 76,273,425    | 146,011,737 | 222,285,162 | -0-                         | 222,285,162                        |
| 96          | 9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN                               | 7,057         | 18          | 7,075       |                             | 7,075                              |
| 98          | 9800 PHYSICIANS' PRIVATE OFFICES                                       |               |             |             |                             |                                    |
| 101         | TOTAL  | 76,280,482    | 146,011,755 | 222,292,237 | -0-                         | 222,292,237                        |

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0213  
PERIOD: FROM 10/1/2007 TO 9/30/2008  
PREPARED 2/26/2009  
WORKSHEET A

| COST CENTER | COST CENTER DESCRIPTION                   | ADJUSTMENTS | NET EXPENSES FOR ALLOC |
|-------------|---|-------------|------------------------|
|             |   | 6           | 7                      |
|             | GENERAL SERVICE COST CNTR                 |             |                        |
| 3           | 0300 NEW CAP REL COSTS-BLDG & FIXT        | -6,006,274  | 9,327,411              |
| 4           | 0400 NEW CAP REL COSTS-MVBLE EQUIP        |             | 6,863,393              |
| 5           | 0500 EMPLOYEE BENEFITS                    | -9,835      | 23,000,403             |
| 6           | 0600 ADMINISTRATIVE & GENERAL             | -16,008,145 | 36,659,571             |
| 8           | 0800 OPERATION OF PLANT                   | -2,228      | 7,953,029              |
| 9           | 0900 LAUNDRY & LINEN SERVICE              |             | 229,739                |
| 10          | 1000 HOUSEKEEPING                         |             | 2,722,083              |
| 11          | 1100 DIETARY                              | -908,425    | 406,628                |
| 12          | 1200 CAFETERIA                            |             | 1,293,342              |
| 14          | 1400 NURSING ADMINISTRATION               | -398        | 1,359,767              |
| 15          | 1500 CENTRAL SERVICES & SUPPLY            | -6,751      | 493,408                |
| 16          | 1600 PHARMACY                             |             | 3,272,514              |
| 17          | 1700 MEDICAL RECORDS & LIBRARY            | -1,000      | 2,604,583              |
| 18          | 1800 SOCIAL SERVICE                       |             | 204,820                |
| 24          | 2400 PARAMEDICAL PRGM                     | -111,219    | 253,677                |
|             | INPAT ROUTINE SRVC CNTRS                  |             |                        |
| 25          | 2500 ADULTS & PEDIATRICS                  | -803,028    | 18,397,944             |
| 26          | 2600 INTENSIVE CARE UNIT                  | -21,999     | 3,309,871              |
| 31          | 3100 SUBPROVIDER                          | -38,222     | 1,064,795              |
| 31.01       | 3101 SUBPROVIDER 2                        | -56,330     | 1,942,903              |
| 33          | 3300 NURSERY                              | -3,602      | 866,630                |
|             | ANCILLARY SRVC COST CNTRS                 |             |                        |
| 37          | 3700 OPERATING ROOM                       | -1,080      | 7,087,474              |
| 38          | 3800 RECOVERY ROOM                        |             | 938,078                |
| 39          | 3900 DELIVERY ROOM & LABOR ROOM           |             | 2,316,466              |
| 40          | 4000 ANESTHESIOLOGY                       |             | 322,799                |
| 41          | 4100 RADIOLOGY-DIAGNOSTIC                 | -62,049     | 13,214,535             |
| 41.01       | 4101 ULTRASOUND                           |             | 1,144,088              |
| 44          | 4400 LABORATORY                           | -38,747     | 6,613,161              |
| 47          | 4700 BLOOD STORING, PROCESSING & TRANS.   |             | 1,447,196              |
| 49          | 4900 RESPIRATORY THERAPY                  | -16,490     | 1,229,311              |
| 50          | 5000 PHYSICAL THERAPY                     | -10,349     | 1,864,601              |
| 51          | 5100 OCCUPATIONAL THERAPY                 | -30         | 387,490                |
| 52          | 5200 SPEECH PATHOLOGY                     |             | 282,379                |
| 53          | 5300 ELECTROCARDIOLOGY                    | -366,821    | 729,132                |
| 54          | 5400 ELECTROENCEPHALOGRAPHY               | -12,000     | 96,865                 |
| 55          | 5500 MEDICAL SUPPLIES CHARGED TO PATIENTS |             | 14,906,245             |
| 56          | 5600 DRUGS CHARGED TO PATIENTS            |             | 6,770,605              |
| 57          | 5700 RENAL DIALYSIS                       | -87,501     | 6,359,561              |
|             | OUTPAT SERVICE COST CNTRS                 |             |                        |
| 60          | 6000 CLINIC                               |             | 408,294                |
| 61          | 6100 EMERGENCY                            | -320,481    | 5,703,225              |
| 61.01       | 6101 OP MENTAL HEALTH                     |             | 451,157                |
| 61.02       | 6102 DIABETES CENTER                      | -6,416      | 239,160                |
| 62          | 6200 OBSERVATION BEDS (NON-DISTINCT PART) |             |                        |
|             | OTHER REIMBURS COST CNTRS                 |             |                        |
| 64          | 6400 HOME PROGRAM DIALYSIS                |             | 493,327                |
| 71          | 7100 HOME HEALTH AGENCY                   | -37,037     | 2,117,045              |
|             | SPEC PURPOSE COST CENTERS                 |             |                        |
| 95          | SUBTOTALS                                 | -24,936,457 | 197,348,705            |
|             | NONREIMBURS COST CENTERS                  |             |                        |
| 96          | 9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN  |             | 7,075                  |
| 98          | 9800 PHYSICIANS' PRIVATE OFFICES          |             |                        |
| 101         | TOTAL                                     | -24,936,457 | 197,355,780            |

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0213  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/26/2009  
 NOT A CMS WORKSHEET

| LINE NO. | COST CENTER DESCRIPTION              | CMS CODE | STANDARD LABEL FOR NON-STANDARD CODES |
|----------|--------------------------------------|----------|---------------------------------------|
|          | GENERAL SERVICE COST                 |          |                                       |
| 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     |                                       |
| 18       | SOCIAL SERVICE                       | 1800     |                                       |
| 24       | PARAMED ED PRGM                      | 2400     |                                       |
|          | INPAT ROUTINE SRVC C                 |          |                                       |
| 25       | ADULTS & PEDIATRICS                  | 2500     |                                       |
| 26       | INTENSIVE CARE UNIT                  | 2600     |                                       |
| 31       | SUBPROVIDER                          | 3100     |                                       |
| 31.01    | SUBPROVIDER 2                        | 3101     | SUBPROVIDER #####                     |
| 33       | NURSERY                              | 3300     |                                       |
|          | ANCILLARY SRVC COST                  |          |                                       |
| 37       | OPERATING ROOM                       | 3700     |                                       |
| 38       | RECOVERY ROOM                        | 3800     |                                       |
| 39       | DELIVERY ROOM & LABOR ROOM           | 3900     |                                       |
| 40       | ANESTHESIOLOGY                       | 4000     |                                       |
| 41       | RADIOLOGY-DIAGNOSTIC                 | 4100     |                                       |
| 41.01    | ULTRASOUND                           | 4101     | RADIOLOGY-DIAGNOSTIC                  |
| 44       | LABORATORY                           | 4400     |                                       |
| 47       | BLOOD STORING, PROCESSING & TRANS.   | 4700     |                                       |
| 49       | RESPIRATORY THERAPY                  | 4900     |                                       |
| 50       | PHYSICAL THERAPY                     | 5000     |                                       |
| 51       | OCCUPATIONAL THERAPY                 | 5100     |                                       |
| 52       | SPEECH PATHOLOGY                     | 5200     |                                       |
| 53       | ELECTROCARDIOLOGY                    | 5300     |                                       |
| 54       | ELECTROENCEPHALOGRAPHY               | 5400     |                                       |
| 55       | MEDICAL SUPPLIES CHARGED TO PATIENTS | 5500     |                                       |
| 56       | DRUGS CHARGED TO PATIENTS            | 5600     |                                       |
| 57       | RENAL DIALYSIS                       | 5700     |                                       |
|          | OUTPAT SERVICE COST                  |          |                                       |
| 60       | CLINIC                               | 6000     |                                       |
| 61       | EMERGENCY                            | 6100     |                                       |
| 61.01    | OP MENTAL HEALTH                     | 6101     | EMERGENCY                             |
| 61.02    | DIABETES CENTER                      | 6102     | EMERGENCY                             |
| 62       | OBSERVATION BEDS (NON-DISTINCT PART) | 6200     |                                       |
|          | OTHER REIMBURS COST                  |          |                                       |
| 64       | HOME PROGRAM DIALYSIS                | 6400     |                                       |
| 71       | HOME HEALTH AGENCY                   | 7100     |                                       |
|          | SPEC PURPOSE COST CE                 |          |                                       |
| 95       | SUBTOTALS                            |          | OLD CAP REL COSTS-BLDG & FIXT         |
|          | NONREIMBURS COST CEN                 |          |                                       |
| 96       | GIFT, FLOWER, COFFEE SHOP & CANTEEN  | 9600     |                                       |
| 98       | PHYSICIANS' PRIVATE OFFICES          | 9800     |                                       |
| 101      | TOTAL                                |          | OLD CAP REL COSTS-BLDG & FIXT         |

RECLASSIFICATIONS

PROVIDER NO:  
140213

PERIOD:  
FROM 10/ 1/2007  
TO 9/30/2008

PREPARED 2/26/2009  
WORKSHEET A-6

| ----- INCREASE -----            |          |                                      |           |           |            |
|---------------------------------|----------|--------------------------------------|-----------|-----------|------------|
| EXPLANATION OF RECLASSIFICATION | CODE (1) | COST CENTER 2                        | LINE NO 3 | SALARY 4  | OTHER 5    |
| 1 STERILE PROCESSING            | A        | ADULTS & PEDIATRICS                  | 25        | 5,935     | 10,068     |
| 2                               |          | OPERATING ROOM                       | 37        | 379,814   | 644,326    |
| 3                               |          | DELIVERY ROOM & LABOR ROOM           | 39        | 26,706    | 45,304     |
| 4                               |          | RADIOLOGY-DIAGNOSTIC                 | 41        | 2,967     | 5,034      |
| 5                               |          | CLINIC                               | 60        | 1,696     | 2,876      |
| 6                               |          | EMERGENCY                            | 61        | 6,782     | 11,506     |
| 7 OP MHU                        | B        | OP MENTAL HEALTH                     | 61.01     | 266,768   | 11,646     |
| 8 CAPITAL INSURANCE             | C        | NEW CAP REL COSTS-MVBLE EQUIP        | 4         |           | 86,005     |
| 9                               |          | ADMINISTRATIVE & GENERAL             | 6         |           | 99,138     |
| 10 CHARGEABLE DRUGS             | D        | DRUGS CHARGED TO PATIENTS            | 56        |           | 6,770,605  |
| 11 MALPRACTICE INSURANCE        | E        | ADMINISTRATIVE & GENERAL             | 6         |           | 12,851,211 |
| 12 DEPRECIATION RECLASS         | F        | NEW CAP REL COSTS-MVBLE EQUIP        | 4         |           | 6,777,388  |
| 13 PHYSICIAN FEES               | G        | ADULTS & PEDIATRICS                  | 25        |           | 770,236    |
| 14                              |          | INTENSIVE CARE UNIT                  | 26        |           | 21,999     |
| 15                              |          | SUBPROVIDER                          | 31        |           | 90,500     |
| 16                              |          | SUBPROVIDER 2                        | 31.01     |           | 75,000     |
| 17                              |          | OPERATING ROOM                       | 37        |           | 5,001      |
| 18                              |          | LABORATORY                           | 44        |           | 86,751     |
| 19                              |          | RESPIRATORY THERAPY                  | 49        |           | 28,332     |
| 20                              |          | PHYSICAL THERAPY                     | 50        |           | 9,999      |
| 21                              |          | ELECTROCARDIOLOGY                    | 53        |           | 110,000    |
| 22                              |          | ELECTROENCEPHALOGRAPHY               | 54        |           | 12,000     |
| 23                              |          | RENAL DIALYSIS                       | 57        |           | 87,501     |
| 24                              |          | EMERGENCY                            | 61        |           | 356,149    |
| 25                              |          | DIABETES CENTER                      | 61.02     |           | 5,001      |
| 26                              |          | HOME HEALTH AGENCY                   | 71        |           | 19,998     |
| 27 LABOR & DELIVERY             | H        | ADULTS & PEDIATRICS                  | 25        | 1,874,923 |            |
| 28                              |          | DELIVERY ROOM & LABOR ROOM           | 39        | 2,036,236 |            |
| 29 SOCIAL SERVICES              | I        | SOCIAL SERVICE                       | 18        | 204,820   |            |
| 30 CHARGEABLE SUPPLIES          | K        | MEDICAL SUPPLIES CHARGED TO PATIENTS | 55        |           | 14,906,245 |
| 31                              |          |                                      |           |           |            |
| 32                              |          |                                      |           |           |            |
| 33                              |          |                                      |           |           |            |
| 34                              |          |                                      |           |           |            |
| 35                              |          |                                      |           |           |            |
| 1 CHARGEABLE SUPPLIES           | K        |                                      |           |           |            |
| 2                               |          |                                      |           |           |            |
| 3                               |          |                                      |           |           |            |
| 4                               |          |                                      |           |           |            |
| 5                               |          |                                      |           |           |            |
| 6                               |          |                                      |           |           |            |
| 7                               |          |                                      |           |           |            |
| 8                               |          |                                      |           |           |            |
| 9                               |          |                                      |           |           |            |
| 10                              |          |                                      |           |           |            |
| 11                              |          |                                      |           |           |            |
| 12                              |          |                                      |           |           |            |
| 13                              |          |                                      |           |           |            |
| 14                              |          |                                      |           |           |            |
| 15                              |          |                                      |           |           |            |
| 16                              |          |                                      |           |           |            |
| 17                              |          |                                      |           |           |            |
| 18                              |          |                                      |           |           |            |
| 19                              |          |                                      |           |           |            |
| 20                              |          |                                      |           |           |            |
| 21                              |          |                                      |           |           |            |
| 22 DIABETES MANAGEMENT          | L        | ADULTS & PEDIATRICS                  | 25        | 29,720    | 893        |
| 23 DIETARY RECLASS              | M        | CAFETERIA                            | 12        | 645,865   | 647,477    |
| 36 TOTAL RECLASSIFICATIONS      |          |                                      |           | 5,482,232 | 44,548,189 |

(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:  
140213

PERIOD:  
FROM 10/ 1/2007  
TO 9/30/2008

PREPARED 2/26/2009  
WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION | CODE<br>(1) | COST CENTER                        | DECREASE   |  | SALARY    | OTHER      | A-7<br>REF<br>10 |
|---------------------------------|-------------|------------------------------------|------------|--|-----------|------------|------------------|
|                                 |             |                                    | LINE<br>NO |  |           |            |                  |
| 1 STERILE PROCESSING            | A           | CENTRAL SERVICES & SUPPLY          | 15         |  | 423,900   | 719,114    | 10               |
| 2                               |             |                                    |            |  |           |            |                  |
| 3                               |             |                                    |            |  |           |            |                  |
| 4                               |             |                                    |            |  |           |            |                  |
| 5                               |             |                                    |            |  |           |            |                  |
| 6                               |             |                                    |            |  |           |            |                  |
| 7 OP MHU                        | B           | SUBPROVIDER                        | 31         |  | 266,768   | 11,646     | 10               |
| 8 CAPITAL INSURANCE             | C           | NEW CAP REL COSTS-BLDG & FIXT      | 3          |  |           | 185,143    | 12               |
| 9                               |             |                                    |            |  |           |            |                  |
| 10 CHARGEABLE DRUGS             | D           | PHARMACY                           | 16         |  |           | 6,770,605  | 10               |
| 11 MALPRACTICE INSURANCE        | E           | NEW CAP REL COSTS-BLDG & FIXT      | 3          |  |           | 12,851,211 | 12               |
| 12 DEPRECIATION RECLASS         | F           | NEW CAP REL COSTS-BLDG & FIXT      | 3          |  |           | 6,777,388  | 9                |
| 13 PHYSICIAN FEES               | G           | ADMINISTRATIVE & GENERAL           | 6          |  |           | 1,678,467  | 10               |
| 14                              |             |                                    |            |  |           |            |                  |
| 15                              |             |                                    |            |  |           |            |                  |
| 16                              |             |                                    |            |  |           |            |                  |
| 17                              |             |                                    |            |  |           |            |                  |
| 18                              |             |                                    |            |  |           |            |                  |
| 19                              |             |                                    |            |  |           |            |                  |
| 20                              |             |                                    |            |  |           |            |                  |
| 21                              |             |                                    |            |  |           |            |                  |
| 22                              |             |                                    |            |  |           |            |                  |
| 23                              |             |                                    |            |  |           |            |                  |
| 24                              |             |                                    |            |  |           |            |                  |
| 25                              |             |                                    |            |  |           |            |                  |
| 26                              |             |                                    |            |  |           |            |                  |
| 27 LABOR & DELIVERY             | H           | NURSERY                            | 33         |  | 3,911,159 |            | 10               |
| 28                              |             |                                    |            |  |           |            |                  |
| 29 SOCIAL SERVICES              | I           | ADMINISTRATIVE & GENERAL           | 6          |  | 204,820   |            | 10               |
| 30 CHARGEABLE SUPPLIES          | K           | CENTRAL SERVICES & SUPPLY          | 15         |  |           | 246,092    |                  |
| 31                              |             | PHARMACY                           | 16         |  |           | 30,202     |                  |
| 32                              |             | PARAMED ED PRGM                    | 24         |  |           | 75,066     |                  |
| 33                              |             | ADULTS & PEDIATRICS                | 25         |  |           | 483,242    |                  |
| 34                              |             | INTENSIVE CARE UNIT                | 26         |  |           | 210,207    |                  |
| 35                              |             | SUBPROVIDER                        | 31         |  |           | 413        |                  |
| 1 CHARGEABLE SUPPLIES           | K           | SUBPROVIDER 2                      | 31.01      |  |           | 12,052     |                  |
| 2                               |             | NURSERY                            | 33         |  |           | 17,123     |                  |
| 3                               |             | OPERATING ROOM                     | 37         |  |           | 9,446,525  |                  |
| 4                               |             | RECOVERY ROOM                      | 38         |  |           | 28,680     |                  |
| 5                               |             | DELIVERY ROOM & LABOR ROOM         | 39         |  |           | 242,633    |                  |
| 6                               |             | ANESTHESIOLOGY                     | 40         |  |           | 313,965    |                  |
| 7                               |             | RADIOLOGY-DIAGNOSTIC               | 41         |  |           | 3,341,984  |                  |
| 8                               |             | ULTRASOUND                         | 41.01      |  |           | 10,646     |                  |
| 9                               |             | LABORATORY                         | 44         |  |           | 13,358     |                  |
| 10                              |             | BLOOD STORING, PROCESSING & TRANS. | 47         |  |           | 10,523     |                  |
| 11                              |             | RESPIRATORY THERAPY                | 49         |  |           | 18,262     |                  |
| 12                              |             | PHYSICAL THERAPY                   | 50         |  |           | 16,342     |                  |
| 13                              |             | OCCUPATIONAL THERAPY               | 51         |  |           | 3,568      |                  |
| 14                              |             | ELECTROCARDIOLOGY                  | 53         |  |           | 4,091      |                  |
| 15                              |             | ELECTROENCEPHALOGRAPHY             | 54         |  |           | 4,227      |                  |
| 16                              |             | RENAL DIALYSIS                     | 57         |  |           | 61,359     |                  |
| 17                              |             | CLINIC                             | 60         |  |           | 13,024     |                  |
| 18                              |             | EMERGENCY                          | 61         |  |           | 285,905    |                  |
| 19                              |             | DIABETES CENTER                    | 61.02      |  |           | 592        |                  |
| 20                              |             | HOME PROGRAM DIALYSIS              | 64         |  |           | 177        |                  |
| 21                              |             | HOME HEALTH AGENCY                 | 71         |  |           | 15,987     |                  |
| 22 DIABETES MANAGEMENT          | L           | DIABETES CENTER                    | 61.02      |  | 29,720    | 893        | 10               |
| 23 DIETARY RECLASS              | M           | DIETARY                            | 11         |  | 645,865   | 647,477    |                  |
| 36 TOTAL RECLASSIFICATIONS      |             |                                    |            |  | 5,482,232 | 44,548,189 |                  |

(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:  
140213

PERIOD:  
FROM 10/ 1/2007  
TO 9/30/2008

PREPARED 2/26/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : STERILE PROCESSING

| ----- INCREASE -----               |                            |      |           | ----- DECREASE -----      |      |           |  |
|------------------------------------|----------------------------|------|-----------|---------------------------|------|-----------|--|
| LINE                               | COST CENTER                | LINE | AMOUNT    | COST CENTER               | LINE | AMOUNT    |  |
| 1.00                               | ADULTS & PEDIATRICS        | 25   | 16,003    | CENTRAL SERVICES & SUPPLY | 15   | 1,143,014 |  |
| 2.00                               | OPERATING ROOM             | 37   | 1,024,140 |                           |      | 0         |  |
| 3.00                               | DELIVERY ROOM & LABOR ROOM | 39   | 72,010    |                           |      | 0         |  |
| 4.00                               | RADIOLOGY-DIAGNOSTIC       | 41   | 8,001     |                           |      | 0         |  |
| 5.00                               | CLINIC                     | 60   | 4,572     |                           |      | 0         |  |
| 6.00                               | EMERGENCY                  | 61   | 18,288    |                           |      | 0         |  |
| TOTAL RECLASSIFICATIONS FOR CODE A |                            |      | 1,143,014 |                           |      | 1,143,014 |  |

RECLASS CODE: B  
EXPLANATION : OP MHU

| ----- INCREASE -----               |                  |       |         | ----- DECREASE ----- |      |         |  |
|------------------------------------|------------------|-------|---------|----------------------|------|---------|--|
| LINE                               | COST CENTER      | LINE  | AMOUNT  | COST CENTER          | LINE | AMOUNT  |  |
| 1.00                               | OP MENTAL HEALTH | 61.01 | 278,414 | SUBPROVIDER          | 31   | 278,414 |  |
| TOTAL RECLASSIFICATIONS FOR CODE B |                  |       | 278,414 |                      |      | 278,414 |  |

RECLASS CODE: C  
EXPLANATION : CAPITAL INSURANCE

| ----- INCREASE -----               |                               |      |         | ----- DECREASE -----          |      |         |  |
|------------------------------------|-------------------------------|------|---------|-------------------------------|------|---------|--|
| LINE                               | COST CENTER                   | LINE | AMOUNT  | COST CENTER                   | LINE | AMOUNT  |  |
| 1.00                               | NEW CAP REL COSTS-MVBLE EQUIP | 4    | 86,005  | NEW CAP REL COSTS-BLDG & FIXT | 3    | 185,143 |  |
| 2.00                               | ADMINISTRATIVE & GENERAL      | 6    | 99,138  |                               |      | 0       |  |
| TOTAL RECLASSIFICATIONS FOR CODE C |                               |      | 185,143 |                               |      | 185,143 |  |

RECLASS CODE: D  
EXPLANATION : CHARGEABLE DRUGS

| ----- INCREASE -----               |                           |      |           | ----- DECREASE ----- |      |           |  |
|------------------------------------|---------------------------|------|-----------|----------------------|------|-----------|--|
| LINE                               | COST CENTER               | LINE | AMOUNT    | COST CENTER          | LINE | AMOUNT    |  |
| 1.00                               | DRUGS CHARGED TO PATIENTS | 56   | 6,770,605 | PHARMACY             | 16   | 6,770,605 |  |
| TOTAL RECLASSIFICATIONS FOR CODE D |                           |      | 6,770,605 |                      |      | 6,770,605 |  |

RECLASS CODE: E  
EXPLANATION : MALPRACTICE INSURANCE

| ----- INCREASE -----               |                          |      |            | ----- DECREASE -----          |      |            |  |
|------------------------------------|--------------------------|------|------------|-------------------------------|------|------------|--|
| LINE                               | COST CENTER              | LINE | AMOUNT     | COST CENTER                   | LINE | AMOUNT     |  |
| 1.00                               | ADMINISTRATIVE & GENERAL | 6    | 12,851,211 | NEW CAP REL COSTS-BLDG & FIXT | 3    | 12,851,211 |  |
| TOTAL RECLASSIFICATIONS FOR CODE E |                          |      | 12,851,211 |                               |      | 12,851,211 |  |

RECLASS CODE: F  
EXPLANATION : DEPRECIATION RECLASS

| ----- INCREASE -----               |                               |      |           | ----- DECREASE -----          |      |           |  |
|------------------------------------|-------------------------------|------|-----------|-------------------------------|------|-----------|--|
| LINE                               | COST CENTER                   | LINE | AMOUNT    | COST CENTER                   | LINE | AMOUNT    |  |
| 1.00                               | NEW CAP REL COSTS-MVBLE EQUIP | 4    | 6,777,388 | NEW CAP REL COSTS-BLDG & FIXT | 3    | 6,777,388 |  |
| TOTAL RECLASSIFICATIONS FOR CODE F |                               |      | 6,777,388 |                               |      | 6,777,388 |  |

RECLASS CODE: G  
EXPLANATION : PHYSICIAN FEES

| ----- INCREASE -----               |                        |       |           | ----- DECREASE -----     |      |           |  |
|------------------------------------|------------------------|-------|-----------|--------------------------|------|-----------|--|
| LINE                               | COST CENTER            | LINE  | AMOUNT    | COST CENTER              | LINE | AMOUNT    |  |
| 1.00                               | ADULTS & PEDIATRICS    | 25    | 770,236   | ADMINISTRATIVE & GENERAL | 6    | 1,678,467 |  |
| 2.00                               | INTENSIVE CARE UNIT    | 26    | 21,999    |                          |      | 0         |  |
| 3.00                               | SUBPROVIDER            | 31    | 90,500    |                          |      | 0         |  |
| 4.00                               | SUBPROVIDER 2          | 31.01 | 75,000    |                          |      | 0         |  |
| 5.00                               | OPERATING ROOM         | 37    | 5,001     |                          |      | 0         |  |
| 6.00                               | LABORATORY             | 44    | 86,751    |                          |      | 0         |  |
| 7.00                               | RESPIRATORY THERAPY    | 49    | 28,332    |                          |      | 0         |  |
| 8.00                               | PHYSICAL THERAPY       | 50    | 9,999     |                          |      | 0         |  |
| 9.00                               | ELECTROCARDIOLOGY      | 53    | 110,000   |                          |      | 0         |  |
| 10.00                              | ELECTROENCEPHALOGRAPHY | 54    | 12,000    |                          |      | 0         |  |
| 11.00                              | RENAL DIALYSIS         | 57    | 87,501    |                          |      | 0         |  |
| 12.00                              | EMERGENCY              | 61    | 356,149   |                          |      | 0         |  |
| 13.00                              | DIABETES CENTER        | 61.02 | 5,001     |                          |      | 0         |  |
| 14.00                              | HOME HEALTH AGENCY     | 71    | 19,998    |                          |      | 0         |  |
| TOTAL RECLASSIFICATIONS FOR CODE G |                        |       | 1,678,467 |                          |      | 1,678,467 |  |

RECLASSIFICATIONS

PROVIDER NO:  
140213

PERIOD:  
FROM 10/ 1/2007  
TO 9/30/2008

PREPARED 2/26/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: H  
EXPLANATION : LABOR & DELIVERY

| ----- INCREASE -----               |                            |      |           |
|------------------------------------|----------------------------|------|-----------|
| LINE                               | COST CENTER                | LINE | AMOUNT    |
| 1.00                               | ADULTS & PEDIATRICS        | 25   | 1,874,923 |
| 2.00                               | DELIVERY ROOM & LABOR ROOM | 39   | 2,036,236 |
| TOTAL RECLASSIFICATIONS FOR CODE H |                            |      | 3,911,159 |

| ----- DECREASE -----               |      |           |           |
|------------------------------------|------|-----------|-----------|
| COST CENTER                        | LINE | AMOUNT    |           |
| NURSERY                            | 33   | 3,911,159 | 0         |
| TOTAL RECLASSIFICATIONS FOR CODE H |      |           | 3,911,159 |

RECLASS CODE: I  
EXPLANATION : SOCIAL SERVICES

| ----- INCREASE -----               |                |      |         |
|------------------------------------|----------------|------|---------|
| LINE                               | COST CENTER    | LINE | AMOUNT  |
| 1.00                               | SOCIAL SERVICE | 18   | 204,820 |
| TOTAL RECLASSIFICATIONS FOR CODE I |                |      | 204,820 |

| ----- DECREASE -----               |      |         |         |
|------------------------------------|------|---------|---------|
| COST CENTER                        | LINE | AMOUNT  |         |
| ADMINISTRATIVE & GENERAL           | 6    | 204,820 | 204,820 |
| TOTAL RECLASSIFICATIONS FOR CODE I |      |         | 204,820 |

RECLASS CODE: K  
EXPLANATION : CHARGEABLE SUPPLIES

| ----- INCREASE -----               |                                |      |            |
|------------------------------------|--------------------------------|------|------------|
| LINE                               | COST CENTER                    | LINE | AMOUNT     |
| 1.00                               | MEDICAL SUPPLIES CHARGED TO PA | 55   | 14,906,245 |
| 2.00                               |                                |      | 0          |
| 3.00                               |                                |      | 0          |
| 4.00                               |                                |      | 0          |
| 5.00                               |                                |      | 0          |
| 6.00                               |                                |      | 0          |
| 7.00                               |                                |      | 0          |
| 8.00                               |                                |      | 0          |
| 9.00                               |                                |      | 0          |
| 10.00                              |                                |      | 0          |
| 11.00                              |                                |      | 0          |
| 12.00                              |                                |      | 0          |
| 13.00                              |                                |      | 0          |
| 14.00                              |                                |      | 0          |
| 15.00                              |                                |      | 0          |
| 16.00                              |                                |      | 0          |
| 17.00                              |                                |      | 0          |
| 18.00                              |                                |      | 0          |
| 19.00                              |                                |      | 0          |
| 20.00                              |                                |      | 0          |
| 21.00                              |                                |      | 0          |
| 22.00                              |                                |      | 0          |
| 23.00                              |                                |      | 0          |
| 24.00                              |                                |      | 0          |
| 25.00                              |                                |      | 0          |
| 26.00                              |                                |      | 0          |
| 27.00                              |                                |      | 0          |
| TOTAL RECLASSIFICATIONS FOR CODE K |                                |      | 14,906,245 |

| ----- DECREASE -----               |       |           |            |
|------------------------------------|-------|-----------|------------|
| COST CENTER                        | LINE  | AMOUNT    |            |
| CENTRAL SERVICES & SUPPLY          | 15    | 246,092   |            |
| PHARMACY                           | 16    | 30,202    |            |
| PARAMED ED PRGM                    | 24    | 75,066    |            |
| ADULTS & PEDIATRICS                | 25    | 483,242   |            |
| INTENSIVE CARE UNIT                | 26    | 210,207   |            |
| SUBPROVIDER                        | 31    | 413       |            |
| SUBPROVIDER 2                      | 31.01 | 12,052    |            |
| NURSERY                            | 33    | 17,123    |            |
| OPERATING ROOM                     | 37    | 9,446,525 |            |
| RECOVERY ROOM                      | 38    | 28,680    |            |
| DELIVERY ROOM & LABOR ROOM         | 39    | 242,633   |            |
| ANESTHESIOLOGY                     | 40    | 313,965   |            |
| RADIOLOGY-DIAGNOSTIC               | 41    | 3,341,984 |            |
| ULTRASOUND                         | 41.01 | 10,646    |            |
| LABORATORY                         | 44    | 13,358    |            |
| BLOOD STORING, PROCESSING & TR     | 47    | 10,523    |            |
| RESPIRATORY THERAPY                | 49    | 18,262    |            |
| PHYSICAL THERAPY                   | 50    | 16,342    |            |
| OCCUPATIONAL THERAPY               | 51    | 3,568     |            |
| ELECTROCARDIOLOGY                  | 53    | 4,091     |            |
| ELECTROENCEPHALOGRAPHY             | 54    | 4,227     |            |
| RENAL DIALYSIS                     | 57    | 61,359    |            |
| CLINIC                             | 60    | 13,024    |            |
| EMERGENCY                          | 61    | 285,905   |            |
| DIABETES CENTER                    | 61.02 | 592       |            |
| HOME PROGRAM DIALYSIS              | 64    | 177       |            |
| HOME HEALTH AGENCY                 | 71    | 15,987    |            |
| TOTAL RECLASSIFICATIONS FOR CODE K |       |           | 14,906,245 |

RECLASS CODE: L  
EXPLANATION : DIABETES MANAGEMENT

| ----- INCREASE -----               |                     |      |        |
|------------------------------------|---------------------|------|--------|
| LINE                               | COST CENTER         | LINE | AMOUNT |
| 1.00                               | ADULTS & PEDIATRICS | 25   | 30,613 |
| TOTAL RECLASSIFICATIONS FOR CODE L |                     |      | 30,613 |

| ----- DECREASE -----               |       |        |        |
|------------------------------------|-------|--------|--------|
| COST CENTER                        | LINE  | AMOUNT |        |
| DIABETES CENTER                    | 61.02 | 30,613 | 30,613 |
| TOTAL RECLASSIFICATIONS FOR CODE L |       |        | 30,613 |

RECLASS CODE: M  
EXPLANATION : DIETARY RECLASS

| ----- INCREASE -----               |             |      |           |
|------------------------------------|-------------|------|-----------|
| LINE                               | COST CENTER | LINE | AMOUNT    |
| 1.00                               | CAFETERIA   | 12   | 1,293,342 |
| TOTAL RECLASSIFICATIONS FOR CODE M |             |      | 1,293,342 |

| ----- DECREASE -----               |      |           |           |
|------------------------------------|------|-----------|-----------|
| COST CENTER                        | LINE | AMOUNT    |           |
| DIETARY                            | 11   | 1,293,342 | 1,293,342 |
| TOTAL RECLASSIFICATIONS FOR CODE M |      |           | 1,293,342 |

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

|   | DESCRIPTION         | BEGINNING<br>BALANCES<br>1 | PURCHASES<br>2 | ACQUISITIONS  |  | TOTAL<br>4 | DISPOSALS<br>AND<br>RETIREMENTS<br>5 | ENDING<br>BALANCE<br>6 | FULLY<br>DEPRECIATED<br>ASSETS<br>7 |
|---|---------------------|----------------------------|----------------|---------------|--|------------|--------------------------------------|------------------------|-------------------------------------|
|   |                     |                            |                | DONATION<br>3 |  |            |                                      |                        |                                     |
| 1 | LAND                | 31,009,000                 | 361,000        |               |  | 361,000    |                                      | 31,370,000             |                                     |
| 2 | LAND IMPROVEMENTS   | 5,054,000                  | 282,000        |               |  | 282,000    |                                      | 5,336,000              |                                     |
| 3 | BUILDINGS & FIXTURE | 169,247,000                | 10,426,000     |               |  | 10,426,000 |                                      | 179,673,000            |                                     |
| 4 | BUILDING IMPROVEMEN | 18,489,000                 |                |               |  |            | 4,302,000                            | 14,187,000             |                                     |
| 5 | FIXED EQUIPMENT     |                            |                |               |  |            |                                      |                        |                                     |
| 6 | MOVABLE EQUIPMENT   | 87,264,000                 | 10,583,000     |               |  | 10,583,000 |                                      | 97,847,000             |                                     |
| 7 | SUBTOTAL            | 311,063,000                | 21,652,000     |               |  | 21,652,000 | 4,302,000                            | 328,413,000            |                                     |
| 8 | RECONCILING ITEMS   |                            |                |               |  |            |                                      |                        |                                     |
| 9 | TOTAL               | 311,063,000                | 21,652,000     |               |  | 21,652,000 | 4,302,000                            | 328,413,000            |                                     |

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

| * | DESCRIPTION          | COMPUTATION OF RATIOS |                         |                             |            | ALLOCATION OF OTHER CAPITAL |            |                                  | TOTAL |
|---|----------------------|-----------------------|-------------------------|-----------------------------|------------|-----------------------------|------------|----------------------------------|-------|
|   |                      | GROSS ASSETS<br>1     | CAPITALIZED LEASES<br>2 | GROSS ASSETS FOR RATIO<br>3 | RATIO<br>4 | INSURANCE<br>5              | TAXES<br>6 | OTHER CAPITAL RELATED COSTS<br>7 |       |
| 3 | NEW CAP REL COSTS-BL | 230,566,000           |                         | 230,566,000                 | .702061    |                             |            |                                  |       |
| 4 | NEW CAP REL COSTS-MV | 97,847,000            |                         | 97,847,000                  | .297939    |                             |            |                                  |       |
| 5 | TOTAL                | 328,413,000           |                         | 328,413,000                 | 1.000000   |                             |            |                                  |       |

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

| * | DESCRIPTION          | DEPRECIATION | LEASE | INTEREST   | INSURANCE  | TAXES  | OTHER CAPITAL RELATED COST | TOTAL (1)  |
|---|----------------------|--------------|-------|------------|------------|--------|----------------------------|------------|
|   |                      | 9            | 10    | 11         | 12         | 13     | 14                         | 15         |
| 3 | NEW CAP REL COSTS-BL | 6,099,856    |       | 12,357,404 | -9,154,616 | 24,767 |                            | 9,327,411  |
| 4 | NEW CAP REL COSTS-MV | 6,777,388    |       |            | 86,005     |        |                            | 6,863,393  |
| 5 | TOTAL                | 12,877,244   |       | 12,357,404 | -9,068,611 | 24,767 |                            | 16,190,804 |

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

SUMMARY OF OLD AND NEW CAPITAL

| * | DESCRIPTION          | DEPRECIATION | LEASE | INTEREST  | INSURANCE  | TAXES  | OTHER CAPITAL RELATED COST | TOTAL (1)  |
|---|----------------------|--------------|-------|-----------|------------|--------|----------------------------|------------|
|   |                      | 9            | 10    | 11        | 12         | 13     | 14                         | 15         |
| 3 | NEW CAP REL COSTS-BL | 12,709,026   |       | 9,265,948 | 13,147,686 | 24,767 |                            | 35,147,427 |
| 4 | NEW CAP REL COSTS-MV |              |       |           |            |        |                            |            |
| 5 | TOTAL                | 12,709,026   |       | 9,265,948 | 13,147,686 | 24,767 |                            | 35,147,427 |

\* 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)          |             | EXPENSE CLASSIFICATION ON  |           | WKST. A-7 REF. 5 |
|--|--------------|-------------|--|-----------|------------------|
|  | BASIS/CODE 1 | AMOUNT 2    | WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3 | LINE NO 4 |                  |
| 1 INVST INCOME-OLD BLDGS AND FIXTURES      |              |             | **COST CENTER DELETED**  | 1         |                  |
| 2 INVESTMENT INCOME-OLD MOVABLE EQUIP      |              |             | **COST CENTER DELETED**  | 2         |                  |
| 3 INVST INCOME-NEW BLDGS AND FIXTURES      |              |             | NEW CAP REL COSTS-BLDG &   | 3         |                  |
| 4 INVESTMENT INCOME-NEW MOVABLE EQUIP      |              |             | NEW CAP REL COSTS-MVBLE E  | 4         |                  |
| 5 INVESTMENT INCOME-OTHER                  |              |             |  |           |                  |
| 6 TRADE, QUANTITY AND TIME DISCOUNTS       |              |             |  |           |                  |
| 7 REFUNDS AND REBATES OF EXPENSES          |              |             |  |           |                  |
| 8 RENTAL OF PRVIDER SPACE BY SUPPLIERS     |              |             |  |           |                  |
| 9 TELEPHONE SERVICES                       |              |             |  |           |                  |
| 10 TELEVISION AND RADIO SERVICE            |              |             |  |           |                  |
| 11 PARKING LOT                             |              |             |  |           |                  |
| 12 PROVIDER BASED PHYSICIAN ADJUSTMENT     | A-8-2        | -3,219,297  |  |           |                  |
| 13 SALE OF SCRAP, WASTE, ETC.              |              |             |  |           |                  |
| 14 RELATED ORGANIZATION TRANSACTIONS       | A-8-1        | 1,332,250   |  |           |                  |
| 15 LAUNDRY AND LINEN SERVICE               |              |             |  |           |                  |
| 16 CAFETERIA--EMPLOYEES AND GUESTS         |              |             |  |           |                  |
| 17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS    |              |             |  |           |                  |
| 18 SALE OF MED AND SURG SUPPLIES           |              |             |  |           |                  |
| 19 SALE OF DRUGS TO OTHER THAN PATIENTS    |              |             |  |           |                  |
| 20 SALE OF MEDICAL RECORDS & ABSTRACTS     |              |             |  |           |                  |
| 21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)  |              |             |  |           |                  |
| 22 VENDING MACHINES                        |              |             |  |           |                  |
| 23 INCOME FROM IMPOSITION OF INTEREST      |              |             |  |           |                  |
| 24 INTRST EXP ON MEDICARE OVERPAYMENTS     |              |             |  |           |                  |
| 25 ADJUSTMENT FOR RESPIRATORY THERAPY      | A-8-3/A-8-4  |             | RESPIRATORY THERAPY  | 49        |                  |
| 26 ADJUSTMENT FOR PHYSICAL THERAPY         | A-8-3/A-8-4  |             | PHYSICAL THERAPY   | 50        |                  |
| 27 ADJUSTMENT FOR HHA PHYSICAL THERAPY     | A-8-3        |             |  |           |                  |
| 28 UTILIZATION REVIEW-PHYSIAN COMP         |              |             | **COST CENTER DELETED**  | 89        |                  |
| 29 DEPRECIATION-OLD BLDGS AND FIXTURES     |              |             | **COST CENTER DELETED**  | 1         |                  |
| 30 DEPRECIATION-OLD MOVABLE EQUIP          |              |             | **COST CENTER DELETED**  | 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        |             | OCCUPATIONAL THERAPY   | 51        |                  |
| 36 ADJUSTMENT FOR SPEECH PATHOLOGY         | A-8-4        |             | SPEECH PATHOLOGY   | 52        |                  |
| 37 MED ARTS BLDG                           | B            | -22,761     | NEW CAP REL COSTS-BLDG &   | 3         | 9                |
| 38 1996 DSR INTEXP. ADD ON                 | B            | 14,351      | NEW CAP REL COSTS-BLDG &   | 3         | 11               |
| 39 OTHER REVENUE - CENTRAL SUPPLY          | B            | -6,751      | CENTRAL SERVICES & SUPPLY  | 15        |                  |
| 40 TELEPHONE BENEFITS                      | B            | -9,835      | EMPLOYEE BENEFITS  | 5         |                  |
| 41 PHYSICIANS                              | B            | -725,255    | ADMINISTRATIVE & GENERAL   | 6         |                  |
| 42 CONTRIBUTIONS EXPENSE                   | A            | -76,404     | ADMINISTRATIVE & GENERAL   | 6         |                  |
| 43 BAD DEBTS                               | B            | -12,576,870 | ADMINISTRATIVE & GENERAL   | 6         |                  |
| 44 AHA & IHA DUES - POLITICAL LOBBY        | A            | -37,368     | ADMINISTRATIVE & GENERAL   | 6         |                  |
| 45 OTHER REVENUE - A&G                     | B            | -609,026    | ADMINISTRATIVE & GENERAL   | 6         |                  |
| 46 TELEPHONE COST                          | A            | -49,469     | ADMINISTRATIVE & GENERAL   | 6         |                  |
| 47 LIFE LINE COST                          | A            | -35,121     | ADMINISTRATIVE & GENERAL   | 6         |                  |
| 48 COMMUNITY RELATIONS                     | A            | -1,274,348  | ADMINISTRATIVE & GENERAL   | 6         |                  |
| 49 ADVERTISING ADMIN (EXPENSE ACCT# 510    | A            | -2,611      | ADMINISTRATIVE & GENERAL   | 6         |                  |
| 49.01 OTHER REVENUE - OPERATION & PLANT    | B            | -2,228      | OPERATION OF PLANT   | 8         |                  |
| 49.02 OTHER REVENUE - CAFE' - EMP & GUESTS | B            | -893,913    | DIETARY  | 11        |                  |
| 49.03 OTHER REVENUE - VENDING MACHINES     | B            | -14,512     | DIETARY  | 11        |                  |
| 49.04 OTHER REVENUE - NURSING ADMIN.       | B            | -398        | NURSING ADMINISTRATION   | 14        |                  |
| 49.05 OTHER REVENUE - PARAMEDICAL PROGRAM  | B            | -111,219    | PARAMEDICAL PRGM   | 24        |                  |
| 49.06 OTHER REVENUE - A&P                  | B            | -88         | ADULTS & PEDIATRICS  | 25        |                  |
| 49.07 OTHER REVENUE - SUBPROVIDER          | B            | -3,435      | SUBPROVIDER  | 31        |                  |
| 49.08 OTHER REVENUE - NURSERY              | B            | -3,602      | NURSERY  | 33        |                  |
| 49.09 OTHER REVENUE - RADIOLOGY            | B            | -14,908     | RADIOLOGY-DIAGNOSTIC   | 41        |                  |
| 49.11 OTHER REVENUE - LAB                  | B            | -1,254      | LABORATORY   | 44        |                  |
| 49.12 OTHER REVENUE - PT                   | B            | -350        | PHYSICAL THERAPY   | 50        |                  |
| 49.13 OTHER REVENUE - CARDIAC LAB          | B            | -39,810     | ELECTROCARDIOLOGY  | 53        |                  |
| 49.14 OTHER REVENUE - ER                   | B            | -28         | EMERGENCY  | 61        |                  |
| 49.15 OTHER REVENUE - MEDICAL RECORDS      | B            | -1,000      | MEDICAL RECORDS & LIBRARY  | 17        |                  |
| 49.16 OTHER REVENUE - DIABETES             | B            | -1,415      | DIABETES CENTER  | 61.02     |                  |
| 49.18 HHA BAD DEBTS                        | B            | -36,952     | HOME HEALTH AGENCY   | 71        |                  |
| 49.19 INVESTMENT INCOME                    | B            | -9,265,948  | NEW CAP REL COSTS-BLDG &   | 3         | 12               |
| 49.20 OTHER REVENUE - OPERATING ROOM       | B            | -79         | OPERATING ROOM   | 37        |                  |
| 49.21 OTHER REVENUE - OT                   | B            | -30         | OCCUPATIONAL THERAPY   | 51        |                  |
| 49.22 OTHER REVENUE - HHA                  | B            | -85         | HOME HEALTH AGENCY   | 71        |                  |
| 49.23 LOSS ON EARLY EXTINGUISHMENT OF DEBT | A            | 3,077,105   | NEW CAP REL COSTS-BLDG &   | 3         | 11               |
| 49.24 WELLNESS PROGRAM EXPENSES            | A            | -323,793    | ADMINISTRATIVE & GENERAL   | 6         |                  |
| 50 TOTAL (SUM OF LINES 1 THRU 49)          |              | -24,936,457 |  |           |                  |

(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 MANAGEMENT FEE | 6,514,523                | 5,076,396 | 1,438,127        |                     |
| 2        | 3           | NEW CAP REL COSTS-BLDG & DEPRECIATION   | 190,979                  |           | 190,979          | 9                   |
| 3        | 41          | RADIOLOGY-DIAGNOSTIC LEASE              |                          | 47,141    | -47,141          |                     |
| 4        | 53          | ELECTROCARDIOLOGY LEASE                 |                          | 217,011   | -217,011         |                     |
| 4.01     | 25          | ADULTS & PEDIATRICS LEASE               |                          | 32,704    | -32,704          |                     |
| 5        |             | TOTALS                                  | 6,705,502                | 5,373,252 | 1,332,250        |                     |

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

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

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

| SYMBOL (1) | NAME                  | PERCENTAGE OF OWNERSHIP | RELATED ORGANIZATION(S) AND/OR HOME OFFICE |                         |                  |
|------------|-----------------------|-------------------------|--|-------------------------|------------------|
|            |                       |                         | NAME                                       | PERCENTAGE OF OWNERSHIP | TYPE OF BUSINESS |
| 1          | 2                     | 3                       | 4  | 5                       | 6                |
| G          | SILVER CROSS HOSPITAL | 100.00                  |  | 0.00                    |                  |
|            |                       | 0.00                    |  | 0.00                    |                  |
|            |                       | 0.00                    |  | 0.00                    |                  |
|            |                       | 0.00                    |  | 0.00                    |                  |
|            |                       | 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.  
HOME OFFICE

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
14-0213

PERIOD:  
FROM 10/1/2007  
TO 9/30/2008

PREPARED 2/26/2009  
WORKSHEET A-8-2  
GROUP 1

| WKSHT A<br>LINE NO. | COST CENTER/<br>PHYSICIAN<br>IDENTIFIER | TOTAL<br>REMUN-<br>ERATION | PROFES-<br>SIONAL<br>COMPONENT | PROVIDER<br>COMPONENT | RCE<br>AMOUNT | PHYSICIAN/<br>PROVIDER<br>COMPONENT<br>HOURS | UNADJUSTED<br>RCE LIMIT | 5 PERCENT OF<br>UNADJUSTED<br>RCE LIMIT |
|---------------------|---|----------------------------|--------------------------------|-----------------------|---------------|--|-------------------------|---|
| 1                   | 2                                       | 3                          | 4                              | 5                     | 6             | 7  | 8                       | 9                                       |
| 1 25                | ADULTS & PEDIATRICS                     | 770,236                    | 770,236                        |                       |               |  |                         |   |
| 3 31                | SUBPROVIDER                             | 90,500                     |                                | 90,500                | 154,100       | 752  | 55,713                  | 2,786                                   |
| 4 31 1              | SUBPROVIDER 2                           | 75,000                     |                                | 75,000                | 154,100       | 252  | 18,670                  | 934                                     |
| 5 37                | OPERATING ROOM                          | 5,001                      |                                | 5,001                 | 208,000       | 40   | 4,000                   | 200                                     |
| 7 49                | RESPIRATORY THERAPY                     | 28,332                     | 3,035                          | 25,297                | 177,200       | 139  | 11,842                  | 592                                     |
| 8 53                | ELECTROCARDIOLOGY                       | 110,000                    | 110,000                        |                       | 177,200       |  |                         |   |
| 10 61               | EMERGENCY                               | 356,149                    | 316,150                        | 39,999                | 177,200       | 419  | 35,696                  | 1,785                                   |
| 12 44               | LABORATORY                              | 86,751                     |                                | 86,751                | 215,700       | 475  | 49,258                  | 2,463                                   |
| 13 61 2             | DIABETES CENTER                         | 5,001                      | 5,001                          |                       | 177,200       |  |                         |   |
| 14 6                | ANESTHESIA                              | 1,736,007                  | 1,736,007                      |                       |               |  |                         |   |
| 15 26               | INTENSIVE CARE UNIT                     | 21,999                     | 21,999                         |                       | 177,200       |  |                         |   |
| 16 54               | ELECTROENCEPHALOGRAPHY                  | 12,000                     | 12,000                         |                       | 177,200       |  |                         |   |
| 17 57               | RENAL DIALYSIS                          | 87,501                     | 87,501                         |                       | 177,200       |  |                         |   |
| 18 50               | PHYSICAL THERAPY                        | 9,999                      | 9,999                          |                       | 177,200       |  |                         |   |
| 19                  |   |                            |                                |                       |               |  |                         |   |
| 20                  |   |                            |                                |                       |               |  |                         |   |
| 21                  |   |                            |                                |                       |               |  |                         |   |
| 22                  |   |                            |                                |                       |               |  |                         |   |
| 23                  |   |                            |                                |                       |               |  |                         |   |
| 24                  |   |                            |                                |                       |               |  |                         |   |
| 25                  |   |                            |                                |                       |               |  |                         |   |
| 26                  |   |                            |                                |                       |               |  |                         |   |
| 27                  |   |                            |                                |                       |               |  |                         |   |
| 28                  |   |                            |                                |                       |               |  |                         |   |
| 29                  |   |                            |                                |                       |               |  |                         |   |
| 30                  |   |                            |                                |                       |               |  |                         |   |
| 101                 | TOTAL                                   | 3,394,476                  | 3,071,928                      | 322,548               |               | 2,077  | 175,179                 | 8,760                                   |

| WKSHT A<br>LINE NO. | COST CENTER/<br>PHYSICIAN<br>IDENTIFIER | COST OF<br>MEMBERSHIPS<br>& CONTINUING<br>EDUCATION | PROVIDER<br>COMPONENT<br>SHARE OF<br>COL 12 | PHYSICIAN<br>COST OF<br>MALPRACTICE<br>INSURANCE | PROVIDER<br>COMPONENT<br>SHARE OF<br>COL 14 | ADJUSTED<br>RCE<br>LIMIT | RCE<br>DIS-<br>ALLOWANCE | ADJUSTMENT |
|---------------------|---|---|---|--|---|--------------------------|--------------------------|------------|
| 10                  | 11                                      | 12  | 13  | 14   | 15  | 16                       | 17                       | 18         |
| 1 25                | ADULTS & PEDIATRICS                     |   |   |  |   |                          |                          | 770,236    |
| 3 31                | SUBPROVIDER                             |   |   |  |   | 55,713                   | 34,787                   | 34,787     |
| 4 31 1              | SUBPROVIDER 2                           |   |   |  |   | 18,670                   | 56,330                   | 56,330     |
| 5 37                | OPERATING ROOM                          |   |   |  |   | 4,000                    | 1,001                    | 1,001      |
| 7 49                | RESPIRATORY THERAPY                     |   |   |  |   | 11,842                   | 13,455                   | 16,490     |
| 8 53                | ELECTROCARDIOLOGY                       |   |   |  |   |                          |                          | 110,000    |
| 10 61               | EMERGENCY                               |   |   |  |   | 35,696                   | 4,303                    | 320,453    |
| 12 44               | LABORATORY                              |   |   |  |   | 49,258                   | 37,493                   | 37,493     |
| 13 61 2             | DIABETES CENTER                         |   |   |  |   |                          |                          | 5,001      |
| 14 6                | ANESTHESIA                              |   |   |  |   |                          |                          | 1,736,007  |
| 15 26               | INTENSIVE CARE UNIT                     |   |   |  |   |                          |                          | 21,999     |
| 16 54               | ELECTROENCEPHALOGRAPHY                  |   |   |  |   |                          |                          | 12,000     |
| 17 57               | RENAL DIALYSIS                          |   |   |  |   |                          |                          | 87,501     |
| 18 50               | PHYSICAL THERAPY                        |   |   |  |   |                          |                          | 9,999      |
| 19                  |   |   |   |  |   |                          |                          |            |
| 20                  |   |   |   |  |   |                          |                          |            |
| 21                  |   |   |   |  |   |                          |                          |            |
| 22                  |   |   |   |  |   |                          |                          |            |
| 23                  |   |   |   |  |   |                          |                          |            |
| 24                  |   |   |   |  |   |                          |                          |            |
| 25                  |   |   |   |  |   |                          |                          |            |
| 26                  |   |   |   |  |   |                          |                          |            |
| 27                  |   |   |   |  |   |                          |                          |            |
| 28                  |   |   |   |  |   |                          |                          |            |
| 29                  |   |   |   |  |   |                          |                          |            |
| 30                  |   |   |   |  |   |                          |                          |            |
| 101                 | TOTAL                                   |   |   |  |   | 175,179                  | 147,369                  | 3,219,297  |

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0213  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/26/2009  
 NOT A CMS WORKSHEET

| LINE NO. | COST CENTER DESCRIPTION       | STATISTICS CODE | STATISTICS DESCRIPTION |            |             |
|----------|-------------------------------|-----------------|------------------------|------------|-------------|
|          | GENERAL SERVICE COST          |                 |                        |            |             |
| 3        | NEW CAP REL COSTS-BLDG & FIXT | 1               | SQUARE                 | FEET       | ENTERED     |
| 4        | NEW CAP REL COSTS-MVBLE EQUIP | 4               | DOLLAR                 | VALUE      | ENTERED     |
| 5        | EMPLOYEE BENEFITS             | S               | GROSS                  | SALARIES   | NOT ENTERED |
| 6        | ADMINISTRATIVE & GENERAL      | #               | ACCUM.                 | COST       | NOT ENTERED |
| 8        | OPERATION OF PLANT            | 1               | SQUARE                 | FEET       | ENTERED     |
| 9        | LAUNDRY & LINEN SERVICE       | 8               | POUNDS OF              | LAUNDRY    | ENTERED     |
| 10       | HOUSEKEEPING                  | 1               | SQUARE                 | FEET       | ENTERED     |
| 11       | DIETARY                       | 10              | MEALS                  | SERVED     | ENTERED     |
| 12       | CAFETERIA                     | 12              | NUMBER                 | HOUSED     | ENTERED     |
| 14       | NURSING ADMINISTRATION        | 13              | DIRECT                 | NRSING HRS | ENTERED     |
| 15       | CENTRAL SERVICES & SUPPLY     | 14              | COSTED                 | REQUI S.   | ENTERED     |
| 16       | PHARMACY                      | 15              | COSTED                 | REQUI S.   | ENTERED     |
| 17       | MEDICAL RECORDS & LIBRARY     | 16              | TIME                   | SPENT      | ENTERED     |
| 18       | SOCIAL SERVICE                | 17              | TIME                   | SPENT      | ENTERED     |
| 24       | PARAMED ED PRGM               | 22              | ASSIGNED               | TIME       | ENTERED     |

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0213  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/26/2009  
 WORKSHEET B PART I

| COST CENTER DESCRIPTION        | NET EXPENSES FOR COST ALLOCATION | NEW CAP REL C OSTS-BLDG & | NEW CAP REL C OSTS-MVBLE E | EMPLOYEE BENEFITS | SUBTOTAL 5a.00 | ADMINISTRATIVE OPERATION OF E & GENERAL PLANT |            |
|--------------------------------|----------------------------------|---------------------------|----------------------------|-------------------|----------------|---|------------|
|                                | 0                                | 3                         | 4                          | 5                 |                | 6   | 8          |
| 003 GENERAL SERVICE COST CNTR  |                                  |                           |                            |                   |                |   |            |
| 004 NEW CAP REL COSTS-BLDG &   | 9,327,411                        | 9,327,411                 |                            |                   |                |   |            |
| 005 NEW CAP REL COSTS-MVBLE E  | 6,863,393                        |                           | 6,863,393                  |                   |                |   |            |
| 006 EMPLOYEE BENEFITS          | 23,000,403                       | 48,943                    | 6,987                      | 23,056,333        |                |   |            |
| 008 ADMIN STRATIVE & GENERAL   | 36,659,571                       | 1,551,907                 | 2,542,028                  | 3,120,856         | 43,874,362     | 43,874,362                                    |            |
| 009 OPERATION OF PLANT         | 7,953,029                        | 123,912                   | 325,113                    | 655,955           | 9,058,009      | 2,589,332                                     | 11,647,341 |
| 010 LAUNDRY & LINEN SERVICE    | 229,739                          | 56,616                    |                            | 12,598            | 298,953        | 85,459  | 86,736     |
| 011 HOUSEKEEPING               | 2,722,083                        | 66,544                    | 16,449                     | 531,291           | 3,336,367      | 953,737                                       | 101,947    |
| 012 DIETARY                    | 406,628                          | 259,878                   | 38,638                     | 199,572           | 904,716        | 258,623                                       | 398,136    |
| 014 CAFETERIA                  | 1,293,342                        | 265,322                   | 38,001                     | 196,277           | 1,792,942      | 512,532                                       | 406,476    |
| 015 NURSING ADMINISTRATION     | 1,359,767                        | 31,471                    | 22,168                     | 399,949           | 1,813,355      | 518,367                                       | 48,213     |
| 016 CENTRAL SERVICES & SUPPLY  | 493,408                          | 295,833                   |                            | 111,696           | 900,937        | 257,543                                       | 453,220    |
| 017 PHARMACY                   | 3,272,514                        | 79,454                    |                            | 528,115           | 3,880,083      | 1,109,164                                     | 121,724    |
| 018 MEDICAL RECORDS & LIBRARY  | 2,604,583                        | 168,785                   | 74,620                     | 509,301           | 3,357,289      | 959,718                                       | 258,580    |
| 024 SOCIAL SERVICE             | 204,820                          |                           |                            | 62,244            | 267,064        | 76,343  |            |
| 025 PARAMED PRGM               | 253,677                          | 28,515                    | 11,644                     | 61,582            | 355,418        | 101,600                                       | 43,686     |
| 026 INPAT ROUTINE SRVC CNTRS   |                                  |                           |                            |                   |                |   |            |
| 026 ADULTS & PEDIATRICS        | 18,397,944                       | 1,851,474                 | 452,304                    | 5,133,766         | 25,835,488     | 7,385,368                                     | 2,836,479  |
| 031 INTENSIVE CARE UNIT        | 3,309,871                        | 327,019                   | 104,462                    | 928,514           | 4,669,866      | 1,334,933                                     | 500,996    |
| 031 SUBPROVIDER                | 1,064,795                        | 173,140                   | 9,929                      | 294,951           | 1,542,815      | 441,031                                       | 265,252    |
| 031 01 SUBPROVIDER 2           | 1,942,903                        | 250,442                   | 51,058                     | 528,355           | 2,772,758      | 792,623                                       | 383,680    |
| 033 NURSERY                    | 866,630                          | 72,351                    | 43,343                     | 190,117           | 1,172,441      | 335,155                                       | 110,843    |
| 037 ANCILLARY SRVC COST CNTRS  |                                  |                           |                            |                   |                |   |            |
| 038 OPERATING ROOM             | 7,087,474                        | 685,171                   | 68,392                     | 1,441,626         | 9,282,663      | 2,653,551                                     | 1,049,690  |
| 039 RECOVERY ROOM              | 938,078                          | 57,497                    |                            | 270,250           | 1,265,825      | 361,850                                       | 88,086     |
| 040 DELIVERY ROOM & LABOR ROO  | 2,316,466                        | 326,889                   | 245,765                    | 626,924           | 3,516,044      | 1,005,100                                     | 500,798    |
| 041 ANESTHESIOLOGY             | 322,799                          | 42,099                    | 153                        | 37,632            | 402,683        | 115,111                                       | 64,496     |
| 041 01 RADIOLGY-DIAGNOSTIC     | 13,214,535                       | 622,308                   | 1,741,949                  | 1,833,757         | 17,412,549     | 4,977,569                                     | 953,382    |
| 044 ULTRASOUND                 | 1,144,088                        | 142,525                   | 182,994                    | 302,297           | 1,771,904      | 506,518                                       | 218,349    |
| 047 LABORATORY                 | 6,613,161                        | 253,527                   | 95,338                     | 922,040           | 7,884,066      | 2,253,747                                     | 388,406    |
| 049 BLOOD STORING, PROCESSING  | 1,447,196                        | 10,369                    | 1,381                      | 42,534            | 1,501,480      | 429,215                                       | 15,886     |
| 050 RESPIRATORY THERAPY        | 1,229,311                        | 16,176                    | 45,023                     | 292,055           | 1,582,565      | 452,394                                       | 24,782     |
| 051 PHYSICAL THERAPY           | 1,864,601                        | 100,089                   | 36,792                     | 337,852           | 2,339,334      | 668,724                                       | 153,337    |
| 052 OCCUPATIONAL THERAPY       | 387,490                          | 64,315                    | 2,602                      | 116,199           | 570,606        | 163,114                                       | 98,531     |
| 053 SPEECH PATHOLOGY           | 282,379                          | 21,438                    | 1,607                      | 65,499            | 370,923        | 106,032                                       | 32,844     |
| 054 ELECTROCARDIOLOGY          | 729,132                          | 25,923                    | 21,103                     | 211,726           | 987,884        | 282,398                                       | 39,714     |
| 055 ELECTROENCEPHALOGRAPHY     | 96,865                           | 43,188                    | 13,405                     | 27,578            | 181,036        | 51,751  | 66,164     |
| 056 MEDICAL SUPPLIES CHARGED   | 14,906,245                       |                           |                            |                   | 14,906,245     | 4,261,114                                     |            |
| 057 DRUGS CHARGED TO PATIENTS  | 6,770,605                        |                           | 154,431                    |                   | 6,925,036      | 1,979,598                                     |            |
| 060 RENAL DIALYSIS             | 6,359,561                        | 166,426                   | 80,091                     | 857,168           | 7,463,246      | 2,133,451                                     | 254,966    |
| 061 OUTPAT SERVICE COST CNTRS  |                                  |                           |                            |                   |                |   |            |
| 061 CLINIC                     | 408,294                          | 38,755                    | 966                        | 78,535            | 526,550        | 150,520                                       | 59,373     |
| 061 01 EMERGENCY               | 5,703,225                        | 736,214                   | 424,580                    | 1,514,433         | 8,378,452      | 2,395,073                                     | 1,127,887  |
| 061 02 OP MENTAL HEALTH        | 451,157                          | 108,747                   | 3,153                      | 130,128           | 693,185        | 198,155                                       | 166,602    |
| 062 DIABETES CENTER            | 239,160                          | 32,274                    | 2,151                      | 71,151            | 344,736        | 98,547  | 49,444     |
| 064 OBSERVATION BEDS (NON-DIS  |                                  |                           |                            |                   |                |   |            |
| 071 OTHER REIMBURS COST CNTRS  |                                  |                           |                            |                   |                |   |            |
| 095 HOME PROGRAM DIALYSIS      | 493,327                          |                           |                            | 18,871            | 512,198        | 146,417                                       |            |
| 096 HOME HEALTH AGENCY         | 2,117,045                        |                           | 3,885                      | 390,794           | 2,511,724      | 718,004                                       |            |
| 098 SPEC PURPOSE COST CENTERS  |                                  |                           |                            |                   |                |   |            |
| 101 SUBTOTALS                  | 197,348,705                      | 9,145,536                 | 6,862,505                  | 23,054,188        | 197,163,797    | 43,819,481                                    | 11,368,705 |
| 102 NONREIMBURS COST CENTERS   |                                  |                           |                            |                   |                |   |            |
| 103 GI FT, FLOWER, COFFEE SHOP | 7,075                            | 141,954                   |                            | 2,145             | 151,174        | 43,215  | 217,476    |
| PHYSICIANS' PRIVATE OFFIC      |                                  | 39,921                    | 888                        |                   | 40,809         | 11,666  | 61,160     |
| 101 CROSS FOOT ADJUSTMENT      |                                  |                           |                            |                   |                |   |            |
| 102 NEGATIVE COST CENTER       |                                  |                           |                            |                   |                |   |            |
| 103 TOTAL                      | 197,355,780                      | 9,327,411                 | 6,863,393                  | 23,056,333        | 197,355,780    | 43,874,362                                    | 11,647,341 |

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0213  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/26/2009  
 WORKSHEET B  
 PART I

| COST CENTER DESCRIPTION       | LAUNDRY & LINEN SERVICE |           | HOUSEKEEPING | DIETARY   | CAFETERIA | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY | PHARMACY |
|-------------------------------|-------------------------|-----------|--------------|-----------|-----------|------------------------|---------------------------|----------|
|                               | 9                       | 10        | 11           | 12        | 14        | 15                     | 16                        |          |
| 003 GENERAL SERVICE COST CNTR |                         |           |              |           |           |                        |                           |          |
| 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   | 471,148                 |           |              |           |           |                        |                           |          |
| 011 HOUSEKEEPING              |                         | 4,392,051 |              |           |           |                        |                           |          |
| 012 DIETARY                   | 3,390                   | 152,604   | 1,717,469    |           |           |                        |                           |          |
| 014 CAFETERIA                 |                         | 155,800   |              | 2,867,750 |           |                        |                           |          |
| 015 NURSING ADMINISTRATION    |                         | 18,480    |              | 57,224    | 2,455,639 |                        |                           |          |
| 016 CENTRAL SERVICES & SUPPLY | 2,934                   | 173,717   |              | 32,272    |           | 1,820,623              |                           |          |
| 017 PHARMACY                  |                         | 46,656    |              | 66,346    |           |                        | 5,223,973                 |          |
| 018 MEDICAL RECORDS & LIBRARY |                         | 99,113    |              | 116,112   |           | 2,276                  |                           |          |
| 024 SOCIAL SERVICE            |                         |           |              | 10,452    |           |                        |                           |          |
| 025 PARAMED PRGM              | 11,691                  | 16,745    |              | 67,704    |           | 2,610                  |                           | 10,351   |
| 026 INPAT ROUTINE SRVC CNTRS  |                         |           |              |           |           |                        |                           |          |
| 025 ADULTS & PEDIATRICS       | 229,008                 | 1,087,210 | 1,261,867    | 846,856   | 1,537,046 | 58,987                 | 9,436                     |          |
| 026 INTENSIVE CARE UNIT       | 18,562                  | 192,030   | 251,859      | 113,866   | 206,670   | 13,477                 | 4,192                     |          |
| 031 SUBPROVIDER               | 3,636                   | 101,670   | 110,611      | 40,506    |           | 2,148                  | 28                        |          |
| 031 01 SUBPROVIDER 2          | 14,445                  | 147,063   | 93,132       | 78,434    | 142,358   | 4,100                  | 22                        |          |
| 033 NURSERY                   | 9,679                   | 42,486    |              | 27,531    | 49,961    | 7,991                  | 357                       |          |
| 037 ANCILLARY SRVC COST CNTRS |                         |           |              |           |           |                        |                           |          |
| 038 OPERATING ROOM            | 44,204                  | 402,341   |              | 215,533   |           | 45,943                 | 2,458                     |          |
| 039 RECOVERY ROOM             | 9,934                   | 33,763    |              | 29,028    |           | 1,912                  | 38                        |          |
| 040 DELIVERY ROOM & LABOR ROO | 15,411                  | 191,953   |              | 84,755    | 153,835   | 9,455                  | 778                       |          |
| 041 ANESTHESIOLOGY            |                         | 24,721    |              | 7,735     |           | 6,734                  | 61,216                    |          |
| 041 01 RADIOLOGY-DIAGNOSTIC   | 25,127                  | 365,427   |              | 276,417   |           | 139,035                | 7,333                     |          |
| 044 ULTRASOUND                | 11,127                  | 83,692    |              | 36,209    |           | 3,543                  | 78                        |          |
| 047 LABORATORY                | 12,357                  | 148,874   |              | 177,439   |           | 176,430                |                           |          |
| 049 BLOOD STORING, PROCESSING |                         | 6,089     |              | 6,848     |           | 9,368                  |                           |          |
| 050 RESPIRATORY THERAPY       |                         | 9,499     |              | 48,657    |           | 11,701                 | 1                         |          |
| 051 PHYSICAL THERAPY          | 9,199                   | 58,773    |              | 56,420    |           | 2,679                  | 273                       |          |
| 052 OCCUPATIONAL THERAPY      |                         | 37,767    |              | 15,554    |           | 356                    |                           |          |
| 053 SPEECH PATHOLOGY          |                         | 12,589    |              | 8,761     |           | 363                    |                           |          |
| 054 ELECTROCARDIOLOGY         | 546                     | 15,222    |              | 33,769    |           | 2,157                  | 133                       |          |
| 055 ELECTROENCEPHALOGRAPHY    | 312                     | 25,360    |              | 5,517     |           | 329                    |                           |          |
| 056 MEDICAL SUPPLIES CHARGED  |                         |           |              |           |           | 1,170,961              |                           |          |
| 057 DRUGS CHARGED TO PATIENTS |                         |           |              |           |           | 11,748                 | 3,977,962                 |          |
| 060 RENAL DIALYSIS            | 16,556                  | 97,727    |              | 133,135   | 241,643   | 80,638                 | 1,100,616                 |          |
| 061 OUTPAT SERVICE COST CNTRS |                         |           |              |           |           |                        |                           |          |
| 061 01 CLINIC                 |                         | 22,757    |              | 9,288     |           | 1,124                  |                           |          |
| 061 02 EMERGENCY              | 33,030                  | 432,314   |              | 230,615   |           | 25,418                 | 3,538                     |          |
| 062 OP MENTAL HEALTH          |                         | 63,858    |              | 20,905    |           | 596                    |                           |          |
| 064 DIABETES CENTER           |                         | 18,952    |              | 10,341    | 18,754    | 345                    |                           |          |
| 071 OBSERVATION BEDS (NON-DIS |                         |           |              |           |           |                        |                           |          |
| 071 OTHER REIMBURS COST CNTRS |                         |           |              |           |           |                        |                           |          |
| 095 HOME PROGRAM DIALYSIS     |                         |           |              | 2,440     |           | 25,294                 | 44,590                    |          |
| 096 HOME HEALTH AGENCY        |                         |           |              |           | 105,372   | 2,905                  | 573                       |          |
| 098 SPEC PURPOSE COST CENTERS |                         |           |              |           |           |                        |                           |          |
| 101 SUBTOTALS                 | 471,148                 | 4,285,252 | 1,717,469    | 2,866,669 | 2,455,639 | 1,820,623              | 5,223,973                 |          |
| 102 NONREIMBURS COST CENTERS  |                         |           |              |           |           |                        |                           |          |
| 103 GIFT, FLOWER, COFFEE SHOP |                         | 83,357    |              | 1,081     |           |                        |                           |          |
| 104 PHYSICIANS' PRIVATE OFFIC |                         | 23,442    |              |           |           |                        |                           |          |
| 105 CROSS FOOT ADJUSTMENT     |                         |           |              |           |           |                        |                           |          |
| 106 NEGATIVE COST CENTER      |                         |           |              |           |           |                        |                           |          |
| 107 TOTAL                     | 471,148                 | 4,392,051 | 1,717,469    | 2,867,750 | 2,455,639 | 1,820,623              | 5,223,973                 |          |

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0213  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/26/2009  
 WORKSHEET B  
 PART I

| COST CENTER DESCRIPTION       | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | PARAMEDICAL PRGM | PR          | SUBTOTAL   | I&R COST POST STEP-DOWN ADJ | TOTAL       |
|-------------------------------|---------------------------|----------------|------------------|-------------|------------|-----------------------------|-------------|
|                               | 17                        | 18             | 24               |             | 25         | 26                          | 27          |
| 003 GENERAL SERVICE COST CNTR |                           |                |                  |             |            |                             |             |
| 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                 |                           |                |                  |             |            |                             |             |
| 015 NURSING ADMINISTRATION    |                           |                |                  |             |            |                             |             |
| 016 CENTRAL SERVICES & SUPPLY |                           |                |                  |             |            |                             |             |
| 017 PHARMACY                  |                           |                |                  |             |            |                             |             |
| 018 MEDICAL RECORDS & LIBRARY | 4,793,088                 |                |                  |             |            |                             |             |
| 024 SOCIAL SERVICE            |                           | 353,859        |                  |             |            |                             |             |
| 025 PARAMEDICAL PRGM          |                           |                | 609,805          |             |            |                             |             |
| 026 INPAT ROUTINE SRVC CNTRS  |                           |                |                  |             |            |                             |             |
| 031 ADULTS & PEDIATRICS       | 1,896,861                 | 307,365        |                  |             | 43,291,971 |                             | 43,291,971  |
| 033 INTENSIVE CARE UNIT       | 583,877                   | 18,849         | 65,336           |             | 7,974,513  |                             | 7,974,513   |
| 037 SUBPROVIDER               | 152,375                   |                |                  |             | 2,660,072  |                             | 2,660,072   |
| 038 01 SUBPROVIDER 2          | 148,186                   |                |                  |             | 4,576,801  |                             | 4,576,801   |
| 039 NURSERY                   | 204,850                   |                |                  |             | 1,961,294  |                             | 1,961,294   |
| 040 ANCILLARY SRVC COST CNTRS |                           |                |                  |             |            |                             |             |
| 041 OPERATING ROOM            |                           |                |                  |             | 13,696,383 |                             | 13,696,383  |
| 042 RECOVERY ROOM             |                           |                |                  |             | 1,790,436  |                             | 1,790,436   |
| 043 DELIVERY ROOM & LABOR ROO |                           |                |                  |             | 5,478,129  |                             | 5,478,129   |
| 044 ANESTHESIOLOGY            |                           |                |                  |             | 682,696    |                             | 682,696     |
| 045 RADIOLOGY-DIAGNOSTIC      |                           |                |                  |             | 24,156,839 |                             | 24,156,839  |
| 046 01 ULTRASOUND             |                           |                |                  |             | 2,631,420  |                             | 2,631,420   |
| 047 LABORATORY                |                           |                |                  |             | 11,041,319 |                             | 11,041,319  |
| 048 BLOOD STORING, PROCESSING |                           |                |                  |             | 1,968,886  |                             | 1,968,886   |
| 049 RESPIRATORY THERAPY       |                           |                | 23,759           |             | 2,153,358  |                             | 2,153,358   |
| 050 PHYSICAL THERAPY          | 441,234                   |                |                  |             | 3,729,973  |                             | 3,729,973   |
| 051 OCCUPATIONAL THERAPY      |                           |                |                  |             | 885,928    |                             | 885,928     |
| 052 SPEECH PATHOLOGY          |                           |                |                  |             | 531,512    |                             | 531,512     |
| 053 ELECTROCARDIOLOGY         |                           |                | 23,759           |             | 1,385,582  |                             | 1,385,582   |
| 054 ELECTROENCEPHALOGRAPHY    | 102,486                   |                |                  |             | 432,955    |                             | 432,955     |
| 055 MEDICAL SUPPLIES CHARGED  |                           |                |                  |             | 20,338,320 |                             | 20,338,320  |
| 056 DRUGS CHARGED TO PATIENTS |                           |                |                  |             | 12,894,344 |                             | 12,894,344  |
| 057 RENAL DIALYSIS            |                           |                |                  |             | 11,521,978 | -1,949,173                  | 9,572,805   |
| 060 OUTPAT SERVICE COST CNTRS |                           |                |                  |             |            |                             |             |
| 061 CLINIC                    | 19,339                    | 4,398          |                  |             | 793,349    |                             | 793,349     |
| 062 EMERGENCY                 | 1,243,880                 | 23,247         | 496,951          |             | 14,390,405 |                             | 14,390,405  |
| 063 01 OP MENTAL HEALTH       |                           |                |                  |             | 1,143,301  |                             | 1,143,301   |
| 064 02 DIABETES CENTER        |                           |                |                  |             | 541,119    |                             | 541,119     |
| 065 OBSERVATION BEDS (NON-DIS |                           |                |                  |             |            |                             |             |
| 066 OTHER REIMBURS COST CNTRS |                           |                |                  |             |            |                             |             |
| 067 HOME PROGRAM DIALYSIS     |                           |                |                  |             | 730,939    | -75,893                     | 655,046     |
| 071 HOME HEALTH AGENCY        |                           |                |                  |             | 3,338,578  |                             | 3,338,578   |
| 095 SPEC PURPOSE COST CENTERS |                           |                |                  |             |            |                             |             |
| 096 SUBTOTALS                 | 4,793,088                 | 353,859        | 609,805          | 196,722,400 | -2,025,066 |                             | 194,697,334 |
| 097 NONREIMBURS COST CENTERS  |                           |                |                  |             |            |                             |             |
| 098 GIFT, FLOWER, COFFEE SHOP |                           |                |                  |             | 496,303    |                             | 496,303     |
| 101 PHYSICIANS' PRIVATE OFFIC |                           |                |                  |             | 137,077    |                             | 137,077     |
| 102 CROSS FOOT ADJUSTMENT     |                           |                |                  |             |            |                             |             |
| 103 NEGATIVE COST CENTER      |                           |                |                  |             |            |                             |             |
| TOTAL                         | 4,793,088                 | 353,859        | 609,805          | 197,355,780 | -2,025,066 |                             | 195,330,714 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0213  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/26/2009  
 WORKSHEET B  
 PART III

| COST CENTER DESCRIPTION       | DIR ASSGND NEW CAPITAL REL COSTS | NEW CAP REL C OSTS-BLDG & | NEW CAP REL C OSTS-MVBLE E | SUBTOTAL   | EMPLOYEE BENEFITS | ADMINISTRATIVE & GENERAL | OPERATION OF PLANT |
|-------------------------------|----------------------------------|---------------------------|----------------------------|------------|-------------------|--------------------------|--------------------|
|                               | 0                                | 3                         | 4                          | 4a         | 5                 | 6                        | 8                  |
| 003 GENERAL SERVICE COST CNTR |                                  |                           |                            |            |                   |                          |                    |
| 004 NEW CAP REL COSTS-BLDG &  |                                  |                           |                            |            |                   |                          |                    |
| 005 NEW CAP REL COSTS-MVBLE E |                                  |                           |                            |            |                   |                          |                    |
| 005 EMPLOYEE BENEFITS         |                                  | 48,943                    | 6,987                      | 55,930     | 55,930            |                          |                    |
| 006 ADMINISTRATIVE & GENERAL  | 487,525                          | 1,551,907                 | 2,542,028                  | 4,581,460  | 7,569             | 4,589,029                |                    |
| 008 OPERATION OF PLANT        | 4,415                            | 123,912                   | 325,113                    | 453,440    | 1,591             | 270,834                  | 725,865            |
| 009 LAUNDRY & LINEN SERVICE   |                                  | 56,616                    |                            | 56,616     | 31                | 8,939                    | 5,405              |
| 010 HOUSEKEEPING              |                                  | 66,544                    | 16,449                     | 82,993     | 1,288             | 99,757                   | 6,353              |
| 011 DIETARY                   | 36,561                           | 259,878                   | 38,638                     | 335,077    | 484               | 27,051                   | 24,812             |
| 012 CAFETERIA                 |                                  | 265,322                   | 38,001                     | 303,323    | 476               | 53,609                   | 25,332             |
| 014 NURSING ADMINISTRATION    | 546                              | 31,471                    | 22,168                     | 54,185     | 970               | 54,219                   | 3,005              |
| 015 CENTRAL SERVICES & SUPPLY | 418,378                          | 295,833                   |                            | 714,211    | 271               | 26,938                   | 28,245             |
| 016 PHARMACY                  | 822                              | 79,454                    |                            | 80,276     | 1,281             | 116,014                  | 7,586              |
| 017 MEDICAL RECORDS & LIBRARY |                                  | 168,785                   | 74,620                     | 243,405    | 1,235             | 100,383                  | 16,115             |
| 018 SOCIAL SERVICE            |                                  |                           |                            |            | 151               | 7,985                    |                    |
| 024 PARAMED PRGM              |                                  | 28,515                    | 11,644                     | 40,159     | 149               | 10,627                   | 2,723              |
| 025 INPAT ROUTINE SRVC CNTRS  |                                  |                           |                            |            |                   |                          |                    |
| 025 ADULTS & PEDIATRICS       | 33,619                           | 1,851,474                 | 452,304                    | 2,337,397  | 12,466            | 772,415                  | 176,768            |
| 026 INTENSIVE CARE UNIT       | 1,046                            | 327,019                   | 104,462                    | 432,527    | 2,252             | 139,629                  | 31,222             |
| 031 SUBPROVIDER               |                                  | 173,140                   | 9,929                      | 183,069    | 715               | 46,130                   | 16,531             |
| 031 01 SUBPROVIDER 2          | 4,968                            | 250,442                   | 51,058                     | 306,468    | 1,281             | 82,905                   | 23,911             |
| 033 NURSERY                   |                                  | 72,351                    | 43,343                     | 115,694    | 461               | 35,056                   | 6,908              |
| 037 ANCILLARY SRVC COST CNTRS |                                  |                           |                            |            |                   |                          |                    |
| 037 OPERATING ROOM            | 239,030                          | 685,171                   | 68,392                     | 992,593    | 3,496             | 277,552                  | 65,417             |
| 038 RECOVERY ROOM             |                                  | 57,497                    |                            | 57,497     | 655               | 37,848                   | 5,490              |
| 039 DELIVERY ROOM & LABOR ROO |                                  | 326,889                   | 245,765                    | 572,654    | 1,520             | 105,130                  | 31,210             |
| 040 ANESTHESIOLOGY            |                                  | 42,099                    | 153                        | 42,252     | 91                | 12,040                   | 4,019              |
| 041 RADIOLOGY-DIAGNOSTIC      | 707,810                          | 622,308                   | 1,741,949                  | 3,072,067  | 4,447             | 520,635                  | 59,415             |
| 041 01 ULTRASOUND             |                                  | 142,525                   | 182,994                    | 325,519    | 733               | 52,980                   | 13,608             |
| 044 LABORATORY                | 93,005                           | 253,527                   | 95,338                     | 441,870    | 2,236             | 235,734                  | 24,206             |
| 047 BLOOD STORING, PROCESSING |                                  | 10,369                    | 1,381                      | 11,750     | 103               | 44,894                   | 990                |
| 049 RESPIRATORY THERAPY       | 95,602                           | 16,176                    | 45,023                     | 156,801    | 708               | 47,319                   | 1,544              |
| 050 PHYSICAL THERAPY          | 116,960                          | 100,089                   | 36,792                     | 253,841    | 819               | 69,946                   | 9,556              |
| 051 OCCUPATIONAL THERAPY      |                                  | 64,315                    | 2,602                      | 66,917     | 282               | 17,061                   | 6,140              |
| 052 SPEECH PATHOLOGY          |                                  | 21,438                    | 1,607                      | 23,045     | 159               | 11,091                   | 2,047              |
| 053 ELECTROCARDIOLOGY         | 217,011                          | 25,923                    | 21,103                     | 264,037    | 513               | 29,538                   | 2,475              |
| 054 ELECTROENCEPHALOGRAPHY    |                                  | 43,188                    | 13,405                     | 56,593     | 67                | 5,413                    | 4,123              |
| 055 MEDICAL SUPPLIES CHARGED  |                                  |                           |                            |            |                   | 445,697                  |                    |
| 056 DRUGS CHARGED TO PATIENTS |                                  |                           | 154,431                    | 154,431    |                   | 207,059                  |                    |
| 057 RENAL DIALYSIS            | 266,533                          | 166,426                   | 80,091                     | 513,050    | 2,079             | 223,151                  | 15,890             |
| 060 OUTPAT SERVICE COST CNTRS |                                  |                           |                            |            |                   |                          |                    |
| 060 CLINIC                    | 130,105                          | 38,755                    | 966                        | 169,826    | 190               | 15,744                   | 3,700              |
| 061 EMERGENCY                 | 520                              | 736,214                   | 424,580                    | 1,161,314  | 3,673             | 250,516                  | 70,290             |
| 061 01 OP MENTAL HEALTH       |                                  | 108,747                   | 3,153                      | 111,900    | 316               | 20,726                   | 10,383             |
| 061 02 DIABETES CENTER        |                                  | 32,274                    | 2,151                      | 34,425     | 173               | 10,308                   | 3,081              |
| 062 OBSERVATION BEDS (NON-DIS |                                  |                           |                            |            |                   |                          |                    |
| 064 OTHER REIMBURS COST CNTRS |                                  |                           |                            |            |                   |                          |                    |
| 064 HOME PROGRAM DIALYSIS     | 28,479                           |                           |                            | 28,479     | 46                | 15,315                   |                    |
| 071 HOME HEALTH AGENCY        | 36,238                           |                           | 3,885                      | 40,123     | 948               | 75,101                   |                    |
| 095 SPEC PURPOSE COST CENTERS |                                  |                           |                            |            |                   |                          |                    |
| 095 SUBTOTALS                 | 2,919,173                        | 9,145,536                 | 6,862,505                  | 18,927,214 | 55,925            | 4,583,289                | 708,500            |
| 096 NONREIMBURS COST CENTERS  |                                  |                           |                            |            |                   |                          |                    |
| 096 GIFT, FLOWER, COFFEE SHOP |                                  | 141,954                   |                            | 141,954    | 5                 | 4,520                    | 13,553             |
| 098 PHYSICIANS' PRIVATE OFFIC |                                  | 39,921                    | 888                        | 40,809     |                   | 1,220                    | 3,812              |
| 101 CROSS FOOT ADJUSTMENTS    |                                  |                           |                            |            |                   |                          |                    |
| 102 NEGATIVE COST CENTER      |                                  |                           |                            |            |                   |                          |                    |
| 103 TOTAL                     | 2,919,173                        | 9,327,411                 | 6,863,393                  | 19,109,977 | 55,930            | 4,589,029                | 725,865            |

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0213  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/26/2009  
 WORKSHEET B  
 PART III

| COST CENTER DESCRIPTION       | LAUNDRY & LINEN SERVICE |         | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY | PHARMACY |
|-------------------------------|-------------------------|---------|--------------|---------|-----------|------------------------|---------------------------|----------|
|                               | 9                       | 10      | 11           | 12      | 14        | 15                     | 16                        |          |
| 003 GENERAL SERVICE COST CNTR |                         |         |              |         |           |                        |                           |          |
| 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   | 70,991                  |         |              |         |           |                        |                           |          |
| 011 HOUSEKEEPING              |                         | 190,391 |              |         |           |                        |                           |          |
| 012 DIETARY                   | 511                     | 6,615   | 394,550      |         |           |                        |                           |          |
| 014 CAFETERIA                 |                         | 6,754   |              | 389,494 |           |                        |                           |          |
| 015 NURSING ADMINISTRATION    |                         | 801     |              | 7,772   | 120,952   |                        |                           |          |
| 016 CENTRAL SERVICES & SUPPLY | 442                     | 7,530   |              | 4,383   |           | 782,020                |                           |          |
| 017 PHARMACY                  |                         | 2,023   |              | 9,011   |           |                        | 216,191                   |          |
| 018 MEDICAL RECORDS & LIBRARY |                         | 4,296   |              | 15,770  |           | 978                    |                           |          |
| 024 SOCIAL SERVICE            |                         |         |              | 1,420   |           |                        |                           |          |
| 025 PARAMED PRGM              | 1,762                   | 726     |              | 9,195   |           | 1,121                  | 428                       |          |
| 026 INPAT ROUTINE SRVC CNTRS  |                         |         |              |         |           |                        |                           |          |
| 027 ADULTS & PEDIATRICS       | 34,505                  | 47,129  | 289,885      | 115,020 | 75,707    | 25,337                 | 390                       |          |
| 031 INTENSIVE CARE UNIT       | 2,797                   | 8,324   | 57,859       | 15,465  | 10,179    | 5,789                  | 173                       |          |
| 033 SUBPROVIDER               | 548                     | 4,407   | 25,411       | 5,501   |           | 923                    | 1                         |          |
| 037 SUBPROVIDER 2             | 2,177                   | 6,375   | 21,395       | 10,653  | 7,012     | 1,761                  | 1                         |          |
| 038 NURSERY                   | 1,458                   | 1,842   |              | 3,739   | 2,461     | 3,433                  | 15                        |          |
| 039 ANCILLARY SRVC COST CNTRS |                         |         |              |         |           |                        |                           |          |
| 040 OPERATING ROOM            | 6,660                   | 17,441  |              | 29,273  |           | 19,734                 | 102                       |          |
| 041 RECOVERY ROOM             | 1,497                   | 1,464   |              | 3,943   |           | 821                    | 2                         |          |
| 044 DELIVERY ROOM & LABOR ROO | 2,322                   | 8,321   |              | 11,511  | 7,577     | 4,061                  | 32                        |          |
| 047 ANESTHESIOLOGY            |                         | 1,072   |              | 1,051   |           | 2,893                  | 2,533                     |          |
| 049 RADIOLOGY-DIAGNOSTIC      | 3,786                   | 15,841  |              | 37,543  |           | 59,720                 | 303                       |          |
| 050 ULTRASOUND                | 1,677                   | 3,628   |              | 4,918   |           | 1,522                  | 3                         |          |
| 051 LABORATORY                | 1,862                   | 6,454   |              | 24,100  |           | 75,783                 |                           |          |
| 052 BLOOD STORING, PROCESSING |                         | 264     |              | 930     |           | 4,024                  |                           |          |
| 053 RESPIRATORY THERAPY       |                         | 412     |              | 6,609   |           | 5,026                  |                           |          |
| 054 PHYSICAL THERAPY          | 1,386                   | 2,548   |              | 7,663   |           | 1,151                  | 11                        |          |
| 055 OCCUPATIONAL THERAPY      |                         | 1,637   |              | 2,112   |           | 153                    |                           |          |
| 056 SPEECH PATHOLOGY          |                         | 546     |              | 1,190   |           | 156                    |                           |          |
| 057 ELECTROCARDIOLOGY         | 82                      | 660     |              | 4,586   |           | 927                    | 6                         |          |
| 060 ELECTROENCEPHALOGRAPHY    | 47                      | 1,099   |              | 749     |           | 141                    |                           |          |
| 061 MEDICAL SUPPLIES CHARGED  |                         |         |              |         |           | 502,965                |                           |          |
| 062 DRUGS CHARGED TO PATIENTS |                         |         |              |         |           | 5,046                  | 164,627                   |          |
| 064 RENAL DIALYSIS            | 2,495                   | 4,236   |              | 18,082  | 11,902    | 34,637                 | 45,549                    |          |
| 066 OUTPAT SERVICE COST CNTRS |                         |         |              |         |           |                        |                           |          |
| 067 CLINIC                    |                         | 987     |              | 1,261   |           | 483                    |                           |          |
| 068 EMERGENCY                 | 4,977                   | 18,740  |              | 31,322  |           | 10,918                 | 146                       |          |
| 069 OP MENTAL HEALTH          |                         | 2,768   |              | 2,839   |           | 256                    |                           |          |
| 070 DIABETES CENTER           |                         | 822     |              | 1,405   | 924       | 148                    |                           |          |
| 071 OBSERVATION BEDS (NON-DIS |                         |         |              |         |           |                        |                           |          |
| 072 OTHER REIMBURS COST CNTRS |                         |         |              |         |           |                        |                           |          |
| 073 HOME PROGRAM DIALYSIS     |                         |         |              | 331     |           | 10,865                 | 1,845                     |          |
| 074 HOME HEALTH AGENCY        |                         |         |              |         |           | 1,248                  | 24                        |          |
| 075 SPEC PURPOSE COST CENTERS |                         |         |              |         |           |                        |                           |          |
| 095 SUBTOTALS                 | 70,991                  | 185,762 | 394,550      | 389,347 | 120,952   | 782,020                | 216,191                   |          |
| 096 NONREIMBURS COST CENTERS  |                         |         |              |         |           |                        |                           |          |
| 098 GIFT, FLOWER, COFFEE SHOP |                         | 3,613   |              | 147     |           |                        |                           |          |
| 101 PHYSICIANS' PRIVATE OFFIC |                         | 1,016   |              |         |           |                        |                           |          |
| 102 CROSS FOOT ADJUSTMENTS    |                         |         |              |         |           |                        |                           |          |
| 103 NEGATIVE COST CENTER      |                         |         |              |         |           |                        |                           |          |
| TOTAL                         | 70,991                  | 190,391 | 394,550      | 389,494 | 120,952   | 782,020                | 216,191                   |          |

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0213  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/26/2009  
 WORKSHEET B  
 PART III

| COST CENTER DESCRIPTION       | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | PARAMED ED PRGM | SUBTOTAL   | POST STEPDOWN ADJUSTMENT | TOTAL      |
|-------------------------------|---------------------------|----------------|-----------------|------------|--------------------------|------------|
|                               | 17                        | 18             | 24              | 25         | 26                       | 27         |
| 003 GENERAL SERVICE COST CNTR |                           |                |                 |            |                          |            |
| 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                 |                           |                |                 |            |                          |            |
| 015 NURSING ADMINISTRATION    |                           |                |                 |            |                          |            |
| 016 CENTRAL SERVICES & SUPPLY |                           |                |                 |            |                          |            |
| 017 PHARMACY                  |                           |                |                 |            |                          |            |
| 018 MEDICAL RECORDS & LIBRARY | 382,182                   |                |                 |            |                          |            |
| 024 SOCIAL SERVICE            |                           | 9,556          |                 |            |                          |            |
| 025 PARAMED ED PRGM           |                           |                | 66,890          |            |                          |            |
| 026 INPAT ROUTINE SRVC CNTRS  |                           |                |                 |            |                          |            |
| 026 ADULTS & PEDIATRICS       | 151,248                   | 8,300          |                 | 4,046,567  |                          | 4,046,567  |
| 031 INTENSIVE CARE UNIT       | 46,556                    | 509            |                 | 753,281    |                          | 753,281    |
| 031 SUBPROVIDER               | 12,150                    |                |                 | 295,386    |                          | 295,386    |
| 031 01 SUBPROVIDER 2          | 11,816                    |                |                 | 475,755    |                          | 475,755    |
| 033 NURSERY                   | 16,334                    |                |                 | 187,401    |                          | 187,401    |
| 037 ANCILLARY SRVC COST CNTRS |                           |                |                 |            |                          |            |
| 038 OPERATING ROOM            |                           |                |                 | 1,412,268  |                          | 1,412,268  |
| 039 RECOVERY ROOM             |                           |                |                 | 109,217    |                          | 109,217    |
| 040 DELIVERY ROOM & LABOR ROO |                           |                |                 | 744,338    |                          | 744,338    |
| 041 ANESTHESIOLOGY            |                           |                |                 | 65,951     |                          | 65,951     |
| 041 01 RADIOLOGY-DIAGNOSTIC   |                           |                |                 | 3,773,757  |                          | 3,773,757  |
| 044 ULTRASOUND                |                           |                |                 | 404,588    |                          | 404,588    |
| 047 LABORATORY                |                           |                |                 | 812,245    |                          | 812,245    |
| 049 BLOOD STORING, PROCESSING |                           |                |                 | 62,955     |                          | 62,955     |
| 050 RESPIRATORY THERAPY       |                           |                |                 | 218,419    |                          | 218,419    |
| 051 PHYSICAL THERAPY          | 35,182                    |                |                 | 382,103    |                          | 382,103    |
| 052 OCCUPATIONAL THERAPY      |                           |                |                 | 94,302     |                          | 94,302     |
| 053 SPEECH PATHOLOGY          |                           |                |                 | 38,234     |                          | 38,234     |
| 054 ELECTROCARDIOLOGY         |                           |                |                 | 302,824    |                          | 302,824    |
| 055 ELECTROENCEPHALOGRAPHY    | 8,172                     |                |                 | 76,404     |                          | 76,404     |
| 056 MEDICAL SUPPLIES CHARGED  |                           |                |                 | 948,662    |                          | 948,662    |
| 057 DRUGS CHARGED TO PATIENTS |                           |                |                 | 531,163    |                          | 531,163    |
| 060 RENAL DIALYSIS            |                           |                |                 | 871,071    |                          | 871,071    |
| 061 OUTPAT SERVICE COST CNTRS |                           |                |                 |            |                          |            |
| 061 CLINIC                    | 1,542                     | 119            |                 | 193,852    |                          | 193,852    |
| 061 01 EMERGENCY              | 99,182                    | 628            |                 | 1,651,706  |                          | 1,651,706  |
| 061 02 OP MENTAL HEALTH       |                           |                |                 | 149,188    |                          | 149,188    |
| 062 DIABETES CENTER           |                           |                |                 | 51,286     |                          | 51,286     |
| 064 OBSERVATION BEDS (NON-DIS |                           |                |                 |            |                          |            |
| 071 OTHER REIMBURS COST CNTRS |                           |                |                 |            |                          |            |
| 095 HOME PROGRAM DIALYSIS     |                           |                |                 | 56,881     |                          | 56,881     |
| 096 HOME HEALTH AGENCY        |                           |                |                 | 122,634    |                          | 122,634    |
| 098 SPEC PURPOSE COST CENTERS |                           |                |                 |            |                          |            |
| 101 SUBTOTALS                 | 382,182                   | 9,556          |                 | 18,832,438 |                          | 18,832,438 |
| 102 NONREIMBURS COST CENTERS  |                           |                |                 |            |                          |            |
| 103 GIFT, FLOWER, COFFEE SHOP |                           |                |                 | 163,792    |                          | 163,792    |
| 104 PHYSICIANS' PRIVATE OFFIC |                           |                |                 | 46,857     |                          | 46,857     |
| 105 CROSS FOOT ADJUSTMENTS    |                           |                | 66,890          | 66,890     |                          | 66,890     |
| 106 NEGATIVE COST CENTER      |                           |                |                 |            |                          |            |
| 107 TOTAL                     | 382,182                   | 9,556          | 66,890          | 19,109,977 |                          | 19,109,977 |

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 2/26/2009

14-0213

FROM 10/ 1/2007

WORKSHEET B-1

TO 9/30/2008

| COST CENTER DESCRIPTION    | NEW CAP REL COSTS-BLDG & | NEW CAP REL COSTS-MVBLE | EMPLOYEE BENEFITS  | RECONCILIATION | ADMINISTRATIVE OPERATION OF E & GENERAL | OPERATION OF PLANT |
|----------------------------|--------------------------|-------------------------|--------------------|----------------|---|--------------------|
|                            | ( SQUARE FEET )          | ( DOLLAR VALUE )        | ( GROSS SALARIES ) |                | ( ACCUM. COST )                         | ( SQUARE FEET )    |
|                            | 3                        | 4                       | 5                  | 6a.00          | 6                                       | 8                  |
| 003 GENERAL SERVICE COST   |                          |                         |                    |                |   |                    |
| 004 NEW CAP REL COSTS-BLD  | 359,812                  |                         |                    |                |   |                    |
| 005 NEW CAP REL COSTS-MVB  |                          | 5,621,905               |                    |                |   |                    |
| 006 EMPLOYEE BENEFITS      | 1,888                    | 5,723                   | 75,868,595         |                |   |                    |
| 008 ADMINISTRATIVE & GENE  | 59,866                   | 2,082,212               | 10,269,420         | -43,874,362    | 153,481,418                             |                    |
| 009 OPERATION OF PLANT     | 4,780                    | 266,305                 | 2,158,471          |                | 9,058,009                               | 293,278            |
| 010 LAUNDRY & LINEN SERVI  | 2,184                    |                         | 41,455             |                | 298,953                                 | 2,184              |
| 011 HOUSEKEEPING           | 2,567                    | 13,474                  | 1,748,253          |                | 3,336,367                               | 2,567              |
| 012 DIETARY                | 10,025                   | 31,649                  | 656,706            |                | 904,716                                 | 10,025             |
| 014 CAFETERIA              | 10,235                   | 31,127                  | 645,865            |                | 1,792,942                               | 10,235             |
| 015 NURSING ADMINISTRATION | 1,214                    | 18,158                  | 1,316,064          |                | 1,813,355                               | 1,214              |
| 016 CENTRAL SERVICES & SU  | 11,412                   |                         | 367,543            |                | 900,937                                 | 11,412             |
| 017 PHARMACY               | 3,065                    |                         | 1,737,805          |                | 3,880,083                               | 3,065              |
| 018 MEDICAL RECORDS & LIB  | 6,511                    | 61,122                  | 1,675,894          |                | 3,357,289                               | 6,511              |
| 024 SOCIAL SERVICE         |                          |                         | 204,820            |                | 267,064                                 |                    |
| 025 PARAMEDICAL PRGM       | 1,100                    | 9,538                   | 202,640            |                | 355,418                                 | 1,100              |
| 026 INPAT ROUTINE SRVC CN  |                          |                         |                    |                |   |                    |
| 025 ADULTS & PEDIATRICS    | 71,422                   | 370,489                 | 16,892,995         |                | 25,835,488                              | 71,422             |
| 026 INTENSIVE CARE UNIT    | 12,615                   | 85,566                  | 3,055,346          |                | 4,669,866                               | 12,615             |
| 031 SUBPROVIDER            | 6,679                    | 8,133                   | 970,559            |                | 1,542,815                               | 6,679              |
| 031 01 SUBPROVIDER 2       | 9,661                    | 41,822                  | 1,738,594          |                | 2,772,758                               | 9,661              |
| 033 NURSERY                | 2,791                    | 35,503                  | 625,594            |                | 1,172,441                               | 2,791              |
| 037 ANCILLARY SRVC COST C  |                          |                         |                    |                |   |                    |
| 038 OPERATING ROOM         | 26,431                   | 56,021                  | 4,743,783          |                | 9,282,663                               | 26,431             |
| 038 RECOVERY ROOM          | 2,218                    |                         | 889,279            |                | 1,265,825                               | 2,218              |
| 039 DELIVERY ROOM & LABOR  | 12,610                   | 201,310                 | 2,062,942          |                | 3,516,044                               | 12,610             |
| 040 ANESTHESIOLOGY         | 1,624                    | 125                     | 123,831            |                | 402,683                                 | 1,624              |
| 041 RADIOLOGY-DIAGNOSTIC   | 24,006                   | 1,426,856               | 6,034,119          |                | 17,412,549                              | 24,006             |
| 041 01 ULTRASOUND          | 5,498                    | 149,893                 | 994,732            |                | 1,771,904                               | 5,498              |
| 044 LABORATORY             | 9,780                    | 78,093                  | 3,034,043          |                | 7,884,066                               | 9,780              |
| 047 BLOOD STORAGE, PROCES  | 400                      | 1,131                   | 139,963            |                | 1,501,480                               | 400                |
| 049 RESPIRATORY THERAPY    | 624                      | 36,879                  | 961,031            |                | 1,582,565                               | 624                |
| 050 PHYSICAL THERAPY       | 3,861                    | 30,137                  | 1,111,729          |                | 2,339,334                               | 3,861              |
| 051 OCCUPATIONAL THERAPY   | 2,481                    | 2,131                   | 382,362            |                | 570,606                                 | 2,481              |
| 052 SPEECH PATHOLOGY       | 827                      | 1,316                   | 215,530            |                | 370,923                                 | 827                |
| 053 ELECTROCARDIOLOGY      | 1,000                    | 17,286                  | 696,701            |                | 987,884                                 | 1,000              |
| 054 ELECTROENCEPHALOGRAPH  | 1,666                    | 10,980                  | 90,748             |                | 181,036                                 | 1,666              |
| 055 MEDICAL SUPPLIES CHAR  |                          |                         |                    |                | 14,906,245                              |                    |
| 056 DRUGS CHARGED TO PATI  |                          | 126,497                 |                    |                | 6,925,036                               |                    |
| 057 RENAL DIALYSIS         | 6,420                    | 65,604                  | 2,820,578          |                | 7,463,246                               | 6,420              |
| 060 OUTPAT SERVICE COST C  |                          |                         |                    |                |   |                    |
| 061 CLINIC                 | 1,495                    | 791                     | 258,427            |                | 526,550                                 | 1,495              |
| 061 EMERGENCY              | 28,400                   | 347,780                 | 4,983,358          |                | 8,378,452                               | 28,400             |
| 061 01 OP MENTAL HEALTH    | 4,195                    | 2,583                   | 428,195            |                | 693,185                                 | 4,195              |
| 061 02 DIABETES CENTER     | 1,245                    | 1,762                   | 234,129            |                | 344,736                                 | 1,245              |
| 062 OBSERVATION BEDS (NON  |                          |                         |                    |                |   |                    |
| 064 OTHER REIMBURS COST C  |                          |                         |                    |                |   |                    |
| 071 HOME PROGRAM DIALYSIS  |                          |                         | 62,095             |                | 512,198                                 |                    |
| 071 HOME HEALTH AGENCY     |                          | 3,182                   | 1,285,939          |                | 2,511,724                               |                    |
| 095 SPEC PURPOSE COST CEN  |                          |                         |                    |                |   |                    |
| 095 SUBTOTALS              | 352,796                  | 5,621,178               | 75,861,538         | -43,874,362    | 153,289,435                             | 286,262            |
| 096 NONREIMBURS COST CENT  |                          |                         |                    |                |   |                    |
| 096 GIFT, FLOWER, COFFEE   | 5,476                    |                         | 7,057              |                | 151,174                                 | 5,476              |
| 098 PHYSICIANS' PRIVATE O  | 1,540                    | 727                     |                    |                | 40,809                                  | 1,540              |
| 101 CROSS FOOT ADJUSTMENT  |                          |                         |                    |                |   |                    |
| 102 NEGATIVE COST CENTER   |                          |                         |                    |                |   |                    |
| 103 COST TO BE ALLOCATED   | 9,327,411                | 6,863,393               | 23,056,333         |                | 43,874,362                              | 11,647,341         |
| (WRKSHT B, PART I)         |                          |                         |                    |                |   |                    |
| 104 UNIT COST MULTIPLIER   | 25.923013                |                         | .303898            |                | .285861                                 |                    |
| (WRKSHT B, PT I)           |                          | 1.220830                |                    |                |   | 39.714336          |
| 105 COST TO BE ALLOCATED   |                          |                         |                    |                |   |                    |
| (WRKSHT B, PART II)        |                          |                         |                    |                |   |                    |
| 106 UNIT COST MULTIPLIER   |                          |                         |                    |                |   |                    |
| (WRKSHT B, PT II)          |                          |                         |                    |                |   |                    |
| 107 COST TO BE ALLOCATED   |                          |                         | 55,930             |                | 4,589,029                               | 725,865            |
| (WRKSHT B, PART III)       |                          |                         |                    |                |   |                    |
| 108 UNIT COST MULTIPLIER   |                          |                         | .000737            |                | .029900                                 |                    |
| (WRKSHT B, PT III)         |                          |                         |                    |                |   | 2.475007           |

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 2/26/2009

14-0213

FROM 10/1/2007

WORKSHEET B-1

TO 9/30/2008

| COST CENTER DESCRIPTION        | LAUNDRY & LINEN SERVICE | HOUSEKEEPING    | DIETARY          | CAFETERIA         | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY | PHARMACY           |
|--------------------------------|-------------------------|-----------------|------------------|-------------------|------------------------|---------------------------|--------------------|
|                                | ( POUNDS OF LAUNDRY )   | ( SQUARE FEET ) | ( MEALS SERVED ) | ( NUMBER HOUSED ) | ( DIRECT NRSING HRS )  | ( COSTED REQUIS. )        | ( COSTED REQUIS. ) |
|                                | 9                       | 10              | 11               | 12                | 14                     | 15                        | 16                 |
| GENERAL SERVICE COST           |                         |                 |                  |                   |                        |                           |                    |
| 003 NEW CAP REL COSTS-BLD      |                         |                 |                  |                   |                        |                           |                    |
| 004 NEW CAP REL COSTS-MVB      |                         |                 |                  |                   |                        |                           |                    |
| 005 EMPLOYEE BENEFITS          |                         |                 |                  |                   |                        |                           |                    |
| 006 ADMINISTRATIVE & GENERAL   |                         |                 |                  |                   |                        |                           |                    |
| 008 OPERATION OF PLANT         |                         |                 |                  |                   |                        |                           |                    |
| 009 LAUNDRY & LINEN SERVICE    | 1,726,224               |                 |                  |                   |                        |                           |                    |
| 010 HOUSEKEEPING               |                         | 288,527         |                  |                   |                        |                           |                    |
| 011 DIETARY                    | 12,421                  | 10,025          | 321,503          |                   |                        |                           |                    |
| 012 CAFETERIA                  |                         | 10,235          |                  | 103,436           |                        |                           |                    |
| 014 NURSING ADMINISTRATION     |                         | 1,214           |                  | 2,064             | 1,015,028              |                           |                    |
| 015 CENTRAL SERVICES & SUPPLY  | 10,749                  | 11,412          |                  | 1,164             |                        | 23,423,108                |                    |
| 016 PHARMACY                   |                         | 3,065           |                  | 2,393             |                        |                           | 8,891,351          |
| 017 MEDICAL RECORDS & LIBRARY  |                         | 6,511           |                  | 4,188             |                        | 29,288                    |                    |
| 018 SOCIAL SERVICE             |                         |                 |                  | 377               |                        |                           |                    |
| 024 PARAMEDICAL PRGM           | 42,836                  | 1,100           |                  | 2,442             |                        | 33,577                    | 17,617             |
| INPAT ROUTINE SRVC CN          |                         |                 |                  |                   |                        |                           |                    |
| 025 ADULTS & PEDIATRICS        | 839,058                 | 71,422          | 236,216          | 30,545            | 635,332                | 758,893                   | 16,060             |
| 026 INTENSIVE CARE UNIT        | 68,009                  | 12,615          | 47,147           | 4,107             | 85,426                 | 173,392                   | 7,135              |
| 031 SUBPROVIDER                | 13,323                  | 6,679           | 20,706           | 1,461             |                        | 27,633                    | 48                 |
| 031 01 SUBPROVIDER 2           | 52,926                  | 9,661           | 17,434           | 2,829             | 58,843                 | 52,742                    | 38                 |
| 033 NURSERY                    | 35,461                  | 2,791           |                  | 993               | 20,651                 | 102,812                   | 608                |
| ANCILLARY SRVC COST C          |                         |                 |                  |                   |                        |                           |                    |
| 037 OPERATING ROOM             | 161,957                 | 26,431          |                  | 7,774             |                        | 591,078                   | 4,183              |
| 038 RECOVERY ROOM              | 36,398                  | 2,218           |                  | 1,047             |                        | 24,597                    | 65                 |
| 039 DELIVERY ROOM & LABOR      | 56,463                  | 12,610          |                  | 3,057             | 63,587                 | 121,639                   | 1,325              |
| 040 ANESTHESIOLOGY             |                         | 1,624           |                  | 279               |                        | 86,639                    | 104,191            |
| 041 RADIOLOGY-DIAGNOSTIC       | 92,062                  | 24,006          |                  | 9,970             |                        | 1,788,733                 | 12,481             |
| 041 01 ULTRASOUND              | 40,767                  | 5,498           |                  | 1,306             |                        | 45,579                    | 132                |
| 044 LABORATORY                 | 45,273                  | 9,780           |                  | 6,400             |                        | 2,269,833                 |                    |
| 047 BLOOD STORING, PROCESS     |                         | 400             |                  | 247               |                        | 120,519                   |                    |
| 049 RESPIRATORY THERAPY        |                         | 624             |                  | 1,755             |                        | 150,539                   | 1                  |
| 050 PHYSICAL THERAPY           | 33,704                  | 3,861           |                  | 2,035             |                        | 34,466                    | 464                |
| 051 OCCUPATIONAL THERAPY       |                         | 2,481           |                  | 561               |                        | 4,586                     |                    |
| 052 SPEECH PATHOLOGY           |                         | 827             |                  | 316               |                        | 4,675                     |                    |
| 053 ELECTROCARDIOLOGY          | 2,000                   | 1,000           |                  | 1,218             |                        | 27,755                    | 227                |
| 054 ELECTROENCEPHALOGRAPH      | 1,142                   | 1,666           |                  | 199               |                        | 4,229                     |                    |
| 055 MEDICAL SUPPLIES CHAR      |                         |                 |                  |                   |                        | 15,064,969                |                    |
| 056 DRUGS CHARGED TO PATIENT   |                         |                 |                  |                   |                        | 151,140                   | 6,770,605          |
| 057 RENAL DIALYSIS             | 60,659                  | 6,420           |                  | 4,802             | 99,882                 | 1,037,441                 | 1,873,280          |
| OUTPAT SERVICE COST C          |                         |                 |                  |                   |                        |                           |                    |
| 060 CLINIC                     |                         | 1,495           |                  | 335               |                        | 14,458                    |                    |
| 061 EMERGENCY                  | 121,016                 | 28,400          |                  | 8,318             |                        | 327,008                   | 6,022              |
| 061 01 OP MENTAL HEALTH        |                         | 4,195           |                  | 754               |                        | 7,662                     |                    |
| 061 02 DIABETES CENTER         |                         | 1,245           |                  | 373               | 7,752                  | 4,441                     |                    |
| 062 OBSERVATION BEDS (NON      |                         |                 |                  |                   |                        |                           |                    |
| OTHER REIMBURS COST C          |                         |                 |                  |                   |                        |                           |                    |
| 064 HOME PROGRAM DIALYSIS      |                         |                 |                  | 88                |                        | 325,414                   | 75,893             |
| 071 HOME HEALTH AGENCY         |                         |                 |                  |                   | 43,555                 | 37,371                    | 976                |
| SPEC PURPOSE COST CENTER       |                         |                 |                  |                   |                        |                           |                    |
| 095 SUBTOTALS                  | 1,726,224               | 281,511         | 321,503          | 103,397           | 1,015,028              | 23,423,108                | 8,891,351          |
| NONREIMBURS COST CENT          |                         |                 |                  |                   |                        |                           |                    |
| 096 GIFT, FLOWER, COFFEE       |                         | 5,476           |                  | 39                |                        |                           |                    |
| 098 PHYSICIANS' PRIVATE OFFICE |                         | 1,540           |                  |                   |                        |                           |                    |
| 101 CROSS FOOT ADJUSTMENT      |                         |                 |                  |                   |                        |                           |                    |
| 102 NEGATIVE COST CENTER       |                         |                 |                  |                   |                        |                           |                    |
| 103 COST TO BE ALLOCATED       | 471,148                 | 4,392,051       | 1,717,469        | 2,867,750         | 2,455,639              | 1,820,623                 | 5,223,973          |
| (WRKSHT B, PART I)             |                         |                 |                  |                   |                        |                           |                    |
| 104 UNIT COST MULTIPLIER       |                         | 15.222322       |                  | 27.724873         |                        | .077728                   |                    |
| (WRKSHT B, PT I)               | .272936                 |                 | 5.342000         |                   | 2.419282               |                           | .587534            |
| COST TO BE ALLOCATED           |                         |                 |                  |                   |                        |                           |                    |
| (WRKSHT B, PART II)            |                         |                 |                  |                   |                        |                           |                    |
| 106 UNIT COST MULTIPLIER       |                         |                 |                  |                   |                        |                           |                    |
| (WRKSHT B, PT II)              |                         |                 |                  |                   |                        |                           |                    |
| 107 COST TO BE ALLOCATED       | 70,991                  | 190,391         | 394,550          | 389,494           | 120,952                | 782,020                   | 216,191            |
| (WRKSHT B, PART III)           |                         |                 |                  |                   |                        |                           |                    |
| 108 UNIT COST MULTIPLIER       |                         | .659872         |                  | 3.765556          |                        | .033387                   |                    |
| (WRKSHT B, PT III)             | .041125                 |                 | 1.227205         |                   | .119161                |                           | .024315            |

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0213  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/26/2009  
 WORKSHEET B-1

| COST CENTER DESCRIPTION    | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE    | PARAMED ED PRGM |
|----------------------------|---------------------------|-------------------|-----------------|
| ( TIME SPENT )             | ( TIME SPENT )            | ( ASSIGNED TIME ) |                 |
| GENERAL SERVICE COST       | 17                        | 18                | 24              |
| 003 NEW CAP REL COSTS-BLD  |                           |                   |                 |
| 004 NEW CAP REL COSTS-MVB  |                           |                   |                 |
| 005 EMPLOYEE BENEFITS      |                           |                   |                 |
| 006 ADMINISTRATIVE & GENE  |                           |                   |                 |
| 008 OPERATION OF PLANT     |                           |                   |                 |
| 009 LAUNDRY & LINEN SERVI  |                           |                   |                 |
| 010 HOUSEKEEPING           |                           |                   |                 |
| 011 DIETARY                |                           |                   |                 |
| 012 CAFETERIA              |                           |                   |                 |
| 014 NURSING ADMINISTRATION |                           |                   |                 |
| 015 CENTRAL SERVICES & SU  |                           |                   |                 |
| 016 PHARMACY               |                           |                   |                 |
| 017 MEDICAL RECORDS & LIB  | 38,911                    |                   |                 |
| 018 SOCIAL SERVICE         |                           | 2,816             |                 |
| 024 PARAMED ED PRGM        |                           |                   | 616             |
| INPAT ROUTINE SRVC CN      |                           |                   |                 |
| ADULTS & PEDIATRICS        | 15,399                    | 2,446             |                 |
| 026 INTENSIVE CARE UNIT    | 4,740                     | 150               | 66              |
| 031 SUBPROVIDER            | 1,237                     |                   |                 |
| 031 01 SUBPROVIDER 2       | 1,203                     |                   |                 |
| 033 NURSERY                | 1,663                     |                   |                 |
| ANCILLARY SRVC COST C      |                           |                   |                 |
| 037 OPERATING ROOM         |                           |                   |                 |
| 038 RECOVERY ROOM          |                           |                   |                 |
| 039 DELIVERY ROOM & LABOR  |                           |                   |                 |
| 040 ANESTHESIOLOGY         |                           |                   |                 |
| 041 RADIOLOGY-DIAGNOSTIC   |                           |                   |                 |
| 041 01 ULTRASOUND          |                           |                   |                 |
| 044 LABORATORY             |                           |                   |                 |
| 047 BLOOD STORING, PROCES  |                           |                   |                 |
| 049 RESPIRATORY THERAPY    |                           |                   | 24              |
| 050 PHYSICAL THERAPY       | 3,582                     |                   |                 |
| 051 OCCUPATIONAL THERAPY   |                           |                   |                 |
| 052 SPEECH PATHOLOGY       |                           |                   |                 |
| 053 ELECTROCARDIOLOGY      |                           |                   | 24              |
| 054 ELECTROENCEPHALOGRAPH  | 832                       |                   |                 |
| 055 MEDICAL SUPPLIES CHAR  |                           |                   |                 |
| 056 DRUGS CHARGED TO PATI  |                           |                   |                 |
| 057 RENAL DIALYSIS         |                           |                   |                 |
| OUTPAT SERVICE COST C      |                           |                   |                 |
| 060 CLINIC                 | 157                       | 35                |                 |
| 061 EMERGENCY              | 10,098                    | 185               | 502             |
| 061 01 OP MENTAL HEALTH    |                           |                   |                 |
| 061 02 DIABETES CENTER     |                           |                   |                 |
| 062 OBSERVATION BEDS (NON  |                           |                   |                 |
| OTHER REIMBURS COST C      |                           |                   |                 |
| 064 HOME PROGRAM DIALYSIS  |                           |                   |                 |
| 071 HOME HEALTH AGENCY     |                           |                   |                 |
| SPEC PURPOSE COST CEN      |                           |                   |                 |
| 095 SUBTOTALS              | 38,911                    | 2,816             | 616             |
| NONREIMBURS COST CENT      |                           |                   |                 |
| 096 GIFT, FLOWER, COFFEE   |                           |                   |                 |
| 098 PHYSICIANS' PRIVATE O  |                           |                   |                 |
| 101 CROSS FOOT ADJUSTMENT  |                           |                   |                 |
| 102 NEGATIVE COST CENTER   |                           |                   |                 |
| 103 COST TO BE ALLOCATED   | 4,793,088                 | 353,859           | 609,805         |
| (PER WRKSHT B, PART        |                           |                   |                 |
| 104 UNIT COST MULTIPLIER   |                           | 125.660156        |                 |
| (WRKSHT B, PT I)           | 123.180797                |                   | 989.943182      |
| 105 COST TO BE ALLOCATED   |                           |                   |                 |
| (PER WRKSHT B, PART        |                           |                   |                 |
| 106 UNIT COST MULTIPLIER   |                           |                   |                 |
| (WRKSHT B, PT II)          |                           |                   |                 |
| 107 COST TO BE ALLOCATED   | 382,182                   | 9,556             | 66,890          |
| (PER WRKSHT B, PART        |                           |                   |                 |
| 108 UNIT COST MULTIPLIER   |                           | 3.393466          |                 |
| (WRKSHT B, PT III)         | 9.821953                  |                   | 108.587662      |

POST STEP DOWN ADJUSTMENTS

PROVIDER NO: 14-0213  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/26/2009  
 WORKSHEET B-2

|   | DESCRIPTION                    | WORKSHEET |          | AMOUNT     |
|---|--------------------------------|-----------|----------|------------|
|   |                                | PART      | LINE NO. |            |
|   | 1                              | 2         | 3        | 4          |
| 1 | ADJ FOR EPO COSTS IN RENAL DIA | 1         | 57       | -1,949,173 |
| 2 | ADJ FOR EPO COSTS IN HOME PROG | 1         | 64       | -75,893    |
| 3 | ADJ FOR ARANESP IN RENAL DIALY | 1         | 57       |            |
| 4 | ADJ FOR ARANESP IN HOME PROGRA | 1         | 64       |            |

COMPUTATION OF RATIO OF COSTS TO CHARGES

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION                                | WKST B, PT I<br>COL. 27<br>1 | THERAPY<br>ADJUSTMENT<br>2 | TOTAL<br>COSTS<br>3 | RCE<br>DISALLOWANCE<br>4 | TOTAL<br>COSTS<br>5 |
|--------------------|--|------------------------------|----------------------------|---------------------|--------------------------|---------------------|
|                    | INPAT ROUTINE SRVC CNTRS                               |                              |                            |                     |                          |                     |
| 25                 | ADULTS & PEDIATRICS                                    | 43,291,971                   |                            | 43,291,971          |                          | 43,291,971          |
| 26                 | INTENSIVE CARE UNIT                                    | 7,974,513                    |                            | 7,974,513           |                          | 7,974,513           |
| 31                 | SUBPROVIDER  | 2,660,072                    |                            | 2,660,072           | 34,787                   | 2,694,859           |
| 31                 | 01 SUBPROVIDER 2                                       | 4,576,801                    |                            | 4,576,801           | 56,330                   | 4,633,131           |
| 33                 | NURSERY  | 1,961,294                    |                            | 1,961,294           |                          | 1,961,294           |
|                    | ANCILLARY SRVC COST CNTRS                              |                              |                            |                     |                          |                     |
| 37                 | OPERATING ROOM   | 13,696,383                   |                            | 13,696,383          | 1,001                    | 13,697,384          |
| 38                 | RECOVERY ROOM  | 1,790,436                    |                            | 1,790,436           |                          | 1,790,436           |
| 39                 | DELIVERY ROOM & LABOR ROO                              | 5,478,129                    |                            | 5,478,129           |                          | 5,478,129           |
| 40                 | ANESTHESIOLOGY   | 682,696                      |                            | 682,696             |                          | 682,696             |
| 41                 | RADIOLOGY-DIAGNOSTIC                                   | 24,156,839                   |                            | 24,156,839          |                          | 24,156,839          |
| 41                 | 01 ULTRASOUND  | 2,631,420                    |                            | 2,631,420           |                          | 2,631,420           |
| 44                 | LABORATORY   | 11,041,319                   |                            | 11,041,319          | 37,493                   | 11,078,812          |
| 47                 | BLOOD STORING, PROCESSING                              | 1,968,886                    |                            | 1,968,886           |                          | 1,968,886           |
| 49                 | RESPIRATORY THERAPY                                    | 2,153,358                    |                            | 2,153,358           | 13,455                   | 2,166,813           |
| 50                 | PHYSICAL THERAPY                                       | 3,729,973                    |                            | 3,729,973           |                          | 3,729,973           |
| 51                 | OCCUPATIONAL THERAPY                                   | 885,928                      |                            | 885,928             |                          | 885,928             |
| 52                 | SPEECH PATHOLOGY                                       | 531,512                      |                            | 531,512             |                          | 531,512             |
| 53                 | ELECTROCARDIOLOGY                                      | 1,385,582                    |                            | 1,385,582           |                          | 1,385,582           |
| 54                 | ELECTROENCEPHALOGRAPHY                                 | 432,955                      |                            | 432,955             |                          | 432,955             |
| 55                 | MEDICAL SUPPLIES CHARGED                               | 20,338,320                   |                            | 20,338,320          |                          | 20,338,320          |
| 56                 | DRUGS CHARGED TO PATIENTS                              | 12,894,344                   |                            | 12,894,344          |                          | 12,894,344          |
| 57                 | RENAL DIALYSIS   | 9,572,805                    |                            | 9,572,805           |                          | 9,572,805           |
|                    | OUTPAT SERVICE COST CNTRS                              |                              |                            |                     |                          |                     |
| 60                 | CLINIC   | 793,349                      |                            | 793,349             |                          | 793,349             |
| 61                 | EMERGENCY  | 14,390,405                   |                            | 14,390,405          | 4,303                    | 14,394,708          |
| 61                 | 01 OP MENTAL HEALTH                                    | 1,143,301                    |                            | 1,143,301           |                          | 1,143,301           |
| 61                 | 02 DIABETES CENTER                                     | 541,119                      |                            | 541,119             |                          | 541,119             |
| 62                 | OBSERVATION BEDS (NON-DIS<br>OTHER REIMBURS COST CNTRS | 3,523,968                    |                            | 3,523,968           |                          | 3,523,968           |
| 64                 | HOME PROGRAM DIALYSIS                                  | 655,046                      |                            | 655,046             |                          | 655,046             |
| 101                | SUBTOTAL   | 194,882,724                  |                            | 194,882,724         | 147,369                  | 195,030,093         |
| 102                | LESS OBSERVATION BEDS                                  | 3,523,968                    |                            | 3,523,968           |                          | 3,523,968           |
| 103                | TOTAL  | 191,358,756                  |                            | 191,358,756         | 147,369                  | 191,506,125         |

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-0213  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/26/2009  
 WORKSHEET C  
 PART I

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION                                | INPATIENT<br>CHARGES<br>6 | OUTPATIENT<br>CHARGES<br>7 | TOTAL<br>CHARGES<br>8 | COST OR<br>OTHER RATIO<br>9 | TEFRA INPAT-<br>IENT RATIO<br>10 | PPS INPAT-<br>IENT RATIO<br>11 |
|--------------------|--|---------------------------|----------------------------|-----------------------|-----------------------------|----------------------------------|--------------------------------|
|                    | INPAT ROUTINE SRVC CNTRS                               |                           |                            |                       |                             |                                  |                                |
| 25                 | ADULTS & PEDIATRICS                                    | 44,466,640                |                            | 44,466,640            |                             |                                  |                                |
| 26                 | INTENSIVE CARE UNIT                                    | 6,746,972                 |                            | 6,746,972             |                             |                                  |                                |
| 31                 | SUBPROVIDER  | 3,909,566                 |                            | 3,909,566             |                             |                                  |                                |
| 31                 | 01 SUBPROVIDER 2                                       | 3,291,740                 |                            | 3,291,740             |                             |                                  |                                |
| 33                 | NURSERY  | 4,017,063                 |                            | 4,017,063             |                             |                                  |                                |
|                    | ANCILLARY SRVC COST CNTRS                              |                           |                            |                       |                             |                                  |                                |
| 37                 | OPERATING ROOM   | 19,279,534                | 33,327,710                 | 52,607,244            | .260352                     | .260352                          | .260371                        |
| 38                 | RECOVERY ROOM  | 2,422,656                 | 2,689,012                  | 5,111,668             | .350265                     | .350265                          | .350265                        |
| 39                 | DELIVERY ROOM & LABOR ROO                              | 4,572,990                 | 264,797                    | 4,837,787             | 1.132363                    | 1.132363                         | 1.132363                       |
| 40                 | ANESTHESIOLOGY   | 2,436,336                 | 2,750,394                  | 5,186,730             | .131624                     | .131624                          | .131624                        |
| 41                 | RADIOLOGY-DIAGNOSTIC                                   | 43,688,232                | 77,271,157                 | 120,959,389           | .199710                     | .199710                          | .199710                        |
| 41                 | 01 ULTRASOUND  | 4,534,391                 | 11,185,105                 | 15,719,496            | .167398                     | .167398                          | .167398                        |
| 44                 | LABORATORY   | 47,937,285                | 62,079,636                 | 110,016,921           | .100360                     | .100360                          | .100701                        |
| 47                 | BLOOD STORING, PROCESSING                              | 3,418,873                 | 1,169,894                  | 4,588,767             | .429066                     | .429066                          | .429066                        |
| 49                 | RESPIRATORY THERAPY                                    | 10,547,538                | 1,545,182                  | 12,092,720            | .178071                     | .178071                          | .179183                        |
| 50                 | PHYSICAL THERAPY                                       | 2,052,655                 | 3,322,508                  | 5,375,163             | .693927                     | .693927                          | .693927                        |
| 51                 | OCCUPATIONAL THERAPY                                   | 1,692,792                 | 590,410                    | 2,283,202             | .388020                     | .388020                          | .388020                        |
| 52                 | SPEECH PATHOLOGY                                       | 342,628                   | 202,373                    | 545,001               | .975250                     | .975250                          | .975250                        |
| 53                 | ELECTROCARDIOLOGY                                      | 7,180,761                 | 3,334,289                  | 10,515,050            | .131771                     | .131771                          | .131771                        |
| 54                 | ELECTROENCEPHALOGRAPHY                                 | 516,926                   | 482,490                    | 999,416               | .433208                     | .433208                          | .433208                        |
| 55                 | MEDICAL SUPPLIES CHARGED                               | 51,919,859                | 34,235,406                 | 86,155,265            | .236066                     | .236066                          | .236066                        |
| 56                 | DRUGS CHARGED TO PATIENTS                              | 32,021,132                | 10,582,783                 | 42,603,915            | .302656                     | .302656                          | .302656                        |
| 57                 | RENAL DIALYSIS   | 2,458,871                 | 37,284,235                 | 39,743,106            | .240867                     | .240867                          | .240867                        |
|                    | OUTPAT SERVICE COST CNTRS                              |                           |                            |                       |                             |                                  |                                |
| 60                 | CLINIC   | 709                       | 344,543                    | 345,252               | 2.297884                    | 2.297884                         | 2.297884                       |
| 61                 | EMERGENCY  | 16,709,350                | 37,442,178                 | 54,151,528            | .265743                     | .265743                          | .265823                        |
| 61                 | 01 OP MENTAL HEALTH                                    |                           | 388,930                    | 388,930               | 2.939606                    | 2.939606                         | 2.939606                       |
| 61                 | 02 DIABETES CENTER                                     | 28,201                    | 240,068                    | 268,269               | 2.017076                    | 2.017076                         | 2.017076                       |
| 62                 | OBSERVATION BEDS (NON-DIS<br>OTHER REIMBURS COST CNTRS | 1,071,555                 | 3,019,971                  | 4,091,526             | .861285                     | .861285                          | .861285                        |
| 64                 | HOME PROGRAM DIALYSIS                                  |                           | 4,020,376                  | 4,020,376             | .162932                     | .162932                          | .162932                        |
| 101                | SUBTOTAL   | 317,265,255               | 327,773,447                | 645,038,702           |                             |                                  |                                |
| 102                | LESS OBSERVATION BEDS                                  |                           |                            |                       |                             |                                  |                                |
| 103                | TOTAL  | 317,265,255               | 327,773,447                | 645,038,702           |                             |                                  |                                |



COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:  
14-0213

PERIOD:  
FROM 10/ 1/2007  
TO 9/30/2008

PREPARED 2/26/2009  
WORKSHEET C  
PART I

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION                                | INPATIENT<br>CHARGES<br>6 | OUTPATIENT<br>CHARGES<br>7 | TOTAL<br>CHARGES<br>8 | COST OR<br>OTHER RATIO<br>9 | TEFRA INPAT-<br>IENT RATIO<br>10 | PPS INPAT-<br>IENT RATIO<br>11 |
|--------------------|--|---------------------------|----------------------------|-----------------------|-----------------------------|----------------------------------|--------------------------------|
|                    | INPAT ROUTINE SRVC CNTRS                               |                           |                            |                       |                             |                                  |                                |
| 25                 | ADULTS & PEDIATRICS                                    | 44,466,640                |                            | 44,466,640            |                             |                                  |                                |
| 26                 | INTENSIVE CARE UNIT                                    | 6,746,972                 |                            | 6,746,972             |                             |                                  |                                |
| 31                 | SUBPROVIDER  | 3,909,566                 |                            | 3,909,566             |                             |                                  |                                |
| 31                 | 01 SUBPROVIDER 2                                       | 3,291,740                 |                            | 3,291,740             |                             |                                  |                                |
| 33                 | NURSERY  | 4,017,063                 |                            | 4,017,063             |                             |                                  |                                |
|                    | ANCILLARY SRVC COST CNTRS                              |                           |                            |                       |                             |                                  |                                |
| 37                 | OPERATING ROOM   | 19,279,534                | 33,327,710                 | 52,607,244            | .260352                     | .260352                          | .260371                        |
| 38                 | RECOVERY ROOM  | 2,422,656                 | 2,689,012                  | 5,111,668             | .350265                     | .350265                          | .350265                        |
| 39                 | DELIVERY ROOM & LABOR ROO                              | 4,572,990                 | 264,797                    | 4,837,787             | 1.132363                    | 1.132363                         | 1.132363                       |
| 40                 | ANESTHESIOLOGY   | 2,436,336                 | 2,750,394                  | 5,186,730             | .131624                     | .131624                          | .131624                        |
| 41                 | RADIOLOGY-DIAGNOSTIC                                   | 43,688,232                | 77,271,157                 | 120,959,389           | .199710                     | .199710                          | .199710                        |
| 41                 | 01 ULTRASOUND  | 4,534,391                 | 11,185,105                 | 15,719,496            | .167398                     | .167398                          | .167398                        |
| 44                 | LABORATORY   | 47,937,285                | 62,079,636                 | 110,016,921           | .100360                     | .100360                          | .100701                        |
| 47                 | BLOOD STORING, PROCESSING                              | 3,418,873                 | 1,169,894                  | 4,588,767             | .429066                     | .429066                          | .429066                        |
| 49                 | RESPIRATORY THERAPY                                    | 10,547,538                | 1,545,182                  | 12,092,720            | .178071                     | .178071                          | .179183                        |
| 50                 | PHYSICAL THERAPY                                       | 2,052,655                 | 3,322,508                  | 5,375,163             | .693927                     | .693927                          | .693927                        |
| 51                 | OCCUPATIONAL THERAPY                                   | 1,692,792                 | 590,410                    | 2,283,202             | .388020                     | .388020                          | .388020                        |
| 52                 | SPEECH PATHOLOGY                                       | 342,628                   | 202,373                    | 545,001               | .975250                     | .975250                          | .975250                        |
| 53                 | ELECTROCARDIOLOGY                                      | 7,180,761                 | 3,334,289                  | 10,515,050            | .131771                     | .131771                          | .131771                        |
| 54                 | ELECTROENCEPHALOGRAPHY                                 | 516,926                   | 482,490                    | 999,416               | .433208                     | .433208                          | .433208                        |
| 55                 | MEDICAL SUPPLIES CHARGED                               | 51,919,859                | 34,235,406                 | 86,155,265            | .236066                     | .236066                          | .236066                        |
| 56                 | DRUGS CHARGED TO PATIENTS                              | 32,021,132                | 10,582,783                 | 42,603,915            | .302656                     | .302656                          | .302656                        |
| 57                 | RENAL DIALYSIS   | 2,458,871                 | 37,284,235                 | 39,743,106            | .240867                     | .240867                          | .240867                        |
|                    | OUTPAT SERVICE COST CNTRS                              |                           |                            |                       |                             |                                  |                                |
| 60                 | CLINIC   | 709                       | 344,543                    | 345,252               | 2.297884                    | 2.297884                         | 2.297884                       |
| 61                 | EMERGENCY  | 16,709,350                | 37,442,178                 | 54,151,528            | .265743                     | .265743                          | .265823                        |
| 61                 | 01 OP MENTAL HEALTH                                    |                           | 388,930                    | 388,930               | 2.939606                    | 2.939606                         | 2.939606                       |
| 61                 | 02 DIABETES CENTER                                     | 28,201                    | 240,068                    | 268,269               | 2.017076                    | 2.017076                         | 2.017076                       |
| 62                 | OBSERVATION BEDS (NON-DIS<br>OTHER REIMBURS COST CNTRS | 1,071,555                 | 3,019,971                  | 4,091,526             | .861285                     | .861285                          | .861285                        |
| 64                 | HOME PROGRAM DIALYSIS                                  |                           | 4,020,376                  | 4,020,376             | .162932                     | .162932                          | .162932                        |
| 101                | SUBTOTAL   | 317,265,255               | 327,773,447                | 645,038,702           |                             |                                  |                                |
| 102                | LESS OBSERVATION BEDS                                  |                           |                            |                       |                             |                                  |                                |
| 103                | TOTAL  | 317,265,255               | 327,773,447                | 645,038,702           |                             |                                  |                                |

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION                                | TOTAL COST<br>WKST B, PT I<br>COL. 27<br>1 | CAPITAL COST<br>WKST B PT II<br>& III, COL. 27<br>2 | OPERATING<br>COST NET OF<br>CAPITAL COST<br>3 | CAPITAL<br>REDUCTION<br>4 | OPERATING COST<br>REDUCTION<br>AMOUNT<br>5 | COST NET OF<br>CAP AND OPER<br>COST REDUCTION<br>6 |
|--------------------|--|--|---|---|---------------------------|--|--|
| 37                 | ANCILLARY SRVC COST CNTRS                              |  |   |   |                           |  |  |
|                    | OPERATING ROOM   | 13,696,383                                 | 1,412,268   | 12,284,115                                    |                           |  | 13,696,383   |
| 38                 | RECOVERY ROOM  | 1,790,436                                  | 109,217   | 1,681,219                                     |                           |  | 1,790,436  |
| 39                 | DELIVERY ROOM & LABOR ROO                              | 5,478,129                                  | 744,338   | 4,733,791                                     |                           |  | 5,478,129  |
| 40                 | ANESTHESIOLOGY   | 682,696                                    | 65,951  | 616,745                                       |                           |  | 682,696  |
| 41                 | RADIOLOGY-DIAGNOSTIC                                   | 24,156,839                                 | 3,773,757   | 20,383,082                                    |                           |  | 24,156,839   |
| 41 01              | ULTRASOUND   | 2,631,420                                  | 404,588   | 2,226,832                                     |                           |  | 2,631,420  |
| 44                 | LABORATORY   | 11,041,319                                 | 812,245   | 10,229,074                                    |                           |  | 11,041,319   |
| 47                 | BLOOD STORING, PROCESSING                              | 1,968,886                                  | 62,955  | 1,905,931                                     |                           |  | 1,968,886  |
| 49                 | RESPIRATORY THERAPY                                    | 2,153,358                                  | 218,419   | 1,934,939                                     |                           |  | 2,153,358  |
| 50                 | PHYSICAL THERAPY                                       | 3,729,973                                  | 382,103   | 3,347,870                                     |                           |  | 3,729,973  |
| 51                 | OCCUPATIONAL THERAPY                                   | 885,928                                    | 94,302  | 791,626                                       |                           |  | 885,928  |
| 52                 | SPEECH PATHOLOGY                                       | 531,512                                    | 38,234  | 493,278                                       |                           |  | 531,512  |
| 53                 | ELECTROCARDIOLOGY                                      | 1,385,582                                  | 302,824   | 1,082,758                                     |                           |  | 1,385,582  |
| 54                 | ELECTROENCEPHALOGRAPHY                                 | 432,955                                    | 76,404  | 356,551                                       |                           |  | 432,955  |
| 55                 | MEDICAL SUPPLIES CHARGED                               | 20,338,320                                 | 948,662   | 19,389,658                                    |                           |  | 20,338,320   |
| 56                 | DRUGS CHARGED TO PATIENTS                              | 12,894,344                                 | 531,163   | 12,363,181                                    |                           |  | 12,894,344   |
| 57                 | RENAL DIALYSIS   | 9,572,805                                  | 871,071   | 8,701,734                                     |                           |  | 9,572,805  |
|                    | OUTPAT SERVICE COST CNTRS                              |  |   |   |                           |  |  |
| 60                 | CLINIC   | 793,349                                    | 193,852   | 599,497                                       |                           |  | 793,349  |
| 61                 | EMERGENCY  | 14,390,405                                 | 1,651,706   | 12,738,699                                    |                           |  | 14,390,405   |
| 61 01              | OP MENTAL HEALTH                                       | 1,143,301                                  | 149,188   | 994,113                                       |                           |  | 1,143,301  |
| 61 02              | DIABETES CENTER  | 541,119                                    | 51,286  | 489,833                                       |                           |  | 541,119  |
| 62                 | OBSERVATION BEDS (NON-DIS<br>OTHER REIMBURS COST CNTRS | 3,523,968                                  | 329,392   | 3,194,576                                     |                           |  | 3,523,968  |
| 64                 | HOME PROGRAM DIALYSIS                                  | 655,046                                    | 56,881  | 598,165                                       |                           |  | 655,046  |
| 101                | SUBTOTAL   | 134,418,073                                | 13,280,806  | 121,137,267                                   |                           |  | 134,418,073  |
| 102                | LESS OBSERVATION BEDS                                  | 3,523,968                                  | 329,392   | 3,194,576                                     |                           |  | 3,523,968  |
| 103                | TOTAL  | 130,894,105                                | 12,951,414  | 117,942,691                                   |                           |  | 130,894,105  |

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION   | TOTAL<br>CHARGES | OUTPAT COST<br>TO CHRG RATIO | I/P PT B COST<br>TO CHRG RATIO |
|--------------------|---------------------------|------------------|------------------------------|--------------------------------|
|                    |                           | 7                | 8                            | 9                              |
| 37                 | ANCILLARY SRVC COST CNTRS |                  |                              |                                |
|                    | OPERATING ROOM            | 52,607,244       | .260352                      | .260352                        |
| 38                 | RECOVERY ROOM             | 5,111,668        | .350265                      | .350265                        |
| 39                 | DELIVERY ROOM & LABOR ROO | 4,837,787        | 1.132363                     | 1.132363                       |
| 40                 | ANESTHESIOLOGY            | 5,186,730        | .131624                      | .131624                        |
| 41                 | RADIOLOGY-DIAGNOSTIC      | 120,959,389      | .199710                      | .199710                        |
| 41                 | 01 ULTRASOUND             | 15,719,496       | .167398                      | .167398                        |
| 44                 | LABORATORY                | 110,016,921      | .100360                      | .100360                        |
| 47                 | BLOOD STORING, PROCESSING | 4,588,767        | .429066                      | .429066                        |
| 49                 | RESPIRATORY THERAPY       | 12,092,720       | .178071                      | .178071                        |
| 50                 | PHYSICAL THERAPY          | 5,375,163        | .693927                      | .693927                        |
| 51                 | OCCUPATIONAL THERAPY      | 2,283,202        | .388020                      | .388020                        |
| 52                 | SPEECH PATHOLOGY          | 545,001          | .975250                      | .975250                        |
| 53                 | ELECTROCARDIOLOGY         | 10,515,050       | .131771                      | .131771                        |
| 54                 | ELECTROENCEPHALOGRAPHY    | 999,416          | .433208                      | .433208                        |
| 55                 | MEDICAL SUPPLIES CHARGED  | 86,155,265       | .236066                      | .236066                        |
| 56                 | DRUGS CHARGED TO PATIENTS | 42,603,915       | .302656                      | .302656                        |
| 57                 | RENAL DIALYSIS            | 39,743,106       | .240867                      | .240867                        |
|                    | OUTPAT SERVICE COST CNTRS |                  |                              |                                |
| 60                 | CLINIC                    | 345,252          | 2.297884                     | 2.297884                       |
| 61                 | EMERGENCY                 | 54,151,528       | .265743                      | .265743                        |
| 61                 | 01 OP MENTAL HEALTH       | 388,930          | 2.939606                     | 2.939606                       |
| 61                 | 02 DIABETES CENTER        | 268,269          | 2.017076                     | 2.017076                       |
| 62                 | OBSERVATION BEDS (NON-DIS | 4,091,526        | .861285                      | .861285                        |
|                    | OTHER REIMBURS COST CNTRS |                  |                              |                                |
| 64                 | HOME PROGRAM DIALYSIS     | 4,020,376        | .162932                      | .162932                        |
| 101                | SUBTOTAL                  | 582,606,721      |                              |                                |
| 102                | LESS OBSERVATION BEDS     | 4,091,526        |                              |                                |
| 103                | TOTAL                     | 578,515,195      |                              |                                |

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION                                | TOTAL COST<br>WKST B, PT I<br>COL. 27<br>1 | CAPITAL COST<br>WKST B PT II<br>& III, COL. 27<br>2 | OPERATING<br>COST NET OF<br>CAPITAL COST<br>3 | CAPITAL<br>REDUCTION<br>4 | OPERATING COST<br>REDUCTION<br>AMOUNT<br>5 | COST NET OF<br>CAP AND OPER<br>COST REDUCTION<br>6 |
|--------------------|--|--|---|---|---------------------------|--|--|
| 37                 | ANCILLARY SRVC COST CNTRS                              |  |   |   |                           |  |  |
|                    | OPERATING ROOM   | 13,696,383                                 | 1,412,268   | 12,284,115                                    | 141,227                   | 712,479                                    | 12,842,677   |
| 38                 | RECOVERY ROOM  | 1,790,436                                  | 109,217   | 1,681,219                                     | 10,922                    | 97,511                                     | 1,682,003  |
| 39                 | DELIVERY ROOM & LABOR ROO                              | 5,478,129                                  | 744,338   | 4,733,791                                     | 74,434                    | 274,560                                    | 5,129,135  |
| 40                 | ANESTHESIOLOGY   | 682,696                                    | 65,951  | 616,745                                       | 6,595                     | 35,771                                     | 640,330  |
| 41                 | RADIOLOGY-DIAGNOSTIC                                   | 24,156,839                                 | 3,773,757   | 20,383,082                                    | 377,376                   | 1,182,219                                  | 22,597,244   |
| 41                 | 01 ULTRASOUND  | 2,631,420                                  | 404,588   | 2,226,832                                     | 40,459                    | 129,156                                    | 2,461,805  |
| 44                 | LABORATORY   | 11,041,319                                 | 812,245   | 10,229,074                                    | 81,225                    | 593,286                                    | 10,366,808   |
| 47                 | BLOOD STORING, PROCESSING                              | 1,968,886                                  | 62,955  | 1,905,931                                     | 6,296                     | 110,544                                    | 1,852,046  |
| 49                 | RESPIRATORY THERAPY                                    | 2,153,358                                  | 218,419   | 1,934,939                                     | 21,842                    | 112,226                                    | 2,019,290  |
| 50                 | PHYSICAL THERAPY                                       | 3,729,973                                  | 382,103   | 3,347,870                                     | 38,210                    | 194,176                                    | 3,497,587  |
| 51                 | OCCUPATIONAL THERAPY                                   | 885,928                                    | 94,302  | 791,626                                       | 9,430                     | 45,914                                     | 830,584  |
| 52                 | SPEECH PATHOLOGY                                       | 531,512                                    | 38,234  | 493,278                                       | 3,823                     | 28,610                                     | 499,079  |
| 53                 | ELECTROCARDIOLOGY                                      | 1,385,582                                  | 302,824   | 1,082,758                                     | 30,282                    | 62,800                                     | 1,292,500  |
| 54                 | ELECTROENCEPHALOGRAPHY                                 | 432,955                                    | 76,404  | 356,551                                       | 7,640                     | 20,680                                     | 404,635  |
| 55                 | MEDICAL SUPPLIES CHARGED                               | 20,338,320                                 | 948,662   | 19,389,658                                    | 94,866                    | 1,124,600                                  | 19,118,854   |
| 56                 | DRUGS CHARGED TO PATIENTS                              | 12,894,344                                 | 531,163   | 12,363,181                                    | 53,116                    | 717,064                                    | 12,124,164   |
| 57                 | RENAL DIALYSIS   | 9,572,805                                  | 871,071   | 8,701,734                                     | 87,107                    | 504,701                                    | 8,980,997  |
|                    | OUTPAT SERVICE COST CNTRS                              |  |   |   |                           |  |  |
| 60                 | CLINIC   | 793,349                                    | 193,852   | 599,497                                       | 19,385                    | 34,771                                     | 739,193  |
| 61                 | EMERGENCY  | 14,390,405                                 | 1,651,706   | 12,738,699                                    | 165,171                   | 738,845                                    | 13,486,389   |
| 61                 | 01 OP MENTAL HEALTH                                    | 1,143,301                                  | 149,188   | 994,113                                       | 14,919                    | 57,659                                     | 1,070,723  |
| 61                 | 02 DIABETES CENTER                                     | 541,119                                    | 51,286  | 489,833                                       | 5,129                     | 28,410                                     | 507,580  |
| 62                 | OBSERVATION BEDS (NON-DIS<br>OTHER REIMBURS COST CNTRS | 3,523,968                                  | 329,392   | 3,194,576                                     | 32,939                    | 185,285                                    | 3,305,744  |
| 64                 | HOME PROGRAM DIALYSIS                                  | 655,046                                    | 56,881  | 598,165                                       | 5,688                     | 34,694                                     | 614,664  |
| 101                | SUBTOTAL   | 134,418,073                                | 13,280,806  | 121,137,267                                   | 1,328,081                 | 7,025,961                                  | 126,064,031  |
| 102                | LESS OBSERVATION BEDS                                  | 3,523,968                                  | 329,392   | 3,194,576                                     | 32,939                    | 185,285                                    | 3,305,744  |
| 103                | TOTAL  | 130,894,105                                | 12,951,414  | 117,942,691                                   | 1,295,142                 | 6,840,676                                  | 122,758,287  |

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION   | TOTAL<br>CHARGES | OUTPAT COST<br>TO CHRGRATIO | I/P PT B COST<br>TO CHRGRATIO |
|--------------------|---------------------------|------------------|-----------------------------|-------------------------------|
|                    |                           | 7                | 8                           | 9                             |
| 37                 | ANCILLARY SRVC COST CNTRS |                  |                             |                               |
|                    | OPERATING ROOM            | 52,607,244       | .244124                     | .257667                       |
| 38                 | RECOVERY ROOM             | 5,111,668        | .329052                     | .348128                       |
| 39                 | DELIVERY ROOM & LABOR ROO | 4,837,787        | 1.060223                    | 1.116977                      |
| 40                 | ANESTHESIOLOGY            | 5,186,730        | .123455                     | .130352                       |
| 41                 | RADIOLOGY-DIAGNOSTIC      | 120,959,389      | .186817                     | .196590                       |
| 41                 | 01 ULTRASOUND             | 15,719,496       | .156608                     | .164825                       |
| 44                 | LABORATORY                | 110,016,921      | .094229                     | .099622                       |
| 47                 | BLOOD STORING, PROCESSING | 4,588,767        | .403604                     | .427694                       |
| 49                 | RESPIRATORY THERAPY       | 12,092,720       | .166984                     | .176264                       |
| 50                 | PHYSICAL THERAPY          | 5,375,163        | .650694                     | .686819                       |
| 51                 | OCCUPATIONAL THERAPY      | 2,283,202        | .363780                     | .383890                       |
| 52                 | SPEECH PATHOLOGY          | 545,001          | .915740                     | .968235                       |
| 53                 | ELECTROCARDIOLOGY         | 10,515,050       | .122919                     | .128891                       |
| 54                 | ELECTROENCEPHALOGRAPHY    | 999,416          | .404871                     | .425564                       |
| 55                 | MEDICAL SUPPLIES CHARGED  | 86,155,265       | .221912                     | .234965                       |
| 56                 | DRUGS CHARGED TO PATIENTS | 42,603,915       | .284579                     | .301410                       |
| 57                 | RENAL DIALYSIS            | 39,743,106       | .225976                     | .238675                       |
|                    | OUTPAT SERVICE COST CNTRS |                  |                             |                               |
| 60                 | CLINIC                    | 345,252          | 2.141025                    | 2.241736                      |
| 61                 | EMERGENCY                 | 54,151,528       | .249049                     | .262693                       |
| 61                 | 01 OP MENTAL HEALTH       | 388,930          | 2.752997                    | 2.901247                      |
| 61                 | 02 DIABETES CENTER        | 268,269          | 1.892056                    | 1.997957                      |
| 62                 | OBSERVATION BEDS (NON-DIS | 4,091,526        | .807949                     | .853234                       |
|                    | OTHER REIMBURS COST CNTRS |                  |                             |                               |
| 64                 | HOME PROGRAM DIALYSIS     | 4,020,376        | .152887                     | .161517                       |
| 101                | SUBTOTAL                  | 582,606,721      |                             |                               |
| 102                | LESS OBSERVATION BEDS     | 4,091,526        |                             |                               |
| 103                | TOTAL                     | 578,515,195      |                             |                               |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | PROVIDER NO: | PERIOD: | PREPARED 2/26/2009  
 | 14-0213 | FROM 10/ 1/2007 | WORKSHEET D  
 | | TO 9/30/2008 | PART I

TITLE XVIII, PART A

PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION  | OLD CAPITAL                      |                              |                                  | NEW CAPITAL                       |                              |                                  |
|--------------------|--------------------------|----------------------------------|------------------------------|----------------------------------|-----------------------------------|------------------------------|----------------------------------|
|                    |                          | CAPITAL REL<br>COST (B, 11)<br>1 | SWING BED<br>ADJUSTMENT<br>2 | REDUCED CAP<br>RELATED COST<br>3 | CAPITAL REL<br>COST (B, 111)<br>4 | SWING BED<br>ADJUSTMENT<br>5 | REDUCED CAP<br>RELATED COST<br>6 |
|                    | INPAT ROUTINE SRVC CNTRS |                                  |                              |                                  |                                   |                              |                                  |
| 25                 | ADULTS & PEDIATRICS      |                                  |                              |                                  | 4,046,567                         |                              | 4,046,567                        |
| 26                 | INTENSIVE CARE UNIT      |                                  |                              |                                  | 753,281                           |                              | 753,281                          |
| 31                 | SUBPROVIDER              |                                  |                              |                                  | 295,386                           |                              | 295,386                          |
| 31 01              | SUBPROVIDER 2            |                                  |                              |                                  | 475,755                           |                              | 475,755                          |
| 33                 | NURSERY                  |                                  |                              |                                  | 187,401                           |                              | 187,401                          |
| 101                | TOTAL                    |                                  |                              |                                  | 5,758,390                         |                              | 5,758,390                        |

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

PROVIDER NO: 14-0213  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/26/2009  
 WORKSHEET D  
 PART I

PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION  | TOTAL<br>PATIENT DAYS<br>7 | INPATIENT<br>PROGRAM DAYS<br>8 | OLD CAPITAL<br>PER DIEM<br>9 | INPAT PROGRAM<br>OLD CAP CST<br>10 | NEW CAPITAL<br>PER DIEM<br>11 | INPAT PROGRAM<br>NEW CAP CST<br>12 |
|--------------------|--------------------------|----------------------------|--------------------------------|------------------------------|------------------------------------|-------------------------------|------------------------------------|
|                    | INPAT ROUTINE SRVC CNTRS |                            |                                |                              |                                    |                               |                                    |
| 25                 | ADULTS & PEDIATRICS      | 56,511                     | 28,339                         |                              |                                    | 71.61                         | 2,029,356                          |
| 26                 | INTENSIVE CARE UNIT      | 4,075                      | 2,187                          |                              |                                    | 184.85                        | 404,267                            |
| 31                 | SUBPROVIDER              | 4,008                      | 1,749                          |                              |                                    | 73.70                         | 128,901                            |
| 31 01              | SUBPROVIDER 2            | 4,171                      | 3,327                          |                              |                                    | 114.06                        | 379,478                            |
| 33                 | NURSERY                  | 4,873                      |                                |                              |                                    | 38.46                         |                                    |
| 101                | TOTAL                    | 73,638                     | 35,602                         |                              |                                    |                               | 2,942,002                          |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0213  
 COMPONENT NO: 14-0213  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/26/2009  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION   | OLD CAPITAL<br>RELATED COST<br>1 | NEW CAPITAL<br>RELATED COST<br>2 | TOTAL<br>CHARGES<br>3 | INPAT PROGRAM<br>CHARGES<br>4 | OLD CAPITAL<br>CST/CHRG RATIO<br>5 | CAPITAL<br>COSTS<br>6 |
|--------------------|---------------------------|----------------------------------|----------------------------------|-----------------------|-------------------------------|------------------------------------|-----------------------|
| 37                 | ANCILLARY SRVC COST CNTRS |                                  |                                  |                       |                               |                                    |                       |
|                    | OPERATING ROOM            |                                  | 1,412,268                        | 52,607,244            | 7,452,980                     |                                    |                       |
| 38                 | RECOVERY ROOM             |                                  | 109,217                          | 5,111,668             | 875,595                       |                                    |                       |
| 39                 | DELIVERY ROOM & LABOR ROO |                                  | 744,338                          | 4,837,787             | 14,815                        |                                    |                       |
| 40                 | ANESTHESIOLOGY            |                                  | 65,951                           | 5,186,730             | 712,013                       |                                    |                       |
| 41                 | RADIOLOGY-DIAGNOSTIC      |                                  | 3,773,757                        | 120,959,389           | 24,489,118                    |                                    |                       |
| 41 01              | ULTRASOUND                |                                  | 404,588                          | 15,719,496            | 2,425,750                     |                                    |                       |
| 44                 | LABORATORY                |                                  | 812,245                          | 110,016,921           | 26,606,691                    |                                    |                       |
| 47                 | BLOOD STORING, PROCESSING |                                  | 62,955                           | 4,588,767             | 1,576,388                     |                                    |                       |
| 49                 | RESPIRATORY THERAPY       |                                  | 218,419                          | 12,092,720            | 6,826,973                     |                                    |                       |
| 50                 | PHYSICAL THERAPY          |                                  | 382,103                          | 5,375,163             | 774,028                       |                                    |                       |
| 51                 | OCCUPATIONAL THERAPY      |                                  | 94,302                           | 2,283,202             | 484,380                       |                                    |                       |
| 52                 | SPEECH PATHOLOGY          |                                  | 38,234                           | 545,001               | 217,695                       |                                    |                       |
| 53                 | ELECTROCARDIOLOGY         |                                  | 302,824                          | 10,515,050            | 4,245,754                     |                                    |                       |
| 54                 | ELECTROENCEPHALOGRAPHY    |                                  | 76,404                           | 999,416               | 285,435                       |                                    |                       |
| 55                 | MEDICAL SUPPLIES CHARGED  |                                  | 948,662                          | 86,155,265            | 20,580,801                    |                                    |                       |
| 56                 | DRUGS CHARGED TO PATIENTS |                                  | 531,163                          | 42,603,915            | 16,233,393                    |                                    |                       |
| 57                 | RENAL DIALYSIS            |                                  | 871,071                          | 39,743,106            | 1,660,377                     |                                    |                       |
|                    | OUTPAT SERVICE COST CNTRS |                                  |                                  |                       |                               |                                    |                       |
| 60                 | CLINIC                    |                                  | 193,852                          | 345,252               | 143                           |                                    |                       |
| 61                 | EMERGENCY                 |                                  | 1,651,706                        | 54,151,528            | 8,708,087                     |                                    |                       |
| 61 01              | OP MENTAL HEALTH          |                                  | 149,188                          | 388,930               |                               |                                    |                       |
| 61 02              | DIABETES CENTER           |                                  | 51,286                           | 268,269               | 9,234                         |                                    |                       |
| 62                 | OBSERVATION BEDS (NON-DIS |                                  | 329,392                          | 4,091,526             | 230,321                       |                                    |                       |
|                    | OTHER REIMBURS COST CNTRS |                                  |                                  |                       |                               |                                    |                       |
| 64                 | HOME PROGRAM DIALYSIS     |                                  | 56,881                           | 4,020,376             |                               |                                    |                       |
| 101                | TOTAL                     |                                  | 13,280,806                       | 582,606,721           | 124,409,971                   |                                    |                       |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0213  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 COMPONENT NO: 14-0213  
 PREPARED 2/26/2009  
 WORKSHEET D  
 PART II  
 PPS

TITLE XVIII, PART A HOSPITAL

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION   | NEW CAPITAL<br>CST/CHRG RATIO | COSTS     |
|--------------------|---------------------------|-------------------------------|-----------|
|                    |                           | 7                             | 8         |
| 37                 | ANCILLARY SRVC COST CNTRS |                               |           |
|                    | OPERATING ROOM            | .026846                       | 200,083   |
| 38                 | RECOVERY ROOM             | .021366                       | 18,708    |
| 39                 | DELIVERY ROOM & LABOR ROO | .153859                       | 2,279     |
| 40                 | ANESTHESIOLOGY            | .012715                       | 9,053     |
| 41                 | RADIOLOGY-DIAGNOSTIC      | .031199                       | 764,036   |
| 41 01              | ULTRASOUND                | .025738                       | 62,434    |
| 44                 | LABORATORY                | .007383                       | 196,437   |
| 47                 | BLOOD STORING, PROCESSING | .013719                       | 21,626    |
| 49                 | RESPIRATORY THERAPY       | .018062                       | 123,309   |
| 50                 | PHYSICAL THERAPY          | .071087                       | 55,023    |
| 51                 | OCCUPATIONAL THERAPY      | .041303                       | 20,006    |
| 52                 | SPEECH PATHOLOGY          | .070154                       | 15,272    |
| 53                 | ELECTROCARDIOLOGY         | .028799                       | 122,273   |
| 54                 | ELECTROENCEPHALOGRAPHY    | .076449                       | 21,821    |
| 55                 | MEDICAL SUPPLIES CHARGED  | .011011                       | 226,615   |
| 56                 | DRUGS CHARGED TO PATIENTS | .012467                       | 202,382   |
| 57                 | RENAL DIALYSIS            | .021918                       | 36,392    |
|                    | OUTPAT SERVICE COST CNTRS |                               |           |
| 60                 | CLINIC                    | .561480                       | 80        |
| 61                 | EMERGENCY                 | .030502                       | 265,614   |
| 61 01              | OP MENTAL HEALTH          | .383586                       |           |
| 61 02              | DIABETES CENTER           | .191174                       | 1,765     |
| 62                 | OBSERVATION BEDS (NON-DIS | .080506                       | 18,542    |
|                    | OTHER REIMBURS COST CNTRS |                               |           |
| 64                 | HOME PROGRAM DIALYSIS     | .014148                       |           |
| 101                | TOTAL                     |                               | 2,383,750 |

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

|              |                 |                    |
|--------------|-----------------|--------------------|
| PROVIDER NO: | PERIOD:         | PREPARED 2/26/2009 |
| 14-0213      | FROM 10/ 1/2007 | WORKSHEET D        |
|              | TO 9/30/2008    | PART III           |

PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION                         | NONPHYSICIAN<br>ANESTHETIST<br>1 | MED ED NRS<br>SCHOOL COST<br>2 | MED ED ALLIED<br>HEALTH COST<br>2.01 | MED ED ALL<br>OTHER COSTS<br>2.02 | SWING BED<br>ADJ AMOUNT<br>3 | TOTAL<br>COSTS<br>4 |
|--------------------|---|----------------------------------|--------------------------------|--------------------------------------|-----------------------------------|------------------------------|---------------------|
| 25                 | INPAT ROUTINE SRVC CNTRS<br>ADULTS & PEDIATRICS |                                  |                                |                                      |                                   |                              |                     |
| 26                 | INTENSIVE CARE UNIT                             |                                  |                                | 65,336                               |                                   |                              | 65,336              |
| 31                 | SUBPROVIDER                                     |                                  |                                |                                      |                                   |                              |                     |
| 31 01              | SUBPROVIDER 2                                   |                                  |                                |                                      |                                   |                              |                     |
| 33                 | NURSERY   |                                  |                                |                                      |                                   |                              |                     |
| 101                | TOTAL   |                                  |                                | 65,336                               |                                   |                              | 65,336              |

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

PROVIDER NO: 14-0213  
PERIOD: FROM 10/1/2007 TO 9/30/2008  
PREPARED 2/26/2009  
WORKSHEET D  
PART III

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION | TOTAL<br>PATIENT DAYS | PER DIEM | INPAT PROG<br>DAYS | INPAT PROG<br>PASS THRU COST |
|--------------------|-------------------------|-----------------------|----------|--------------------|------------------------------|
|                    |                         | 5                     | 6        | 7                  | 8                            |
| 25                 | ADULTS & PEDIATRICS     | 56,511                |          | 28,339             |                              |
| 26                 | INTENSIVE CARE UNIT     | 4,075                 | 16.03    | 2,187              | 35,058                       |
| 31                 | SUBPROVIDER             | 4,008                 |          | 1,749              |                              |
| 31 01              | SUBPROVIDER 2           | 4,171                 |          | 3,327              |                              |
| 33                 | NURSERY                 | 4,873                 |          |                    |                              |
| 101                | TOTAL                   | 73,638                |          | 35,602             | 35,058                       |

TITLE XVIII, PART A HOSPITAL PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION   | NONPHYSICIAN<br>ANESTHETIST | HOSPITAL | MED ED NRS<br>SCHOOL COST | MED ED ALLIED<br>HEALTH COST | MED ED ALL<br>OTHER COSTS | BLOOD CLOT FOR<br>HEMOPHILIACS |
|--------------------|---------------------------|-----------------------------|----------|---------------------------|------------------------------|---------------------------|--------------------------------|
|                    |                           | 1                           | 1.01     | 2                         | 2.01                         | 2.02                      | 2.03                           |
| 37                 | ANCILLARY SRVC COST CNTRS |                             |          |                           |                              |                           |                                |
|                    | OPERATING ROOM            |                             |          |                           |                              |                           |                                |
| 38                 | RECOVERY ROOM             |                             |          |                           |                              |                           |                                |
| 39                 | DELIVERY ROOM & LABOR ROO |                             |          |                           |                              |                           |                                |
| 40                 | ANESTHESIOLOGY            |                             |          |                           |                              |                           |                                |
| 41                 | RADIOLOGY-DIAGNOSTIC      |                             |          |                           |                              |                           |                                |
| 41 01              | ULTRASOUND                |                             |          |                           |                              |                           |                                |
| 44                 | LABORATORY                |                             |          |                           |                              |                           |                                |
| 47                 | BLOOD STORING, PROCESSING |                             |          |                           |                              |                           |                                |
| 49                 | RESPIRATORY THERAPY       |                             |          |                           | 23,759                       |                           |                                |
| 50                 | PHYSICAL THERAPY          |                             |          |                           |                              |                           |                                |
| 51                 | OCCUPATIONAL THERAPY      |                             |          |                           |                              |                           |                                |
| 52                 | SPEECH PATHOLOGY          |                             |          |                           |                              |                           |                                |
| 53                 | ELECTROCARDIOLOGY         |                             |          |                           | 23,759                       |                           |                                |
| 54                 | ELECTROENCEPHALOGRAPHY    |                             |          |                           |                              |                           |                                |
| 55                 | MEDICAL SUPPLIES CHARGED  |                             |          |                           |                              |                           |                                |
| 56                 | DRUGS CHARGED TO PATIENTS |                             |          |                           |                              |                           |                                |
| 57                 | RENAL DIALYSIS            |                             |          |                           |                              |                           |                                |
|                    | OUTPAT SERVICE COST CNTRS |                             |          |                           |                              |                           |                                |
| 60                 | CLINIC                    |                             |          |                           |                              |                           |                                |
| 61                 | EMERGENCY                 |                             |          |                           | 496,951                      |                           |                                |
| 61 01              | OP MENTAL HEALTH          |                             |          |                           |                              |                           |                                |
| 61 02              | DIABETES CENTER           |                             |          |                           |                              |                           |                                |
| 62                 | OBSERVATION BEDS (NON-DIS |                             |          |                           |                              |                           |                                |
|                    | OTHER REIMBURS COST CNTRS |                             |          |                           |                              |                           |                                |
| 64                 | HOME PROGRAM DIALYSIS     |                             |          |                           |                              |                           |                                |
| 101                | TOTAL                     |                             |          |                           | 544,469                      |                           |                                |

TITLE XVIII, PART A

HOSPITAL

PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION   | TOTAL<br>COSTS<br>3 | O/P<br>PASS THRU<br>COSTS<br>3.01 | TOTAL<br>CHARGES<br>4 | RATIO OF COST<br>TO CHARGES<br>5 | O/P RATIO OF<br>CST TO CHARGES<br>5.01 | INPAT PROG<br>CHARGE<br>6 | INPAT PROG<br>PASS THRU COST<br>7 |
|--------------------|---------------------------|---------------------|-----------------------------------|-----------------------|----------------------------------|--|---------------------------|-----------------------------------|
| 37                 | ANCILLARY SRVC COST CNTRS |                     |                                   |                       |                                  |  |                           |                                   |
|                    | OPERATING ROOM            |                     |                                   | 52,607,244            |                                  |  | 7,452,980                 |                                   |
| 38                 | RECOVERY ROOM             |                     |                                   | 5,111,668             |                                  |  | 875,595                   |                                   |
| 39                 | DELIVERY ROOM & LABOR ROO |                     |                                   | 4,837,787             |                                  |  | 14,815                    |                                   |
| 40                 | ANESTHESIOLOGY            |                     |                                   | 5,186,730             |                                  |  | 712,013                   |                                   |
| 41                 | RADIOLOGY-DIAGNOSTIC      |                     |                                   | 120,959,389           |                                  |  | 24,489,118                |                                   |
| 41 01              | ULTRASOUND                |                     |                                   | 15,719,496            |                                  |  | 2,425,750                 |                                   |
| 44                 | LABORATORY                |                     |                                   | 110,016,921           |                                  |  | 26,606,691                |                                   |
| 47                 | BLOOD STORING, PROCESSING |                     |                                   | 4,588,767             |                                  |  | 1,576,388                 |                                   |
| 49                 | RESPIRATORY THERAPY       | 23,759              | 23,759                            | 12,092,720            | .001965                          | .001965                                | 6,826,973                 | 13,415                            |
| 50                 | PHYSICAL THERAPY          |                     |                                   | 5,375,163             |                                  |  | 774,028                   |                                   |
| 51                 | OCCUPATIONAL THERAPY      |                     |                                   | 2,283,202             |                                  |  | 484,380                   |                                   |
| 52                 | SPEECH PATHOLOGY          |                     |                                   | 545,001               |                                  |  | 217,695                   |                                   |
| 53                 | ELECTROCARDIOLOGY         | 23,759              | 23,759                            | 10,515,050            | .002260                          | .002260                                | 4,245,754                 | 9,595                             |
| 54                 | ELECTROENCEPHALOGRAPHY    |                     |                                   | 999,416               |                                  |  | 285,435                   |                                   |
| 55                 | MEDICAL SUPPLIES CHARGED  |                     |                                   | 86,155,265            |                                  |  | 20,580,801                |                                   |
| 56                 | DRUGS CHARGED TO PATIENTS |                     |                                   | 42,603,915            |                                  |  | 16,233,393                |                                   |
| 57                 | RENAL DIALYSIS            |                     |                                   | 39,743,106            |                                  |  | 1,660,377                 |                                   |
|                    | OUTPAT SERVICE COST CNTRS |                     |                                   |                       |                                  |  |                           |                                   |
| 60                 | CLINIC                    |                     |                                   | 345,252               |                                  |  | 143                       |                                   |
| 61                 | EMERGENCY                 | 496,951             | 496,951                           | 54,151,528            | .009177                          | .009177                                | 8,708,087                 | 79,914                            |
| 61 01              | OP MENTAL HEALTH          |                     |                                   | 388,930               |                                  |  |                           |                                   |
| 61 02              | DIABETES CENTER           |                     |                                   | 268,269               |                                  |  | 9,234                     |                                   |
| 62                 | OBSERVATION BEDS (NON-DIS |                     |                                   | 4,091,526             |                                  |  | 230,321                   |                                   |
|                    | OTHER REIMBURS COST CNTRS |                     |                                   |                       |                                  |  |                           |                                   |
| 64                 | HOME PROGRAM DIALYSIS     |                     |                                   | 4,020,376             |                                  |  |                           |                                   |
| 101                | TOTAL                     | 544,469             | 544,469                           | 582,606,721           |                                  |  | 124,409,971               | 102,924                           |

TITLE XVIII, PART A

HOSPITAL

PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION   | OUTPAT PROG<br>CHARGES<br>8 | OUTPAT PROG<br>D, V COL 5.03<br>8.01 | OUTPAT PROG<br>D, V COL 5.04<br>8.02 | OUTPAT PROG<br>PASS THRU COST<br>9 | COL 8.01<br>* COL 5<br>9.01 | COL 8.02<br>* COL 5<br>9.02 |
|--------------------|---------------------------|-----------------------------|--------------------------------------|--------------------------------------|------------------------------------|-----------------------------|-----------------------------|
|                    | ANCILLARY SRVC COST CNTRS |                             |                                      |                                      |                                    |                             |                             |
| 37                 | OPERATING ROOM            | 6,386,508                   |                                      |                                      |                                    |                             |                             |
| 38                 | RECOVERY ROOM             | 323,058                     |                                      |                                      |                                    |                             |                             |
| 39                 | DELIVERY ROOM & LABOR ROO | 1,034                       |                                      |                                      |                                    |                             |                             |
| 40                 | ANESTHESIOLOGY            | 276,233                     |                                      |                                      |                                    |                             |                             |
| 41                 | RADIOLOGY-DIAGNOSTIC      | 15,355,456                  |                                      |                                      |                                    |                             |                             |
| 41 01              | ULTRASOUND                | 1,193,759                   |                                      |                                      |                                    |                             |                             |
| 44                 | LABORATORY                | 4,541,977                   |                                      |                                      |                                    |                             |                             |
| 47                 | BLOOD STORING, PROCESSING | 257,841                     |                                      |                                      |                                    |                             |                             |
| 49                 | RESPIRATORY THERAPY       | 272,078                     |                                      |                                      |                                    | 535                         |                             |
| 50                 | PHYSICAL THERAPY          |                             |                                      |                                      |                                    |                             |                             |
| 51                 | OCCUPATIONAL THERAPY      |                             |                                      |                                      |                                    |                             |                             |
| 52                 | SPEECH PATHOLOGY          |                             |                                      |                                      |                                    |                             |                             |
| 53                 | ELECTROCARDIOLOGY         | 624,738                     |                                      |                                      |                                    | 1,412                       |                             |
| 54                 | ELECTROENCEPHALOGRAPHY    | 96,621                      |                                      |                                      |                                    |                             |                             |
| 55                 | MEDICAL SUPPLIES CHARGED  | 8,997,961                   |                                      |                                      |                                    |                             |                             |
| 56                 | DRUGS CHARGED TO PATIENTS | 3,615,410                   |                                      |                                      |                                    |                             |                             |
| 57                 | RENAL DIALYSIS            | 1,711,087                   |                                      |                                      |                                    |                             |                             |
|                    | OUTPAT SERVICE COST CNTRS |                             |                                      |                                      |                                    |                             |                             |
| 60                 | CLINIC                    | 136,314                     |                                      |                                      |                                    |                             |                             |
| 61                 | EMERGENCY                 | 3,171,235                   |                                      |                                      |                                    | 29,102                      |                             |
| 61 01              | OP MENTAL HEALTH          |                             |                                      |                                      |                                    |                             |                             |
| 61 02              | DIABETES CENTER           | 44,173                      |                                      |                                      |                                    |                             |                             |
| 62                 | OBSERVATION BEDS (NON-DIS | 342,007                     |                                      |                                      |                                    |                             |                             |
|                    | OTHER REIMBURS COST CNTRS |                             |                                      |                                      |                                    |                             |                             |
| 64                 | HOME PROGRAM DIALYSIS     |                             |                                      |                                      |                                    |                             |                             |
| 101                | TOTAL                     | 47,347,490                  |                                      |                                      |                                    | 31,049                      |                             |











APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0213  
 COMPONENT NO: 14-S213  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/26/2009  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION   | OLD CAPITAL<br>RELATED COST<br>1 | NEW CAPITAL<br>RELATED COST<br>2 | TOTAL<br>CHARGES<br>3 | INPAT PROGRAM<br>CHARGES<br>4 | OLD CAPITAL<br>CST/CHRG RATIO<br>5 | CAPITAL<br>COSTS<br>6 |
|--------------------|---------------------------|----------------------------------|----------------------------------|-----------------------|-------------------------------|------------------------------------|-----------------------|
| 37                 | ANCILLARY SRVC COST CNTRS |                                  |                                  |                       |                               |                                    |                       |
|                    | OPERATING ROOM            |                                  | 1,412,268                        | 52,607,244            |                               |                                    |                       |
| 38                 | RECOVERY ROOM             |                                  | 109,217                          | 5,111,668             |                               |                                    |                       |
| 39                 | DELIVERY ROOM & LABOR ROO |                                  | 744,338                          | 4,837,787             |                               |                                    |                       |
| 40                 | ANESTHESIOLOGY            |                                  | 65,951                           | 5,186,730             |                               |                                    |                       |
| 41                 | RADIOLOGY-DIAGNOSTIC      |                                  | 3,773,757                        | 120,959,389           | 47,302                        |                                    |                       |
| 41 01              | ULTRASOUND                |                                  | 404,588                          | 15,719,496            | 8,619                         |                                    |                       |
| 44                 | LABORATORY                |                                  | 812,245                          | 110,016,921           | 419,856                       |                                    |                       |
| 47                 | BLOOD STORING, PROCESSING |                                  | 62,955                           | 4,588,767             |                               |                                    |                       |
| 49                 | RESPIRATORY THERAPY       |                                  | 218,419                          | 12,092,720            | 5,251                         |                                    |                       |
| 50                 | PHYSICAL THERAPY          |                                  | 382,103                          | 5,375,163             | 2,467                         |                                    |                       |
| 51                 | OCCUPATIONAL THERAPY      |                                  | 94,302                           | 2,283,202             | 505                           |                                    |                       |
| 52                 | SPEECH PATHOLOGY          |                                  | 38,234                           | 545,001               | 355                           |                                    |                       |
| 53                 | ELECTROCARDIOLOGY         |                                  | 302,824                          | 10,515,050            | 6,423                         |                                    |                       |
| 54                 | ELECTROENCEPHALOGRAPHY    |                                  | 76,404                           | 999,416               | 736                           |                                    |                       |
| 55                 | MEDICAL SUPPLIES CHARGED  |                                  | 948,662                          | 86,155,265            | 1,779                         |                                    |                       |
| 56                 | DRUGS CHARGED TO PATIENTS |                                  | 531,163                          | 42,603,915            | 328,066                       |                                    |                       |
| 57                 | RENAL DIALYSIS            |                                  | 871,071                          | 39,743,106            | 8,246                         |                                    |                       |
|                    | OUTPAT SERVICE COST CNTRS |                                  |                                  |                       |                               |                                    |                       |
| 60                 | CLINIC                    |                                  | 193,852                          | 345,252               |                               |                                    |                       |
| 61                 | EMERGENCY                 |                                  | 1,651,706                        | 54,151,528            | 312,949                       |                                    |                       |
| 61 01              | OP MENTAL HEALTH          |                                  | 149,188                          | 388,930               |                               |                                    |                       |
| 61 02              | DIABETES CENTER           |                                  | 51,286                           | 268,269               | 143                           |                                    |                       |
| 62                 | OBSERVATION BEDS (NON-DIS |                                  | 329,392                          | 4,091,526             |                               |                                    |                       |
|                    | OTHER REIMBURS COST CNTRS |                                  |                                  |                       |                               |                                    |                       |
| 64                 | HOME PROGRAM DIALYSIS     |                                  | 56,881                           | 4,020,376             |                               |                                    |                       |
| 101                | TOTAL                     |                                  | 13,280,806                       | 582,606,721           | 1,142,697                     |                                    |                       |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0213  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 COMPONENT NO: 14-S213  
 PREPARED 2/26/2009  
 WORKSHEET D  
 PART II  
 TEFRA

TITLE XVIII, PART A SUBPROVIDER 1

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION   | NEW CAPITAL<br>CST/CHRG RATIO | COSTS  |
|--------------------|---------------------------|-------------------------------|--------|
|                    |                           | 7                             | 8      |
| 37                 | ANCILLARY SRVC COST CNTRS |                               |        |
|                    | OPERATING ROOM            | .026846                       |        |
| 38                 | RECOVERY ROOM             | .021366                       |        |
| 39                 | DELIVERY ROOM & LABOR ROO | .153859                       |        |
| 40                 | ANESTHESIOLOGY            | .012715                       |        |
| 41                 | RADIOLOGY-DIAGNOSTIC      | .031199                       | 1,476  |
| 41 01              | ULTRASOUND                | .025738                       | 222    |
| 44                 | LABORATORY                | .007383                       | 3,100  |
| 47                 | BLOOD STORING, PROCESSING | .013719                       |        |
| 49                 | RESPIRATORY THERAPY       | .018062                       | 95     |
| 50                 | PHYSICAL THERAPY          | .071087                       | 175    |
| 51                 | OCCUPATIONAL THERAPY      | .041303                       | 21     |
| 52                 | SPEECH PATHOLOGY          | .070154                       | 25     |
| 53                 | ELECTROCARDIOLOGY         | .028799                       | 185    |
| 54                 | ELECTROENCEPHALOGRAPHY    | .076449                       | 56     |
| 55                 | MEDICAL SUPPLIES CHARGED  | .011011                       | 20     |
| 56                 | DRUGS CHARGED TO PATIENTS | .012467                       | 4,090  |
| 57                 | RENAL DIALYSIS            | .021918                       | 181    |
|                    | OUTPAT SERVICE COST CNTRS |                               |        |
| 60                 | CLINIC                    | .561480                       |        |
| 61                 | EMERGENCY                 | .030502                       | 9,546  |
| 61 01              | OP MENTAL HEALTH          | .383586                       |        |
| 61 02              | DIABETES CENTER           | .191174                       | 27     |
| 62                 | OBSERVATION BEDS (NON-DIS | .080506                       |        |
|                    | OTHER REIMBURS COST CNTRS |                               |        |
| 64                 | HOME PROGRAM DIALYSIS     | .014148                       |        |
| 101                | TOTAL                     |                               | 19,219 |

TITLE XVIII, PART A SUBPROVIDER 1

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION   | NONPHYSICIAN<br>ANESTHETIST | 1.01 | MED ED NRS<br>SCHOOL COST | 2 | MED ED ALLIED<br>HEALTH COST | 2.01 | MED ED ALL<br>OTHER COSTS | 2.02 | BLOOD CLOT FOR<br>HEMOPHILIACS | 2.03 |
|--------------------|---------------------------|-----------------------------|------|---------------------------|---|------------------------------|------|---------------------------|------|--------------------------------|------|
| 37                 | ANCILLARY SRVC COST CNTRS |                             |      |                           |   |                              |      |                           |      |                                |      |
|                    | OPERATING ROOM            |                             |      |                           |   |                              |      |                           |      |                                |      |
| 38                 | RECOVERY ROOM             |                             |      |                           |   |                              |      |                           |      |                                |      |
| 39                 | DELIVERY ROOM & LABOR ROO |                             |      |                           |   |                              |      |                           |      |                                |      |
| 40                 | ANESTHESIOLOGY            |                             |      |                           |   |                              |      |                           |      |                                |      |
| 41                 | RADIOLOGY-DIAGNOSTIC      |                             |      |                           |   |                              |      |                           |      |                                |      |
| 41 01              | ULTRASOUND                |                             |      |                           |   |                              |      |                           |      |                                |      |
| 44                 | LABORATORY                |                             |      |                           |   |                              |      |                           |      |                                |      |
| 47                 | BLOOD STORING, PROCESSING |                             |      |                           |   |                              |      |                           |      |                                |      |
| 49                 | RESPIRATORY THERAPY       |                             |      |                           |   |                              |      | 23,759                    |      |                                |      |
| 50                 | PHYSICAL THERAPY          |                             |      |                           |   |                              |      |                           |      |                                |      |
| 51                 | OCCUPATIONAL THERAPY      |                             |      |                           |   |                              |      |                           |      |                                |      |
| 52                 | SPEECH PATHOLOGY          |                             |      |                           |   |                              |      |                           |      |                                |      |
| 53                 | ELECTROCARDIOLOGY         |                             |      |                           |   |                              |      | 23,759                    |      |                                |      |
| 54                 | ELECTROENCEPHALOGRAPHY    |                             |      |                           |   |                              |      |                           |      |                                |      |
| 55                 | MEDICAL SUPPLIES CHARGED  |                             |      |                           |   |                              |      |                           |      |                                |      |
| 56                 | DRUGS CHARGED TO PATIENTS |                             |      |                           |   |                              |      |                           |      |                                |      |
| 57                 | RENAL DIALYSIS            |                             |      |                           |   |                              |      |                           |      |                                |      |
|                    | OUTPAT SERVICE COST CNTRS |                             |      |                           |   |                              |      |                           |      |                                |      |
| 60                 | CLINIC                    |                             |      |                           |   |                              |      |                           |      |                                |      |
| 61                 | EMERGENCY                 |                             |      |                           |   |                              |      | 496,951                   |      |                                |      |
| 61 01              | OP MENTAL HEALTH          |                             |      |                           |   |                              |      |                           |      |                                |      |
| 61 02              | DIABETES CENTER           |                             |      |                           |   |                              |      |                           |      |                                |      |
| 62                 | OBSERVATION BEDS (NON-DIS |                             |      |                           |   |                              |      |                           |      |                                |      |
|                    | OTHER REIMBURS COST CNTRS |                             |      |                           |   |                              |      |                           |      |                                |      |
| 64                 | HOME PROGRAM DIALYSIS     |                             |      |                           |   |                              |      |                           |      |                                |      |
| 101                | TOTAL                     |                             |      |                           |   |                              |      | 544,469                   |      |                                |      |

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION   | TOTAL<br>COSTS<br>3 | O/P PASS THRU<br>COSTS<br>3.01 | TOTAL<br>CHARGES<br>4 | RATIO OF COST<br>TO CHARGES<br>5 | O/P RATIO OF<br>CST TO CHARGES<br>5.01 | INPAT PROG<br>CHARGE<br>6 | INPAT PROG<br>PASS THRU COST<br>7 |
|--------------------|---------------------------|---------------------|--------------------------------|-----------------------|----------------------------------|--|---------------------------|-----------------------------------|
| 37                 | ANCILLARY SRVC COST CNTRS |                     |                                | 52,607,244            |                                  |  |                           |                                   |
| 38                 | OPERATING ROOM            |                     |                                | 5,111,668             |                                  |  |                           |                                   |
| 39                 | RECOVERY ROOM             |                     |                                | 4,837,787             |                                  |  |                           |                                   |
| 40                 | DELIVERY ROOM & LABOR ROO |                     |                                | 5,186,730             |                                  |  |                           |                                   |
| 41                 | ANESTHESIOLOGY            |                     |                                | 120,959,389           |                                  |  | 47,302                    |                                   |
| 41                 | 01 RADIOLOGY-DIAGNOSTIC   |                     |                                | 15,719,496            |                                  |  | 8,619                     |                                   |
| 44                 | ULTRASOUND                |                     |                                | 110,016,921           |                                  |  | 419,856                   |                                   |
| 47                 | LABORATORY                |                     |                                | 4,588,767             |                                  |  |                           |                                   |
| 49                 | BLOOD STORING, PROCESSING |                     |                                | 12,092,720            | .001965                          | .001965                                | 5,251                     | 10                                |
| 50                 | RESPIRATORY THERAPY       | 23,759              | 23,759                         | 5,375,163             |                                  |  | 2,467                     |                                   |
| 51                 | PHYSICAL THERAPY          |                     |                                | 2,283,202             |                                  |  | 505                       |                                   |
| 52                 | OCCUPATIONAL THERAPY      |                     |                                | 545,001               |                                  |  | 355                       |                                   |
| 53                 | SPEECH PATHOLOGY          |                     |                                | 10,515,050            | .002260                          | .002260                                | 6,423                     | 15                                |
| 54                 | ELECTROCARDIOLOGY         | 23,759              | 23,759                         | 999,416               |                                  |  | 736                       |                                   |
| 55                 | ELECTROENCEPHALOGRAPHY    |                     |                                | 86,155,265            |                                  |  | 1,779                     |                                   |
| 56                 | MEDICAL SUPPLIES CHARGED  |                     |                                | 42,603,915            |                                  |  | 328,066                   |                                   |
| 57                 | DRUGS CHARGED TO PATIENTS |                     |                                | 39,743,106            |                                  |  | 8,246                     |                                   |
| 57                 | RENAL DIALYSIS            |                     |                                |                       |                                  |  |                           |                                   |
| 60                 | OUTPAT SERVICE COST CNTRS |                     |                                |                       |                                  |  |                           |                                   |
| 61                 | CLINIC                    |                     |                                | 345,252               |                                  |  |                           |                                   |
| 61                 | EMERGENCY                 | 496,951             | 496,951                        | 54,151,528            | .009177                          | .009177                                | 312,949                   | 2,872                             |
| 61                 | 01 OP MENTAL HEALTH       |                     |                                | 388,930               |                                  |  |                           |                                   |
| 61                 | 02 DIABETES CENTER        |                     |                                | 268,269               |                                  |  | 143                       |                                   |
| 62                 | OBSERVATION BEDS (NON-DIS |                     |                                | 4,091,526             |                                  |  |                           |                                   |
| 62                 | OTHER REIMBURS COST CNTRS |                     |                                |                       |                                  |  |                           |                                   |
| 64                 | HOME PROGRAM DIALYSIS     |                     |                                | 4,020,376             |                                  |  |                           |                                   |
| 101                | TOTAL                     | 544,469             | 544,469                        | 582,606,721           |                                  |  | 1,142,697                 | 2,897                             |

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION   | OUTPAT PROG<br>CHARGES<br>8 | OUTPAT PROG<br>D, V COL 5.03<br>8.01 | OUTPAT PROG<br>D, V COL 5.04<br>8.02 | OUTPAT PROG<br>PASS THRU COST<br>9 | COL 8.01<br>* COL 5<br>9.01 | COL 8.02<br>* COL 5<br>9.02 |
|--------------------|---------------------------|-----------------------------|--------------------------------------|--------------------------------------|------------------------------------|-----------------------------|-----------------------------|
| 37                 | ANCILLARY SRVC COST CNTRS |                             |                                      |                                      |                                    |                             |                             |
|                    | OPERATING ROOM            |                             |                                      |                                      |                                    |                             |                             |
| 38                 | RECOVERY ROOM             |                             |                                      |                                      |                                    |                             |                             |
| 39                 | DELIVERY ROOM & LABOR ROO |                             |                                      |                                      |                                    |                             |                             |
| 40                 | ANESTHESIOLOGY            |                             |                                      |                                      |                                    |                             |                             |
| 41                 | RADIOLOGY-DIAGNOSTIC      |                             |                                      |                                      |                                    |                             |                             |
| 41 01              | ULTRASOUND                |                             |                                      |                                      |                                    |                             |                             |
| 44                 | LABORATORY                |                             |                                      |                                      |                                    |                             |                             |
| 47                 | BLOOD STORING, PROCESSING |                             |                                      |                                      |                                    |                             |                             |
| 49                 | RESPIRATORY THERAPY       |                             |                                      |                                      |                                    |                             |                             |
| 50                 | PHYSICAL THERAPY          |                             |                                      |                                      |                                    |                             |                             |
| 51                 | OCCUPATIONAL THERAPY      |                             |                                      |                                      |                                    |                             |                             |
| 52                 | SPEECH PATHOLOGY          |                             |                                      |                                      |                                    |                             |                             |
| 53                 | ELECTROCARDIOLOGY         |                             |                                      |                                      |                                    |                             |                             |
| 54                 | ELECTROENCEPHALOGRAPHY    |                             |                                      |                                      |                                    |                             |                             |
| 55                 | MEDICAL SUPPLIES CHARGED  |                             |                                      |                                      |                                    |                             |                             |
| 56                 | DRUGS CHARGED TO PATIENTS |                             |                                      |                                      |                                    |                             |                             |
| 57                 | RENAL DIALYSIS            |                             |                                      |                                      |                                    |                             |                             |
|                    | OUTPAT SERVICE COST CNTRS |                             |                                      |                                      |                                    |                             |                             |
| 60                 | CLINIC                    |                             |                                      |                                      |                                    |                             |                             |
| 61                 | EMERGENCY                 |                             |                                      |                                      |                                    |                             |                             |
| 61 01              | OP MENTAL HEALTH          |                             |                                      |                                      |                                    |                             |                             |
| 61 02              | DIABETES CENTER           |                             |                                      |                                      |                                    |                             |                             |
| 62                 | OBSERVATION BEDS (NON-DIS |                             |                                      |                                      |                                    |                             |                             |
|                    | OTHER REIMBURS COST CNTRS |                             |                                      |                                      |                                    |                             |                             |
| 64                 | HOME PROGRAM DIALYSIS     |                             |                                      |                                      |                                    |                             |                             |
| 101                | TOTAL                     |                             |                                      |                                      |                                    |                             |                             |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0213  
 COMPONENT NO: 14-T213  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/26/2009  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION   | OLD CAPITAL<br>RELATED COST<br>1 | NEW CAPITAL<br>RELATED COST<br>2 | TOTAL<br>CHARGES<br>3 | INPAT PROGRAM<br>CHARGES<br>4 | OLD CAPITAL<br>CST/CHRG RATIO<br>5 | CAPITAL<br>COSTS<br>6 |
|--------------------|---------------------------|----------------------------------|----------------------------------|-----------------------|-------------------------------|------------------------------------|-----------------------|
| 37                 | ANCILLARY SRVC COST CNTRS |                                  |                                  |                       |                               |                                    |                       |
|                    | OPERATING ROOM            |                                  | 1,412,268                        | 52,607,244            | 32,486                        |                                    |                       |
| 38                 | RECOVERY ROOM             |                                  | 109,217                          | 5,111,668             | 2,635                         |                                    |                       |
| 39                 | DELIVERY ROOM & LABOR ROO |                                  | 744,338                          | 4,837,787             |                               |                                    |                       |
| 40                 | ANESTHESIOLOGY            |                                  | 65,951                           | 5,186,730             | 536                           |                                    |                       |
| 41                 | RADIOLOGY-DIAGNOSTIC      |                                  | 3,773,757                        | 120,959,389           | 169,614                       |                                    |                       |
| 41 01              | ULTRASOUND                |                                  | 404,588                          | 15,719,496            | 45,828                        |                                    |                       |
| 44                 | LABORATORY                |                                  | 812,245                          | 110,016,921           | 632,094                       |                                    |                       |
| 47                 | BLOOD STORING, PROCESSING |                                  | 62,955                           | 4,588,767             | 13,408                        |                                    |                       |
| 49                 | RESPIRATORY THERAPY       |                                  | 218,419                          | 12,092,720            | 190,134                       |                                    |                       |
| 50                 | PHYSICAL THERAPY          |                                  | 382,103                          | 5,375,163             | 706,047                       |                                    |                       |
| 51                 | OCCUPATIONAL THERAPY      |                                  | 94,302                           | 2,283,202             | 787,454                       |                                    |                       |
| 52                 | SPEECH PATHOLOGY          |                                  | 38,234                           | 545,001               | 67,938                        |                                    |                       |
| 53                 | ELECTROCARDIOLOGY         |                                  | 302,824                          | 10,515,050            | 8,098                         |                                    |                       |
| 54                 | ELECTROENCEPHALOGRAPHY    |                                  | 76,404                           | 999,416               | 903                           |                                    |                       |
| 55                 | MEDICAL SUPPLIES CHARGED  |                                  | 948,662                          | 86,155,265            | 292,907                       |                                    |                       |
| 56                 | DRUGS CHARGED TO PATIENTS |                                  | 531,163                          | 42,603,915            | 668,999                       |                                    |                       |
| 57                 | RENAL DIALYSIS            |                                  | 871,071                          | 39,743,106            | 87,505                        |                                    |                       |
|                    | OUTPAT SERVICE COST CNTRS |                                  |                                  |                       |                               |                                    |                       |
| 60                 | CLINIC                    |                                  | 193,852                          | 345,252               |                               |                                    |                       |
| 61                 | EMERGENCY                 |                                  | 1,651,706                        | 54,151,528            |                               |                                    |                       |
| 61 01              | OP MENTAL HEALTH          |                                  | 149,188                          | 388,930               |                               |                                    |                       |
| 61 02              | DIABETES CENTER           |                                  | 51,286                           | 268,269               | 478                           |                                    |                       |
| 62                 | OBSERVATION BEDS (NON-DIS |                                  | 329,392                          | 4,091,526             |                               |                                    |                       |
|                    | OTHER REIMBURS COST CNTRS |                                  |                                  |                       |                               |                                    |                       |
| 64                 | HOME PROGRAM DIALYSIS     |                                  | 56,881                           | 4,020,376             |                               |                                    |                       |
| 101                | TOTAL                     |                                  | 13,280,806                       | 582,606,721           | 3,707,064                     |                                    |                       |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0213  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 COMPONENT NO: 14-T213  
 PREPARED 2/26/2009  
 WORKSHEET D  
 PART II  
 PPS

TITLE XVIII, PART A SUBPROVIDER 2

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION   | NEW CAPITAL<br>CST/CHRG RATIO | COSTS   |
|--------------------|---------------------------|-------------------------------|---------|
|                    |                           | 7                             | 8       |
| 37                 | ANCILLARY SRVC COST CNTRS |                               |         |
|                    | OPERATING ROOM            | .026846                       | 872     |
| 38                 | RECOVERY ROOM             | .021366                       | 56      |
| 39                 | DELIVERY ROOM & LABOR ROO | .153859                       |         |
| 40                 | ANESTHESIOLOGY            | .012715                       | 7       |
| 41                 | RADIOLOGY-DIAGNOSTIC      | .031199                       | 5,292   |
| 41 01              | ULTRASOUND                | .025738                       | 1,180   |
| 44                 | LABORATORY                | .007383                       | 4,667   |
| 47                 | BLOOD STORING, PROCESSING | .013719                       | 184     |
| 49                 | RESPIRATORY THERAPY       | .018062                       | 3,434   |
| 50                 | PHYSICAL THERAPY          | .071087                       | 50,191  |
| 51                 | OCCUPATIONAL THERAPY      | .041303                       | 32,524  |
| 52                 | SPEECH PATHOLOGY          | .070154                       | 4,766   |
| 53                 | ELECTROCARDIOLOGY         | .028799                       | 233     |
| 54                 | ELECTROENCEPHALOGRAPHY    | .076449                       | 69      |
| 55                 | MEDICAL SUPPLIES CHARGED  | .011011                       | 3,225   |
| 56                 | DRUGS CHARGED TO PATIENTS | .012467                       | 8,340   |
| 57                 | RENAL DIALYSIS            | .021918                       | 1,918   |
|                    | OUTPAT SERVICE COST CNTRS |                               |         |
| 60                 | CLINIC                    | .561480                       |         |
| 61                 | EMERGENCY                 | .030502                       |         |
| 61 01              | OP MENTAL HEALTH          | .383586                       |         |
| 61 02              | DIABETES CENTER           | .191174                       | 91      |
| 62                 | OBSERVATION BEDS (NON-DIS | .080506                       |         |
|                    | OTHER REIMBURS COST CNTRS |                               |         |
| 64                 | HOME PROGRAM DIALYSIS     | .014148                       |         |
| 101                | TOTAL                     |                               | 117,049 |

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION   | NONPHYSICIAN<br>ANESTHETIST | 1 | 1.01 | MED ED NRS<br>SCHOOL COST | 2 | MED ED ALLIED<br>HEALTH COST | 2.01    | MED ED ALL<br>OTHER COSTS | 2.02 | BLOOD CLOT FOR<br>HEMOPHILIACS | 2.03 |
|--------------------|---------------------------|-----------------------------|---|------|---------------------------|---|------------------------------|---------|---------------------------|------|--------------------------------|------|
| 37                 | ANCILLARY SRVC COST CNTRS |                             |   |      |                           |   |                              |         |                           |      |                                |      |
|                    | OPERATING ROOM            |                             |   |      |                           |   |                              |         |                           |      |                                |      |
| 38                 | RECOVERY ROOM             |                             |   |      |                           |   |                              |         |                           |      |                                |      |
| 39                 | DELIVERY ROOM & LABOR ROO |                             |   |      |                           |   |                              |         |                           |      |                                |      |
| 40                 | ANESTHESIOLOGY            |                             |   |      |                           |   |                              |         |                           |      |                                |      |
| 41                 | RADIOLOGY-DIAGNOSTIC      |                             |   |      |                           |   |                              |         |                           |      |                                |      |
| 41 01              | ULTRASOUND                |                             |   |      |                           |   |                              |         |                           |      |                                |      |
| 44                 | LABORATORY                |                             |   |      |                           |   |                              |         |                           |      |                                |      |
| 47                 | BLOOD STORING, PROCESSING |                             |   |      |                           |   |                              |         |                           |      |                                |      |
| 49                 | RESPIRATORY THERAPY       |                             |   |      |                           |   |                              | 23,759  |                           |      |                                |      |
| 50                 | PHYSICAL THERAPY          |                             |   |      |                           |   |                              |         |                           |      |                                |      |
| 51                 | OCCUPATIONAL THERAPY      |                             |   |      |                           |   |                              |         |                           |      |                                |      |
| 52                 | SPEECH PATHOLOGY          |                             |   |      |                           |   |                              |         |                           |      |                                |      |
| 53                 | ELECTROCARDIOLOGY         |                             |   |      |                           |   |                              | 23,759  |                           |      |                                |      |
| 54                 | ELECTROENCEPHALOGRAPHY    |                             |   |      |                           |   |                              |         |                           |      |                                |      |
| 55                 | MEDICAL SUPPLIES CHARGED  |                             |   |      |                           |   |                              |         |                           |      |                                |      |
| 56                 | DRUGS CHARGED TO PATIENTS |                             |   |      |                           |   |                              |         |                           |      |                                |      |
| 57                 | RENAL DIALYSIS            |                             |   |      |                           |   |                              |         |                           |      |                                |      |
|                    | OUTPAT SERVICE COST CNTRS |                             |   |      |                           |   |                              |         |                           |      |                                |      |
| 60                 | CLINIC                    |                             |   |      |                           |   |                              |         |                           |      |                                |      |
| 61                 | EMERGENCY                 |                             |   |      |                           |   |                              | 496,951 |                           |      |                                |      |
| 61 01              | OP MENTAL HEALTH          |                             |   |      |                           |   |                              |         |                           |      |                                |      |
| 61 02              | DIABETES CENTER           |                             |   |      |                           |   |                              |         |                           |      |                                |      |
| 62                 | OBSERVATION BEDS (NON-DIS |                             |   |      |                           |   |                              |         |                           |      |                                |      |
|                    | OTHER REIMBURS COST CNTRS |                             |   |      |                           |   |                              |         |                           |      |                                |      |
| 64                 | HOME PROGRAM DIALYSIS     |                             |   |      |                           |   |                              |         |                           |      |                                |      |
| 101                | TOTAL                     |                             |   |      |                           |   |                              | 544,469 |                           |      |                                |      |

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION   | TOTAL<br>COSTS<br>3 | O/P PASS THRU<br>COSTS<br>3.01 | TOTAL<br>CHARGES<br>4 | RATIO OF COST<br>TO CHARGES<br>5 | O/P RATIO OF<br>CST TO CHARGES<br>5.01 | INPAT PROG<br>CHARGE<br>6 | INPAT PROG<br>PASS THRU COST<br>7 |
|--------------------|---------------------------|---------------------|--------------------------------|-----------------------|----------------------------------|--|---------------------------|-----------------------------------|
| 37                 | ANCILLARY SRVC COST CNTRS |                     |                                | 52,607,244            |                                  |  | 32,486                    |                                   |
| 38                 | OPERATING ROOM            |                     |                                | 5,111,668             |                                  |  | 2,635                     |                                   |
| 39                 | RECOVERY ROOM             |                     |                                | 4,837,787             |                                  |  |                           |                                   |
| 40                 | DELIVERY ROOM & LABOR ROO |                     |                                | 5,186,730             |                                  |  |                           |                                   |
| 41                 | ANESTHESIOLOGY            |                     |                                | 120,959,389           |                                  |  | 536                       |                                   |
| 41                 | RADIOLOGY-DIAGNOSTIC      |                     |                                | 15,719,496            |                                  |  | 169,614                   |                                   |
| 41                 | 01 ULTRASOUND             |                     |                                | 110,016,921           |                                  |  | 45,828                    |                                   |
| 44                 | LABORATORY                |                     |                                | 4,588,767             |                                  |  | 632,094                   |                                   |
| 47                 | BLOOD STORING, PROCESSING |                     |                                | 12,092,720            | .001965                          | .001965                                | 13,408                    |                                   |
| 49                 | RESPIRATORY THERAPY       | 23,759              | 23,759                         | 5,375,163             |                                  |  | 190,134                   | 374                               |
| 50                 | PHYSICAL THERAPY          |                     |                                | 2,283,202             |                                  |  | 706,047                   |                                   |
| 51                 | OCCUPATIONAL THERAPY      |                     |                                | 545,001               |                                  |  | 787,454                   |                                   |
| 52                 | SPEECH PATHOLOGY          |                     |                                | 10,515,050            | .002260                          | .002260                                | 67,938                    |                                   |
| 53                 | ELECTROCARDIOLOGY         | 23,759              | 23,759                         | 999,416               |                                  |  | 8,098                     | 18                                |
| 54                 | ELECTROENCEPHALOGRAPHY    |                     |                                | 86,155,265            |                                  |  | 903                       |                                   |
| 55                 | MEDICAL SUPPLIES CHARGED  |                     |                                | 42,603,915            |                                  |  | 292,907                   |                                   |
| 56                 | DRUGS CHARGED TO PATIENTS |                     |                                | 39,743,106            |                                  |  | 668,999                   |                                   |
| 57                 | RENAL DIALYSIS            |                     |                                |                       |                                  |  | 87,505                    |                                   |
|                    | OUTPAT SERVICE COST CNTRS |                     |                                |                       |                                  |  |                           |                                   |
| 60                 | CLINIC                    |                     |                                | 345,252               |                                  |  |                           |                                   |
| 61                 | EMERGENCY                 | 496,951             | 496,951                        | 54,151,528            | .009177                          | .009177                                |                           |                                   |
| 61                 | 01 OP MENTAL HEALTH       |                     |                                | 388,930               |                                  |  |                           |                                   |
| 61                 | 02 DIABETES CENTER        |                     |                                | 268,269               |                                  |  | 478                       |                                   |
| 62                 | OBSERVATION BEDS (NON-DIS |                     |                                | 4,091,526             |                                  |  |                           |                                   |
|                    | OTHER REIMBURS COST CNTRS |                     |                                |                       |                                  |  |                           |                                   |
| 64                 | HOME PROGRAM DIALYSIS     |                     |                                | 4,020,376             |                                  |  |                           |                                   |
| 101                | TOTAL                     | 544,469             | 544,469                        | 582,606,721           |                                  |  | 3,707,064                 | 392                               |

TITLE XVIII, PART A SUBPROVIDER 2 PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION   | OUTPAT PROG<br>CHARGES<br>8 | OUTPAT PROG<br>D, V COL 5.03<br>8.01 | OUTPAT PROG<br>D, V COL 5.04<br>8.02 | OUTPAT PROG<br>PASS THRU COST<br>9 | COL 8.01<br>* COL 5<br>9.01 | COL 8.02<br>* COL 5<br>9.02 |
|--------------------|---------------------------|-----------------------------|--------------------------------------|--------------------------------------|------------------------------------|-----------------------------|-----------------------------|
| 37                 | ANCILLARY SRVC COST CNTRS |                             |                                      |                                      |                                    |                             |                             |
|                    | OPERATING ROOM            |                             |                                      |                                      |                                    |                             |                             |
| 38                 | RECOVERY ROOM             |                             |                                      |                                      |                                    |                             |                             |
| 39                 | DELIVERY ROOM & LABOR ROO |                             |                                      |                                      |                                    |                             |                             |
| 40                 | ANESTHESIOLOGY            |                             |                                      |                                      |                                    |                             |                             |
| 41                 | RADIOLOGY-DIAGNOSTIC      |                             |                                      |                                      |                                    |                             |                             |
| 41 01              | ULTRASOUND                |                             |                                      |                                      |                                    |                             |                             |
| 44                 | LABORATORY                |                             |                                      |                                      |                                    |                             |                             |
| 47                 | BLOOD STORING, PROCESSING |                             |                                      |                                      |                                    |                             |                             |
| 49                 | RESPIRATORY THERAPY       |                             |                                      |                                      |                                    |                             |                             |
| 50                 | PHYSICAL THERAPY          |                             |                                      |                                      |                                    |                             |                             |
| 51                 | OCCUPATIONAL THERAPY      |                             |                                      |                                      |                                    |                             |                             |
| 52                 | SPEECH PATHOLOGY          |                             |                                      |                                      |                                    |                             |                             |
| 53                 | ELECTROCARDIOLOGY         |                             |                                      |                                      |                                    |                             |                             |
| 54                 | ELECTROENCEPHALOGRAPHY    |                             |                                      |                                      |                                    |                             |                             |
| 55                 | MEDICAL SUPPLIES CHARGED  |                             |                                      |                                      |                                    |                             |                             |
| 56                 | DRUGS CHARGED TO PATIENTS |                             |                                      |                                      |                                    |                             |                             |
| 57                 | RENAL DIALYSIS            |                             |                                      |                                      |                                    |                             |                             |
|                    | OUTPAT SERVICE COST CNTRS |                             |                                      |                                      |                                    |                             |                             |
| 60                 | CLINIC                    |                             |                                      |                                      |                                    |                             |                             |
| 61                 | EMERGENCY                 |                             |                                      |                                      |                                    |                             |                             |
| 61 01              | OP MENTAL HEALTH          |                             |                                      |                                      |                                    |                             |                             |
| 61 02              | DIABETES CENTER           |                             |                                      |                                      |                                    |                             |                             |
| 62                 | OBSERVATION BEDS (NON-DIS |                             |                                      |                                      |                                    |                             |                             |
|                    | OTHER REIMBURS COST CNTRS |                             |                                      |                                      |                                    |                             |                             |
| 64                 | HOME PROGRAM DIALYSIS     |                             |                                      |                                      |                                    |                             |                             |
| 101                | TOTAL                     |                             |                                      |                                      |                                    |                             |                             |





COMPUTATION OF INPATIENT OPERATING COST

|               |                 |               |
|---------------|-----------------|---------------|
| PROVIDER NO:  | PERIOD:         | PREPARED      |
| 14-0213       | FROM 10/ 1/2007 | 2/26/2009     |
| COMPONENT NO: | TO 9/30/2008    | WORKSHEET D-1 |
| 14-0213       |                 | 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                       | 4,600     |
| 84 | ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 766.08    |
| 85 | OBSERVATION BED COST                             | 3,523,968 |

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

|       | COST                           | ROUTINE COST | COLUMN 1<br>DIVIDED BY<br>COLUMN 2 | TOTAL<br>OBSERVATION<br>BED COST | OBSERVATION BED<br>PASS THROUGH<br>COST |
|-------|--------------------------------|--------------|------------------------------------|----------------------------------|---|
|       | 1                              | 2            | 3                                  | 4                                | 5                                       |
| 86    | OLD CAPITAL-RELATED COST       | 43,291,971   |                                    | 3,523,968                        |   |
| 87    | NEW CAPITAL-RELATED COST       | 4,046,567    | .093472                            | 3,523,968                        | 329,392                                 |
| 88    | NON PHYSICIAN ANESTHETIST      | 43,291,971   |                                    | 3,523,968                        |   |
| 89    | MEDICAL EDUCATION              | 43,291,971   |                                    | 3,523,968                        |   |
| 89.01 | MEDICAL EDUCATION - ALLIED HEA | 43,291,971   |                                    | 3,523,968                        |   |
| 89.02 | MEDICAL EDUCATION - ALL OTHER  | 43,291,971   |                                    | 3,523,968                        |   |





COMPUTATION OF INPATIENT OPERATING COST

|               |                 |               |
|---------------|-----------------|---------------|
| PROVIDER NO:  | PERIOD:         | PREPARED      |
| 14-0213       | FROM 10/ 1/2007 | 2/26/2009     |
| COMPONENT NO: | TO 9/30/2008    | WORKSHEET D-1 |
| 14-S213       |                 | PART III      |

TITLE XVIII PART A

SUBPROVIDER I

TEFRA

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

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

1

PART IV - COMPUTATION OF OBSERVATION BED COST

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

663.69

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

|                                      | COST    | ROUTINE COST | COLUMN 1<br>DIVIDED BY<br>COLUMN 2 | TOTAL<br>OBSERVATION<br>BED COST | OBSERVATION BED<br>PASS THROUGH<br>COST |
|--------------------------------------|---------|--------------|------------------------------------|----------------------------------|---|
|                                      | 1       | 2            | 3                                  | 4                                | 5                                       |
| 86 OLD CAPITAL-RELATED COST          |         | 2,660,072    |                                    |                                  |   |
| 87 NEW CAPITAL-RELATED COST          | 295,386 | 2,660,072    | .111044                            |                                  |   |
| 88 NON PHYSICIAN ANESTHETIST         |         | 2,660,072    |                                    |                                  |   |
| 89 MEDICAL EDUCATION                 |         | 2,660,072    |                                    |                                  |   |
| 89.01 MEDICAL EDUCATION - ALLIED HEA |         | 2,660,072    |                                    |                                  |   |
| 89.02 MEDICAL EDUCATION - ALL OTHER  |         | 2,660,072    |                                    |                                  |   |





COMPUTATION OF INPATIENT OPERATING COST

|               |                 |               |
|---------------|-----------------|---------------|
| PROVIDER NO:  | PERIOD:         | PREPARED      |
| 14-0213       | FROM 10/ 1/2007 | 2/26/2009     |
| COMPONENT NO: | TO 9/30/2008    | WORKSHEET D-1 |
| 14-T213       |                 | PART III      |

TITLE XVIII PART A SUBPROVIDER II 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                       |          |
| 84 | ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 1,110.80 |
| 85 | OBSERVATION BED COST                             |          |

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

|       | COST                           | ROUTINE COST | COLUMN 1<br>DIVIDED BY<br>COLUMN 2 | TOTAL<br>OBSERVATION<br>BED COST | OBSERVATION BED<br>PASS THROUGH<br>COST |
|-------|--------------------------------|--------------|------------------------------------|----------------------------------|---|
|       | 1                              | 2            | 3                                  | 4                                | 5                                       |
| 86    | OLD CAPITAL-RELATED COST       | 4,633,131    |                                    |                                  |   |
| 87    | NEW CAPITAL-RELATED COST       | 475,755      | 102685                             |                                  |   |
| 88    | NON PHYSICIAN ANESTHETIST      | 4,633,131    |                                    |                                  |   |
| 89    | MEDICAL EDUCATION              | 4,633,131    |                                    |                                  |   |
| 89.01 | MEDICAL EDUCATION - ALLIED HEA | 4,633,131    |                                    |                                  |   |
| 89.02 | MEDICAL EDUCATION - ALL OTHER  | 4,633,131    |                                    |                                  |   |

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION   | RATIO COST<br>TO CHARGES<br>1 | INPATIENT<br>CHARGES<br>2 | INPATIENT<br>COST<br>3 |
|--------------------|---|-------------------------------|---------------------------|------------------------|
| 25                 | INPAT ROUTINE SRVC CNTRS<br>ADULTS & PEDIATRICS                   |                               | 24,311,506                |                        |
| 26                 | INTENSIVE CARE UNIT   |                               | 3,670,454                 |                        |
| 31                 | SUBPROVIDER   |                               |                           |                        |
| 31                 | 01 SUBPROVIDER 2  |                               |                           |                        |
| 37                 | ANCILLARY SRVC COST CNTRS<br>OPERATING ROOM                       | .260371                       | 7,452,980                 | 1,940,540              |
| 38                 | RECOVERY ROOM   | .350265                       | 875,595                   | 306,690                |
| 39                 | DELIVERY ROOM & LABOR ROOM  | 1.132363                      | 14,815                    | 16,776                 |
| 40                 | ANESTHESIOLOGY  | .131624                       | 712,013                   | 93,718                 |
| 41                 | RADIOLOGY-DIAGNOSTIC  | .199710                       | 24,489,118                | 4,890,722              |
| 41                 | 01 ULTRASOUND   | .167398                       | 2,425,750                 | 406,066                |
| 44                 | LABORATORY  | .100701                       | 26,606,691                | 2,679,320              |
| 47                 | BLOOD STORING, PROCESSING & TRANS.                                | .429066                       | 1,576,388                 | 676,374                |
| 49                 | RESPIRATORY THERAPY   | .179183                       | 6,826,973                 | 1,223,278              |
| 50                 | PHYSICAL THERAPY  | .693927                       | 774,028                   | 537,119                |
| 51                 | OCCUPATIONAL THERAPY  | .388020                       | 484,380                   | 187,949                |
| 52                 | SPEECH PATHOLOGY  | .975250                       | 217,695                   | 212,307                |
| 53                 | ELECTROCARDIOLOGY   | .131771                       | 4,245,754                 | 559,467                |
| 54                 | ELECTROENCEPHALOGRAPHY  | .433208                       | 285,435                   | 123,653                |
| 55                 | MEDICAL SUPPLIES CHARGED TO PATIENTS                              | .236066                       | 20,580,801                | 4,858,427              |
| 56                 | DRUGS CHARGED TO PATIENTS   | .302656                       | 16,233,393                | 4,913,134              |
| 57                 | RENAL DIALYSIS  | .240867                       | 1,660,377                 | 399,930                |
| 60                 | OUTPAT SERVICE COST CNTRS<br>CLINIC                               | 2.297884                      | 143                       | 329                    |
| 61                 | EMERGENCY   | .265823                       | 8,708,087                 | 2,314,810              |
| 61                 | 01 OP MENTAL HEALTH   | 2.939606                      |                           |                        |
| 61                 | 02 DIABETES CENTER  | 2.017076                      | 9,234                     | 18,626                 |
| 62                 | OBSERVATION BEDS (NON-DISTINCT PART)<br>OTHER REIMBURS COST CNTRS | .861285                       | 230,321                   | 198,372                |
| 64                 | HOME PROGRAM DIALYSIS   | .162932                       |                           |                        |
| 101                | TOTAL   |                               | 124,409,971               | 26,557,607             |
| 102                | LESS PBP CLINIC LABORATORY SERVICES -<br>PROGRAM ONLY CHARGES     |                               |                           |                        |
| 103                | NET CHARGES   |                               | 124,409,971               |                        |

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION   | RATIO COST<br>TO CHARGES<br>1 | INPATIENT<br>CHARGES<br>2 | INPATIENT<br>COST<br>3 |
|--------------------|---|-------------------------------|---------------------------|------------------------|
| 25                 | INPAT ROUTINE SRVC CNTRS<br>ADULTS & PEDIATRICS                   |                               |                           |                        |
| 26                 | INTENSIVE CARE UNIT   |                               |                           |                        |
| 31                 | SUBPROVIDER   |                               | 1,569,940                 |                        |
| 31                 | 01 SUBPROVIDER 2  |                               |                           |                        |
| 37                 | ANCILLARY SRVC COST CNTRS<br>OPERATING ROOM                       | .260352                       |                           |                        |
| 38                 | RECOVERY ROOM   | .350265                       |                           |                        |
| 39                 | DELIVERY ROOM & LABOR ROOM  | 1.132363                      |                           |                        |
| 40                 | ANESTHESIOLOGY  | .131624                       |                           |                        |
| 41                 | RADIOLOGY-DIAGNOSTIC  | .199710                       | 47,302                    | 9,447                  |
| 41                 | 01 ULTRASOUND   | .167398                       | 8,619                     | 1,443                  |
| 44                 | LABORATORY  | .100360                       | 419,856                   | 42,137                 |
| 47                 | BLOOD STORING, PROCESSING & TRANS.                                | .429066                       |                           |                        |
| 49                 | RESPIRATORY THERAPY   | .178071                       | 5,251                     | 935                    |
| 50                 | PHYSICAL THERAPY  | .693927                       | 2,467                     | 1,712                  |
| 51                 | OCCUPATIONAL THERAPY  | .388020                       | 505                       | 196                    |
| 52                 | SPEECH PATHOLOGY  | .975250                       | 355                       | 346                    |
| 53                 | ELECTROCARDIOLOGY   | .131771                       | 6,423                     | 846                    |
| 54                 | ELECTROENCEPHALOGRAPHY  | .433208                       | 736                       | 319                    |
| 55                 | MEDICAL SUPPLIES CHARGED TO PATIENTS                              | .236066                       | 1,779                     | 420                    |
| 56                 | DRUGS CHARGED TO PATIENTS   | .302656                       | 328,066                   | 99,291                 |
| 57                 | RENAL DIALYSIS  | .240867                       | 8,246                     | 1,986                  |
| 60                 | OUTPAT SERVICE COST CNTRS<br>CLINIC                               | 2.297884                      |                           |                        |
| 61                 | EMERGENCY   | .265743                       | 312,949                   | 83,164                 |
| 61                 | 01 OP MENTAL HEALTH   | 2.939606                      |                           |                        |
| 61                 | 02 DIABETES CENTER  | 2.017076                      | 143                       | 288                    |
| 62                 | OBSERVATION BEDS (NON-DISTINCT PART)<br>OTHER REIMBURS COST CNTRS | .861285                       |                           |                        |
| 64                 | HOME PROGRAM DIALYSIS   | .162932                       |                           |                        |
| 101                | TOTAL   |                               | 1,142,697                 | 242,530                |
| 102                | LESS PBP CLINIC LABORATORY SERVICES -<br>PROGRAM ONLY CHARGES     |                               |                           |                        |
| 103                | NET CHARGES   |                               | 1,142,697                 |                        |

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0213  
 COMPONENT NO: 14-T213  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/26/2009  
 WORKSHEET D-4

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION   | RATIO COST<br>TO CHARGES<br>1 | INPATIENT<br>CHARGES<br>2 | INPATIENT<br>COST<br>3 |
|--------------------|---|-------------------------------|---------------------------|------------------------|
| 25                 | INPAT ROUTINE SRVC CNTRS<br>ADULTS & PEDIATRICS                   |                               |                           |                        |
| 26                 | INTENSIVE CARE UNIT   |                               |                           |                        |
| 31                 | SUBPROVIDER   |                               |                           |                        |
| 31                 | 01 SUBPROVIDER 2  |                               | 2,617,430                 |                        |
| 37                 | ANCILLARY SRVC COST CNTRS<br>OPERATING ROOM                       | .260371                       | 32,486                    | 8,458                  |
| 38                 | RECOVERY ROOM   | .350265                       | 2,635                     | 923                    |
| 39                 | DELIVERY ROOM & LABOR ROOM  | 1.132363                      |                           |                        |
| 40                 | ANESTHESIOLOGY  | .131624                       | 536                       | 71                     |
| 41                 | RADIOLOGY-DIAGNOSTIC  | .199710                       | 169,614                   | 33,874                 |
| 41                 | 01 ULTRASOUND   | .167398                       | 45,828                    | 7,672                  |
| 44                 | LABORATORY  | .100701                       | 632,094                   | 63,652                 |
| 47                 | BLOOD STORING, PROCESSING & TRANS.                                | .429066                       | 13,408                    | 5,753                  |
| 49                 | RESPIRATORY THERAPY   | .179183                       | 190,134                   | 34,069                 |
| 50                 | PHYSICAL THERAPY  | .693927                       | 706,047                   | 489,945                |
| 51                 | OCCUPATIONAL THERAPY  | .388020                       | 787,454                   | 305,548                |
| 52                 | SPEECH PATHOLOGY  | .975250                       | 67,938                    | 66,257                 |
| 53                 | ELECTROCARDIOLOGY   | .131771                       | 8,098                     | 1,067                  |
| 54                 | ELECTROENCEPHALOGRAPHY  | .433208                       | 903                       | 391                    |
| 55                 | MEDICAL SUPPLIES CHARGED TO PATIENTS                              | .236066                       | 292,907                   | 69,145                 |
| 56                 | DRUGS CHARGED TO PATIENTS   | .302656                       | 668,999                   | 202,477                |
| 57                 | RENAL DIALYSIS  | .240867                       | 87,505                    | 21,077                 |
| 60                 | OUTPAT SERVICE COST CNTRS<br>CLINIC                               | 2.297884                      |                           |                        |
| 61                 | EMERGENCY   | .265823                       |                           |                        |
| 61                 | 01 OP MENTAL HEALTH   | 2.939606                      |                           |                        |
| 61                 | 02 DIABETES CENTER  | 2.017076                      | 478                       | 964                    |
| 62                 | OBSERVATION BEDS (NON-DISTINCT PART)<br>OTHER REIMBURS COST CNTRS | .861285                       |                           |                        |
| 64                 | HOME PROGRAM DIALYSIS   | .162932                       |                           |                        |
| 101                | TOTAL   |                               | 3,707,064                 | 1,311,343              |
| 102                | LESS PBP CLINIC LABORATORY SERVICES -<br>PROGRAM ONLY CHARGES     |                               |                           |                        |
| 103                | NET CHARGES   |                               | 3,707,064                 |                        |

PROVIDER NO: 14-0213  
 COMPONENT NO: 14-0213  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/26/2009  
 WORKSHEET E  
 PART A

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

| DESCRIPTION  | 1   | 1.01                     |
|--|---|--------------------------|
| DRG AMOUNT   |   |                          |
| 1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1   |   |                          |
| 1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1  | 10,850,572  |                          |
| 1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1   | 32,551,715  |                          |
| 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)  | 336,118   |                          |
| 3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD   | 258.75  |                          |
| 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<br>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  |   |                          |
| 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)  |   | 6.04                     |
| 4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I   |   | 18.82                    |
| 4.02 SUM OF LINES 4 AND 4.01   |   | 24.86                    |
| 4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)   |   | 9.72                     |
| 4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)  |   | 4,218,702                |
| ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES  |   |                          |
| 5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, AND 317.   |   |                          |
| 5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 & 317  |   |                          |

|               |                 |             |
|---------------|-----------------|-------------|
| PROVIDER NO:  | PERIOD:         | PREPARED    |
| 14-0213       | FROM 10/ 1/2007 | 2/26/2009   |
| COMPONENT NO: | TO 9/30/2008    | WORKSHEET E |
| 14-0213       |                 | PART A      |

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
HOSPITAL

| DESCRIPTION  | 1          | 1.01 |
|--|------------|------|
| 5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)                          |            |      |
| 5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, AND 317.                                      |            |      |
| 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)  | 47,957,107 |      |
| 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)                              | 47,957,107 |      |
| 9 PAYMENT FOR INPATIENT PROGRAM CAPITAL  | 3,938,042  |      |
| 10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL   |            |      |
| 11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT   |            |      |
| 11.01 NURSING AND ALLIED HEALTH MANAGED CARE   |            |      |
| 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  | 35,058     |      |
| 15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS  | 102,924    |      |
| 16 TOTAL   | 52,033,131 |      |
| 17 PRIMARY PAYER PAYMENTS  | 50,360     |      |
| 18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES  | 51,982,771 |      |
| 19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES   | 4,445,248  |      |
| 20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES   | 348,680    |      |
| 21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)   | 1,052,408  |      |
| 21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)   | 736,686    |      |
| 21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES   | 750,541    |      |
| 22 SUBTOTAL  | 47,925,529 |      |
| 23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION    |            |      |
| 24 OTHER ADJUSTMENTS (SPECIFY)   |            |      |
| 24.99 OUTLIER RECONCILIATION ADJUSTMENT  |            |      |
| 25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS         |            |      |
| 26 AMOUNT DUE PROVIDER   | 47,925,529 |      |
| 27 SEQUESTRATION ADJUSTMENT  |            |      |
| 28 INTERIM PAYMENTS  | 48,191,571 |      |
| 28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)  |            |      |
| 29 BALANCE DUE PROVIDER (PROGRAM)  | -266,042   |      |
| 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    |
| 14-0213       | FROM 10/ 1/2007 | 2/26/2009   |
| COMPONENT NO: | TO 9/30/2008    | WORKSHEET E |
| 14-0213       |                 | PART B      |

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

|      |   |            |
|------|---|------------|
| 1    | MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)                                     | 24,388     |
| 1.01 | MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS). | 10,958,056 |
| 1.02 | PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.   | 10,376,244 |
| 1.03 | ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.                                | 940        |
| 1.04 | LINE 1.01 TIMES LINE 1.03.  | 10,300,573 |
| 1.05 | LINE 1.02 DIVIDED BY LINE 1.04.   |            |
| 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.        | 31,049     |
| 2    | INTERNS AND RESIDENTS   |            |
| 3    | ORGAN ACQUISITIONS  |            |
| 4    | COST OF TEACHING PHYSICIANS   |            |
| 5    | TOTAL COST (SEE INSTRUCTIONS)   | 24,388     |

COMPUTATION OF LESSER OF COST OR CHARGES

|                    |  |        |
|--------------------|--|--------|
| REASONABLE CHARGES |  |        |
| 6                  | ANCILLARY SERVICE CHARGES                                | 84,414 |
| 7                  | INTERNS AND RESIDENTS SERVICE CHARGES                    |        |
| 8                  | ORGAN ACQUISITION CHARGES                                |        |
| 9                  | CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS. |        |
| 10                 | TOTAL REASONABLE CHARGES                                 | 84,414 |

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)  | 84,414     |
| 15    | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST  | 60,026     |
| 16    | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES  |            |
| 17    | LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)   | 24,388     |
| 17.01 | TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)  | 10,407,293 |

COMPUTATION OF REIMBURSEMENT SETTLEMENT

|       |   |           |
|-------|---|-----------|
| 18    | DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)                                  | 15,062    |
| 18.01 | DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS) | 2,634,602 |
| 19    | SUBTOTAL (SEE INSTRUCTIONS)   | 7,782,017 |
| 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  | 7,782,017 |
| 24    | PRIMARY PAYER PAYMENTS  | 4,508     |
| 25    | SUBTOTAL  | 7,777,509 |

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

|       |   |           |
|-------|---|-----------|
| 26    | COMPOSITE RATE ESRD   |           |
| 27    | BAD DEBTS (SEE INSTRUCTIONS)  | 472,996   |
| 27.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)  | 331,097   |
| 27.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES  | 366,065   |
| 28    | SUBTOTAL  | 8,108,606 |
| 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  | 8,108,606 |
| 33    | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)   |           |
| 34    | INTERIM PAYMENTS  | 8,073,117 |
| 34.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)   |           |
| 35    | BALANCE DUE PROVIDER/PROGRAM  | 35,489    |
| 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: 14-0213  
 COMPONENT NO: 14-0213  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/26/2009  
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION

INPATIENT-PART A P A R T B  
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT

|   |  |     |            |  |           |
|---|--|-----|------------|--|-----------|
| 1 | TOTAL INTERIM PAYMENTS PAID TO PROVIDER  |     |            |  |           |
| 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.                      |     |            |  |           |
| 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 |            |  |           |
|   | ADJUSTMENTS TO PROGRAM   | .99 |            |  |           |
|   | SUBTOTAL   |     | NONE       |  | NONE      |
| 4 | TOTAL INTERIM PAYMENTS   |     | 48,191,571 |  | 8,073,117 |
|   | 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 |            |  |           |
|   | TENTATIVE TO PROGRAM   | .99 |            |  |           |
|   | SUBTOTAL   |     | NONE       |  | NONE      |
| 6 | DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)  |     |            |  |           |
|   | SETTLEMENT TO PROVIDER   | .01 |            |  |           |
|   | SETTLEMENT TO PROGRAM  | .02 |            |  |           |
| 7 | TOTAL MEDICARE PROGRAM LIABILITY   |     |            |  |           |

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: 14-0213  
 COMPONENT NO: 14-S213  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/26/2009  
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

| 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  |                  | 1,160,483 |            |        |
| 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       |            |        |
| 4 TOTAL INTERIM PAYMENTS   |                  | NONE      |            | NONE   |
| 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       |            |        |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)  |                  |           | NONE       | NONE   |
| SETTLEMENT TO PROVIDER   |                  | .01       |            |        |
| SETTLEMENT TO PROGRAM  |                  | .02       |            |        |
| 7 TOTAL MEDICARE PROGRAM LIABILITY   |                  |           |            |        |

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:  | PERIOD:         | PREPARED 2/26/2009 |
| 14-0213       | FROM 10/ 1/2007 | WORKSHEET E-1      |
| COMPONENT NO: | TO 9/30/2008    |                    |
| 14-T213       |                 |                    |

TITLE XVII SUBPROVIDER 2

| 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  |                  | 4,092,799 |            |        |
| 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       |            |        |
| 4 TOTAL INTERIM PAYMENTS   |                  | NONE      |            | NONE   |
| TO BE COMPLETED BY INTERMEDIARY  |                  | 4,092,799 |            |        |
| 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       |            |        |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)  |                  | NONE      |            | NONE   |
| SETTLEMENT TO PROVIDER   |                  | .01       |            |        |
| SETTLEMENT TO PROGRAM  |                  | .02       |            |        |
| 7 TOTAL MEDICARE PROGRAM LIABILITY   |                  |           |            |        |

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 2/26/2009 |
| 14-0213       | FROM 10/ 1/2007 | WORKSHEET E-3      |
| COMPONENT NO: | TO 9/30/2008    | PART I             |
| 14-S213       |                 |                    |

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 1

|   |  |           |
|---|--|-----------|
| 1                                       | INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)   | 1,468,558 |
| 1.01                                    | HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)  | 367,140   |
| 1.02                                    | ENTER FROM THE PS&R, THE IRF PPS PAYMENT   |           |
| 1.03                                    | MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)   |           |
| 1.04                                    | INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)  |           |
| 1.05                                    | OUTLIER PAYMENTS   |           |
| 1.06                                    | TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)                                       |           |
| 1.07                                    | NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)  |           |
|   |  |           |
| INPATIENT PSYCHIATRIC FACILITY (IPF)    |  |           |
| 1.08                                    | NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)                               | 992,201   |
| 1.09                                    | NET IPF PPS OUTLIER PAYMENTS   |           |
| 1.10                                    | NET IPF PPS ECT PAYMENTS   |           |
| 1.11                                    | UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)            |           |
| 1.12                                    | NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)  |           |
| 1.13                                    | CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)        |           |
| 1.14                                    | CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)         |           |
| 1.15                                    | INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)  |           |
| 1.16                                    | AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)  | 10.950820 |
| 1.17                                    | MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$ .                 |           |
| 1.18                                    | MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).  |           |
| 1.19                                    | ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)   | 992,201   |
| 1.20                                    | STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)   | 1,027,991 |
| 1.21                                    | ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)  | 770,993   |
| 1.22                                    | STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-) |           |
| 1.23                                    | TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)  | 1,359,341 |
|   |  |           |
| INPATIENT REHABILITATION FACILITY (IRF) |  |           |
| 1.35                                    | UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)          |           |
| 1.36                                    | NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)  |           |
| 1.37                                    | CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)       |           |
| 1.38                                    | CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)        |           |
| 1.39                                    | INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)  |           |
| 1.40                                    | AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)  |           |
| 1.41                                    | MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$ .                 |           |
| 1.42                                    | MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).  |           |
| 2                                       | ORGAN ACQUISITION  |           |
| 3                                       | COST OF TEACHING PHYSICIANS  |           |
| 4                                       | SUBTOTAL (SEE INSTRUCTIONS)  | 1,359,341 |
| 5                                       | PRIMARY PAYER PAYMENTS   |           |
| 6                                       | SUBTOTAL   | 1,359,341 |
| 7                                       | DEDUCTIBLES  | 158,342   |
| 8                                       | SUBTOTAL   | 1,200,999 |
| 9                                       | COINSURANCE  | 12,280    |
| 10                                      | SUBTOTAL   | 1,188,719 |
| 11                                      | REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)   | 104,371   |
| 11.01                                   | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)   | 73,060    |
| 11.02                                   | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES   | 85,407    |
| 12                                      | SUBTOTAL   | 1,261,779 |
| 13                                      | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS   |           |
| 13.01                                   | OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)  | 2,173     |
| 14                                      | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION                       |           |
| 15                                      | OTHER ADJUSTMENTS (SPECIFY)  |           |
| 15.99                                   | OUTLIER RECONCILIATION ADJUSTMENT  |           |

CALCULATION OF REIMBURSEMENT SETTLEMENT

|               |                 |               |
|---------------|-----------------|---------------|
| PROVIDER NO:  | PERIOD:         | PREPARED      |
| 14-0213       | FROM 10/ 1/2007 | 2/26/2009     |
| COMPONENT NO: | TO 9/30/2008    | WORKSHEET E-3 |
| 14-S213       |                 | PART I        |

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 1

|       |   |           |
|-------|---|-----------|
| 16    | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS<br>RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS  |           |
| 17    | TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)   | 1,263,952 |
| 18    | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)   |           |
| 19    | INTERIM PAYMENTS  | 1,160,483 |
| 19.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)   |           |
| 20    | BALANCE DUE PROVIDER/PROGRAM  | 103,469   |
| 21    | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)<br>IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2. |           |

----- FI ONLY -----

|    |   |  |
|----|---|--|
| 50 | ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)<br>OR 1.09 (IPF).             |  |
| 51 | ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)                                |  |
| 52 | ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE<br>OF MONEY. (SEE INSTRUCTIONS). |  |
| 53 | ENTER THE TIME VALUE OF MONEY.  |  |

CALCULATION OF REIMBURSEMENT SETTLEMENT

|               |                 |               |
|---------------|-----------------|---------------|
| PROVIDER NO:  | PERIOD:         | PREPARED      |
| 14-0213       | FROM 10/ 1/2007 | 2/26/2009     |
| COMPONENT NO: | TO              | WORKSHEET E-3 |
| 14-T213       | 9/30/2008       | PART I        |

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 2

|       |  |           |
|-------|--|-----------|
| 1     | INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)   |           |
| 1.01  | HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)  |           |
| 1.02  | ENTER FROM THE PS&R, THE IRF PPS PAYMENT   | 3,775,056 |
| 1.03  | MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)   | .0105     |
| 1.04  | INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)  | 35,301    |
| 1.05  | OUTLIER PAYMENTS   | 255,565   |
| 1.06  | TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)                                       | 4,065,922 |
| 1.07  | NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)  |           |
|       | INPATIENT PSYCHIATRIC FACILITY (IPF)   |           |
| 1.08  | NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)                               |           |
| 1.09  | NET IPF PPS OUTLIER PAYMENTS   |           |
| 1.10  | NET IPF PPS ECT PAYMENTS   |           |
| 1.11  | UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)            |           |
| 1.12  | NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)  |           |
| 1.13  | CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)        |           |
| 1.14  | CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)         |           |
| 1.15  | INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)  |           |
| 1.16  | AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)  |           |
| 1.17  | MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$ .                 |           |
| 1.18  | MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).  |           |
| 1.19  | ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)   |           |
| 1.20  | STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)   |           |
| 1.21  | ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)  |           |
| 1.22  | STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-) |           |
| 1.23  | TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)  |           |
|       | INPATIENT REHABILITATION FACILITY (IRF)  |           |
| 1.35  | UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)          |           |
| 1.36  | NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)  |           |
| 1.37  | CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)       |           |
| 1.38  | CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)        |           |
| 1.39  | INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)  |           |
| 1.40  | AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)  | 11.396175 |
| 1.41  | MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$ .                 |           |
| 1.42  | MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).  |           |
| 2     | ORGAN ACQUISITION  |           |
| 3     | COST OF TEACHING PHYSICIANS  |           |
| 4     | SUBTOTAL (SEE INSTRUCTIONS)  | 4,065,922 |
| 5     | PRIMARY PAYER PAYMENTS   |           |
| 6     | SUBTOTAL   | 4,065,922 |
| 7     | DEDUCTIBLES  | 2,016     |
| 8     | SUBTOTAL   | 4,063,906 |
| 9     | COINSURANCE  | 4,472     |
| 10    | SUBTOTAL   | 4,059,434 |
| 11    | REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)   |           |
| 11.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)   |           |
| 11.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES   |           |
| 12    | SUBTOTAL   | 4,059,434 |
| 13    | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS   |           |
| 13.01 | OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)  | 392       |
| 14    | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION                       |           |
| 15    | OTHER ADJUSTMENTS (SPECIFY)  |           |
| 15.99 | OUTLIER RECONCILIATION ADJUSTMENT  |           |

CALCULATION OF REIMBURSEMENT SETTLEMENT

|               |                 |                    |
|---------------|-----------------|--------------------|
| PROVIDER NO:  | PERIOD:         | PREPARED 2/26/2009 |
| 14-0213       | FROM 10/ 1/2007 | WORKSHEET E-3      |
| COMPONENT NO: | TO 9/30/2008    | PART I             |
| 14-T213       |                 |                    |

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 2

|       |   |           |
|-------|---|-----------|
| 16    | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS<br>RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS  |           |
| 17    | TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)   | 4,059,826 |
| 18    | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)   |           |
| 19    | INTERIM PAYMENTS  | 4,092,799 |
| 19.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)   |           |
| 20    | BALANCE DUE PROVIDER/PROGRAM  | -32,973   |
| 21    | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)<br>IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2. |           |

----- FI ONLY -----

|    |   |  |
|----|---|--|
| 50 | ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)<br>OR 1.09 (IPF).             |  |
| 51 | ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)                                |  |
| 52 | ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE<br>OF MONEY. (SEE INSTRUCTIONS). |  |
| 53 | ENTER THE TIME VALUE OF MONEY.  |  |

|   | GENERAL FUND | SPECIFIC FUND PURPOSE | ENDOWMENT FUND | PLANT FUND |
|---|--------------|-----------------------|----------------|------------|
| ASSETS  | 1            | 2                     | 3              | 4          |
| CURRENT ASSETS  |              |                       |                |            |
| 1 CASH ON HAND AND IN BANKS                                     | 27,289,000   |                       |                |            |
| 2 TEMPORARY INVESTMENTS   | 6,841,000    |                       |                |            |
| 3 NOTES RECEIVABLE  |              |                       |                |            |
| 4 ACCOUNTS RECEIVABLE   | 26,552,000   |                       |                |            |
| 5 OTHER RECEIVABLES   | 1,209,000    |                       |                |            |
| 6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE |              |                       |                |            |
| 7 INVENTORY   | 177,000      |                       |                |            |
| 8 PREPAID EXPENSES  | 2,772,000    |                       |                |            |
| 9 OTHER CURRENT ASSETS  | 3,000        |                       |                |            |
| 10 DUE FROM OTHER FUNDS   | 16,564,000   |                       |                |            |
| 11 TOTAL CURRENT ASSETS   | 81,407,000   |                       |                |            |
| FIXED ASSETS  |              |                       |                |            |
| 12 LAND   |              |                       |                |            |
| 12.01 LAND IMPROVEMENTS   |              |                       |                |            |
| 13.01 LESS ACCUMULATED DEPRECIATION                             |              |                       |                |            |
| 14 BUILDINGS  | 259,621,000  |                       |                |            |
| 14.01 LESS ACCUMULATED DEPRECIATION                             | -131,145,000 |                       |                |            |
| 15 LEASEHOLD IMPROVEMENTS                                       |              |                       |                |            |
| 15.01 LESS ACCUMULATED DEPRECIATION                             |              |                       |                |            |
| 16 FIXED EQUIPMENT  |              |                       |                |            |
| 16.01 LESS ACCUMULATED DEPRECIATION                             |              |                       |                |            |
| 17 AUTOMOBILES AND TRUCKS                                       |              |                       |                |            |
| 17.01 LESS ACCUMULATED DEPRECIATION                             |              |                       |                |            |
| 18 MAJOR MOVABLE EQUIPMENT                                      |              |                       |                |            |
| 18.01 LESS ACCUMULATED DEPRECIATION                             |              |                       |                |            |
| 19 MINOR EQUIPMENT DEPRECIABLE                                  |              |                       |                |            |
| 19.01 LESS ACCUMULATED DEPRECIATION                             |              |                       |                |            |
| 20 MINOR EQUIPMENT-NONDEPRECIABLE                               |              |                       |                |            |
| 21 TOTAL FIXED ASSETS   | 128,476,000  |                       |                |            |
| OTHER ASSETS  |              |                       |                |            |
| 22 INVESTMENTS  | 131,026,000  |                       |                |            |
| 23 DEPOSITS ON LEASES   |              |                       |                |            |
| 24 DUE FROM OWNERS/OFFICERS                                     |              |                       |                |            |
| 25 OTHER ASSETS   | 29,133,000   |                       |                |            |
| 26 TOTAL OTHER ASSETS   | 160,159,000  |                       |                |            |
| 27 TOTAL ASSETS   | 370,042,000  |                       |                |            |

|  | GENERAL<br>FUND | SPECIFIC<br>PURPOSE<br>FUND | ENDOWMENT<br>FUND | PLANT<br>FUND |
|--|-----------------|-----------------------------|-------------------|---------------|
| LIABILITIES AND FUND BALANCE   | 1               | 2                           | 3                 | 4             |
| CURRENT LIABILITIES  |                 |                             |                   |               |
| 28 ACCOUNTS PAYABLE  | 10,026,000      |                             |                   |               |
| 29 SALARIES, WAGES & FEES PAYABLE  | 9,199,000       |                             |                   |               |
| 30 PAYROLL TAXES PAYABLE   |                 |                             |                   |               |
| 31 NOTES AND LOANS PAYABLE (SHORT TERM)  | 3,405,000       |                             |                   |               |
| 32 DEFERRED INCOME   |                 |                             |                   |               |
| 33 ACCELERATED PAYMENTS  |                 |                             |                   |               |
| 34 DUE TO OTHER FUNDS  | 588,000         |                             |                   |               |
| 35 OTHER CURRENT LIABILITIES   | 16,094,000      |                             |                   |               |
| 36 TOTAL CURRENT LIABILITIES   | 39,312,000      |                             |                   |               |
| LONG TERM LIABILITIES  |                 |                             |                   |               |
| 37 MORTGAGE PAYABLE  |                 |                             |                   |               |
| 38 NOTES PAYABLE   | 132,901,000     |                             |                   |               |
| 39 UNSECURED LOANS   |                 |                             |                   |               |
| 40.01 LOANS PRIOR TO 7/1/66  |                 |                             |                   |               |
| 40.02 ON OR AFTER 7/1/66   |                 |                             |                   |               |
| 41 OTHER LONG TERM LIABILITIES   | 1,316,000       |                             |                   |               |
| 42 TOTAL LONG-TERM LIABILITIES   | 134,217,000     |                             |                   |               |
| 43 TOTAL LIABILITIES   | 173,529,000     |                             |                   |               |
| CAPITAL ACCOUNTS   |                 |                             |                   |               |
| 44 GENERAL FUND BALANCE  | 196,513,000     |                             |                   |               |
| 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,<br>REPLACEMENT AND EXPANSION |                 |                             |                   |               |
| 51 TOTAL FUND BALANCES   | 196,513,000     |                             |                   |               |
| 52 TOTAL LIABILITIES AND FUND BALANCES   | 370,042,000     |                             |                   |               |

STATEMENT OF CHANGES IN FUND BALANCES

|    |   | GENERAL FUND |             | SPECIFIC PURPOSE FUND |   |
|----|---|--------------|-------------|-----------------------|---|
|    |   | 1            | 2           | 3                     | 4 |
| 1  | FUND BALANCE AT BEGINNING OF PERIOD             |              | 195,793,148 |                       |   |
| 2  | NET INCOME (LOSS)                               |              | 1,783,420   |                       |   |
| 3  | TOTAL   |              | 197,576,568 |                       |   |
| 4  | ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)        |              |             |                       |   |
| 5  | ADDITIONS (CREDIT ADJUSTM                       | 432          |             |                       |   |
| 6  |   |              |             |                       |   |
| 7  |   |              |             |                       |   |
| 8  |   |              |             |                       |   |
| 9  |   |              |             |                       |   |
| 10 | TOTAL ADDITIONS                                 |              | 432         |                       |   |
| 11 | SUBTOTAL  |              | 197,577,000 |                       |   |
| 12 | DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)        |              |             |                       |   |
| 13 | DEDUCTIONS (DEBIT ADJUSTM                       |              |             |                       |   |
| 14 | TEMPORARILY RESTRICTED NE                       | 440,000      |             |                       |   |
| 15 | PERMANENTLY RESTRICTED NE                       | 624,000      |             |                       |   |
| 16 |   |              |             |                       |   |
| 17 |   |              |             |                       |   |
| 18 | TOTAL DEDUCTIONS                                |              | 1,064,000   |                       |   |
| 19 | FUND BALANCE AT END OF PERIOD PER BALANCE SHEET |              | 196,513,000 |                       |   |

|    |   | 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  |   |                |   |            |   |
| 7  |   |                |   |            |   |
| 8  |   |                |   |            |   |
| 9  |   |                |   |            |   |
| 10 | TOTAL ADDITIONS                                 |                |   |            |   |
| 11 | SUBTOTAL  |                |   |            |   |
| 12 | DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)        |                |   |            |   |
| 13 | DEDUCTIONS (DEBIT ADJUSTM                       |                |   |            |   |
| 14 | TEMPORARILY RESTRICTED NE                       |                |   |            |   |
| 15 | PERMANENTLY RESTRICTED NE                       |                |   |            |   |
| 16 |   |                |   |            |   |
| 17 |   |                |   |            |   |
| 18 | TOTAL DEDUCTIONS                                |                |   |            |   |
| 19 | FUND BALANCE AT END OF PERIOD PER BALANCE SHEET |                |   |            |   |

PART I - PATIENT REVENUES

| REVENUE CENTER                              | INPATIENT<br>1 | OUTPATIENT<br>2 | TOTAL<br>3  |
|---|----------------|-----------------|-------------|
| GENERAL INPATIENT ROUTINE CARE SERVICES     |                |                 |             |
| 1 00 HOSPITAL                               | 45,458,351     |                 | 45,458,351  |
| 2 00 SUBPROVIDER                            | 3,606,202      |                 | 3,606,202   |
| 2 01 SUBPROVIDER 2                          | 5,271,498      |                 | 5,271,498   |
| 4 00 SWING BED - SNF                        |                |                 |             |
| 5 00 SWING BED - NF                         |                |                 |             |
| 9 00 TOTAL GENERAL INPATIENT ROUTINE CARE   | 54,336,051     |                 | 54,336,051  |
| INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS |                |                 |             |
| 10 00 INTENSIVE CARE UNIT                   | 8,900,096      |                 | 8,900,096   |
| 15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP  | 8,900,096      |                 | 8,900,096   |
| 16 00 TOTAL INPATIENT ROUTINE CARE SERVICE  | 63,236,147     |                 | 63,236,147  |
| 17 00 ANCILLARY SERVICES                    | 232,649,591    | 285,608,420     | 518,258,011 |
| 18 00 OUTPATIENT SERVICES                   | 16,740,901     | 42,624,163      | 59,365,064  |
| 19 00 HOME HEALTH AGENCY                    |                | 4,516,617       | 4,516,617   |
| 24 00 NURSERY                               | 4,179,479      |                 | 4,179,479   |
| 25 00 TOTAL PATIENT REVENUES                | 316,806,118    | 332,749,200     | 649,555,318 |

PART II - OPERATING EXPENSES

|                                |  |             |  |
|--------------------------------|--|-------------|--|
| 26 00 OPERATING EXPENSES       |  | 222,292,237 |  |
| ADD (SPECIFY)                  |  |             |  |
| 27 00 ADD (SPECIFY)            |  |             |  |
| 28 00                          |  |             |  |
| 29 00                          |  |             |  |
| 30 00                          |  |             |  |
| 31 00                          |  |             |  |
| 32 00                          |  |             |  |
| 33 00 TOTAL ADDITIONS          |  |             |  |
| DEDUCT (SPECIFY)               |  |             |  |
| 34 00 DEDUCT (SPECIFY)         |  |             |  |
| 35 00                          |  |             |  |
| 36 00                          |  |             |  |
| 37 00                          |  |             |  |
| 38 00                          |  |             |  |
| 39 00 TOTAL DEDUCTIONS         |  |             |  |
| 40 00 TOTAL OPERATING EXPENSES |  | 222,292,237 |  |

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0213  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/26/2009  
 WORKSHEET G-3

DESCRIPTION

|       |  |             |
|-------|--|-------------|
| 1     | TOTAL PATIENT REVENUES                                     | 649,555,318 |
| 2     | LESS: ALLOWANCES AND DISCOUNTS ON                          | 426,413,318 |
| 3     | NET PATIENT REVENUES                                       | 223,142,000 |
| 4     | LESS: TOTAL OPERATING EXPENSES                             | 222,292,237 |
| 5     | NET INCOME FROM SERVICE TO PATIENT<br>OTHER INCOME         | 849,763     |
| 6     | CONTRIBUTIONS, DONATIONS, BEQUES                           |             |
| 7     | INCOME FROM INVESTMENTS                                    |             |
| 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<br>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 REVENUE  | 5,418,444   |
| 24.01 | CHANGE IN FAIR VALUE OF DERIVATIVE                         |             |
| 24.02 | NET ASSETS RELEASED FROM RESTRICT.                         | 1,255,000   |
| 24.03 | OTHER CHANGES IN NET ASSETS                                |             |
| 25    | TOTAL OTHER INCOME   | 6,673,444   |
| 26    | TOTAL<br>OTHER EXPENSES                                    | 7,523,207   |
| 27    | LOSS ON INVESTMENTS  | 5,220,787   |
| 28    | CHANGE IN FAIR VALUE OF DERIVATIVE                         | 519,000     |
| 29    |  |             |
| 30    | TOTAL OTHER EXPENSES                                       | 5,739,787   |
| 31    | NET INCOME (OR LOSS) FOR THE PERIO                         | 1,783,420   |

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|                              | SALARIES  | EMPLOYEE BENEFITS | TRANSPORTATION | CONTRACTED/PURCHASED SVCS | OTHER COSTS | TOTAL     |
|------------------------------|-----------|-------------------|----------------|---------------------------|-------------|-----------|
|                              | 1         | 2                 | 3              | 4                         | 5           | 6         |
| GENERAL SERVICE COST CENTERS |           |                   |                |                           |             |           |
| 1                            |           |                   |                |                           |             |           |
| 2                            |           |                   |                |                           |             |           |
| 3                            |           |                   |                |                           |             |           |
| 4                            |           |                   |                |                           |             |           |
| 5                            |           |                   |                |                           |             |           |
| 5                            | 364,336   |                   | 457            | 439                       | 116,240     | 481,472   |
| HHA REIMBURSABLE SERVICES    |           |                   |                |                           |             |           |
| 6                            | 855,002   |                   | 52,884         | 12                        | 44,034      | 951,932   |
| 7                            |           |                   |                | 456,203                   |             | 456,203   |
| 8                            |           |                   |                | 149,695                   |             | 149,695   |
| 9                            |           |                   |                | 10,810                    |             | 10,810    |
| 10                           | 3,215     |                   |                | 22,755                    |             | 25,970    |
| 11                           | 63,386    |                   | 9,793          |                           | 810         | 73,989    |
| 12                           |           |                   |                |                           |             |           |
| 13                           |           |                   |                |                           |             |           |
| 13.20                        |           |                   |                |                           |             |           |
| 14                           |           |                   |                |                           |             |           |
| HHA NONREIMBURSABLE SERVICES |           |                   |                |                           |             |           |
| 15                           |           |                   |                |                           |             |           |
| 16                           |           |                   |                |                           |             |           |
| 17                           |           |                   |                |                           |             |           |
| 18                           |           |                   |                |                           |             |           |
| 19                           |           |                   |                |                           |             |           |
| 20                           |           |                   |                |                           |             |           |
| 21                           |           |                   |                |                           |             |           |
| 22                           |           |                   |                |                           |             |           |
| 23                           |           |                   |                |                           |             |           |
| 23.50                        |           |                   |                |                           |             |           |
| 24                           | 1,285,939 |                   | 63,134         | 639,914                   | 161,084     | 2,150,071 |

|                              | RECLASSIFICATIONS | RECLASSIFIED TRIAL BALANCE | ADJUSTMENTS | NET EXPENSES FOR ALLOCATION |
|------------------------------|-------------------|----------------------------|-------------|-----------------------------|
|                              | 7                 | 8                          | 9           | 10                          |
| GENERAL SERVICE COST CENTERS |                   |                            |             |                             |
| 1                            |                   |                            |             |                             |
| 2                            |                   |                            |             |                             |
| 3                            |                   |                            |             |                             |
| 4                            |                   |                            |             |                             |
| 5                            | 19,998            | 501,470                    | -37,037     | 464,433                     |
| HHA REIMBURSABLE SERVICES    |                   |                            |             |                             |
| 6                            |                   | 951,932                    |             | 951,932                     |
| 7                            | -15,987           | 440,216                    |             | 440,216                     |
| 8                            |                   | 149,695                    |             | 149,695                     |
| 9                            |                   | 10,810                     |             | 10,810                      |
| 10                           |                   | 25,970                     |             | 25,970                      |
| 11                           |                   | 73,989                     |             | 73,989                      |
| 12                           |                   |                            |             |                             |
| 13                           |                   |                            |             |                             |
| 13.20                        |                   |                            |             |                             |
| 14                           |                   |                            |             |                             |
| HHA NONREIMBURSABLE SERVICES |                   |                            |             |                             |
| 15                           |                   |                            |             |                             |
| 16                           |                   |                            |             |                             |
| 17                           |                   |                            |             |                             |
| 18                           |                   |                            |             |                             |
| 19                           |                   |                            |             |                             |
| 20                           |                   |                            |             |                             |
| 21                           |                   |                            |             |                             |
| 22                           |                   |                            |             |                             |
| 23                           |                   |                            |             |                             |
| 23.50                        |                   |                            |             |                             |
| 24                           | 4,011             | 2,154,082                  | -37,037     | 2,117,045                   |

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|                              | NET EXPENSES<br>FOR COST<br>ALLOCATION | CAP-REL<br>COST-BLDG &<br>FIX | CAP-REL<br>COST-MOV<br>EQUIP | PLANT OPER &<br>MAINT | TRANSPORTATION | SUBTOTAL  | ADMINISTRATIVE<br>& GENERAL |
|------------------------------|--|-------------------------------|------------------------------|-----------------------|----------------|-----------|-----------------------------|
|                              | 0                                      | 1                             | 2                            | 3                     | 4              | 4A        | 5                           |
| GENERAL SERVICE COST CENTERS |  |                               |                              |                       |                |           |                             |
| 1                            |  |                               |                              |                       |                |           |                             |
| 2                            |  |                               |                              |                       |                |           |                             |
| 3                            |  |                               |                              |                       |                |           |                             |
| 4                            |  |                               |                              |                       |                |           |                             |
| 5                            | 464,433                                |                               |                              |                       |                | 464,433   | 464,433                     |
| HHA REIMBURSABLE SERVICES    |  |                               |                              |                       |                |           |                             |
| 6                            | 951,932                                |                               |                              |                       |                | 951,932   | 267,521                     |
| 7                            | 440,216                                |                               |                              |                       |                | 440,216   | 123,714                     |
| 8                            | 149,695                                |                               |                              |                       |                | 149,695   | 42,069                      |
| 9                            | 10,810                                 |                               |                              |                       |                | 10,810    | 3,038                       |
| 10                           | 25,970                                 |                               |                              |                       |                | 25,970    | 7,298                       |
| 11                           | 73,989                                 |                               |                              |                       |                | 73,989    | 20,793                      |
| 12                           |  |                               |                              |                       |                |           |                             |
| 13                           |  |                               |                              |                       |                |           |                             |
| 13.20                        |  |                               |                              |                       |                |           |                             |
| 14                           |  |                               |                              |                       |                |           |                             |
| HHA NONREIMBURSABLE SERVICES |  |                               |                              |                       |                |           |                             |
| 15                           |  |                               |                              |                       |                |           |                             |
| 16                           |  |                               |                              |                       |                |           |                             |
| 17                           |  |                               |                              |                       |                |           |                             |
| 18                           |  |                               |                              |                       |                |           |                             |
| 19                           |  |                               |                              |                       |                |           |                             |
| 20                           |  |                               |                              |                       |                |           |                             |
| 21                           |  |                               |                              |                       |                |           |                             |
| 22                           |  |                               |                              |                       |                |           |                             |
| 23                           |  |                               |                              |                       |                |           |                             |
| 23.50                        |  |                               |                              |                       |                |           |                             |
| 24                           | 2,117,045                              |                               |                              |                       |                | 2,117,045 |                             |
| TOTAL (SUM OF LINES 1-23)    |  |                               |                              |                       |                |           |                             |

TOTAL

6

|                              |           |  |  |  |  |  |  |
|------------------------------|-----------|--|--|--|--|--|--|
| GENERAL SERVICE COST CENTERS |           |  |  |  |  |  |  |
| 1                            |           |  |  |  |  |  |  |
| 2                            |           |  |  |  |  |  |  |
| 3                            |           |  |  |  |  |  |  |
| 4                            |           |  |  |  |  |  |  |
| 5                            |           |  |  |  |  |  |  |
| HHA REIMBURSABLE SERVICES    |           |  |  |  |  |  |  |
| 6                            | 1,219,453 |  |  |  |  |  |  |
| 7                            | 563,930   |  |  |  |  |  |  |
| 8                            | 191,764   |  |  |  |  |  |  |
| 9                            | 13,848    |  |  |  |  |  |  |
| 10                           | 33,268    |  |  |  |  |  |  |
| 11                           | 94,782    |  |  |  |  |  |  |
| 12                           |           |  |  |  |  |  |  |
| 13                           |           |  |  |  |  |  |  |
| 13.20                        |           |  |  |  |  |  |  |
| 14                           |           |  |  |  |  |  |  |
| HHA NONREIMBURSABLE SERVICES |           |  |  |  |  |  |  |
| 15                           |           |  |  |  |  |  |  |
| 16                           |           |  |  |  |  |  |  |
| 17                           |           |  |  |  |  |  |  |
| 18                           |           |  |  |  |  |  |  |
| 19                           |           |  |  |  |  |  |  |
| 20                           |           |  |  |  |  |  |  |
| 21                           |           |  |  |  |  |  |  |
| 22                           |           |  |  |  |  |  |  |
| 23                           |           |  |  |  |  |  |  |
| 23.50                        |           |  |  |  |  |  |  |
| 24                           | 2,117,045 |  |  |  |  |  |  |
| TOTAL (SUM OF LINES 1-23)    |           |  |  |  |  |  |  |

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|                              | CAP-REL<br>COST-BLDG &<br>FIX<br>( SQUARE<br>FEET ) | CAP-REL<br>COST-MOV<br>EQUIP<br>( DOLLAR<br>VALUE ) | PLANT OPER &<br>MAINT<br>( SQUARE<br>FEET ) | TRANSPORTATIO<br>N<br>( MI LEAGE<br>) | RECONCILIATIO<br>N<br>( | ADMINISTRATIV<br>E & GENERAL<br>( ACCUM.<br>COST ) |           |
|------------------------------|---|---|---|---------------------------------------|-------------------------|--|-----------|
|                              | 1   | 2   | 3   | 4                                     | 5A                      | 5  |           |
| GENERAL SERVICE COST CENTERS |   |   |   |                                       |                         |  |           |
| 1                            | CAP-REL COST-BLDG & FIX                             |   |   |                                       |                         |  |           |
| 2                            | CAP-REL COST-MOV EQUIP                              |   |   |                                       |                         |  |           |
| 3                            | PLANT OPER & MAINT                                  |   |   |                                       |                         |  |           |
| 4                            | TRANSPORTATION                                      |   |   |                                       |                         |  |           |
| 5                            | ADMINISTRATIVE & GENERAL                            |   |   |                                       |                         |  |           |
|                              | HHA REIMBURSABLE SERVICES                           |   |   |                                       |                         | -464,433   | 1,652,612 |
| 6                            | SKILLED NURSING CARE                                |   |   |                                       |                         | 951,932  |           |
| 7                            | PHYSICAL THERAPY                                    |   |   |                                       |                         | 440,216  |           |
| 8                            | OCCUPATIONAL THERAPY                                |   |   |                                       |                         | 149,695  |           |
| 9                            | SPEECH PATHOLOGY                                    |   |   |                                       |                         | 10,810   |           |
| 10                           | MEDICAL SOCIAL SERVICES                             |   |   |                                       |                         | 25,970   |           |
| 11                           | HOME HEALTH AIDE                                    |   |   |                                       |                         | 73,989   |           |
| 12                           | SUPPLIES  |   |   |                                       |                         |  |           |
| 13                           | DRUGS   |   |   |                                       |                         |  |           |
| 13. 20                       | COST ADMINISTERING DRUGS                            |   |   |                                       |                         |  |           |
| 14                           | DME   |   |   |                                       |                         |  |           |
|                              | HHA NONREIMBURSABLE SERVICES                        |   |   |                                       |                         |  |           |
| 15                           | HOME DIALYSIS AIDE SVCS                             |   |   |                                       |                         |  |           |
| 16                           | RESPIRATORY THERAPY                                 |   |   |                                       |                         |  |           |
| 17                           | PRIVATE DUTY NURSING                                |   |   |                                       |                         |  |           |
| 18                           | CLINIC  |   |   |                                       |                         |  |           |
| 19                           | HEALTH PROM ACTIVITIES                              |   |   |                                       |                         |  |           |
| 20                           | DAY CARE PROGRAM                                    |   |   |                                       |                         |  |           |
| 21                           | HOME DEL MEALS PROGRAM                              |   |   |                                       |                         |  |           |
| 22                           | HOMEMAKER SERVICE                                   |   |   |                                       |                         |  |           |
| 23                           | ALL OTHERS  |   |   |                                       |                         |  |           |
| 23. 50                       | TELEMEDICINE  |   |   |                                       |                         |  |           |
| 24                           | TOTAL (SUM OF LINES 1-23)                           |   |   |                                       |                         |  |           |
|                              |   |   |   |                                       |                         | -464,433   | 1,652,612 |
| 25                           | COST TO BE ALLOCATED                                |   |   |                                       |                         | 464,433  |           |
| 26                           | UNIT COST MULTIPLIER                                |   |   |                                       |                         | .281030  |           |

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| HHA COST CENTER               | HHA TRIAL BALANCE (1)<br>0 | NEW CAP REL COSTS-BLDG &<br>3 | NEW CAP REL COSTS-MVBLE<br>4 | EMPLOYEE BENEFITS<br>5 | SUBTOTAL<br>5A | ADMINISTRATIVE & GENERAL<br>6 |
|-------------------------------|----------------------------|-------------------------------|------------------------------|------------------------|----------------|-------------------------------|
| 1 ADMIN & GENERAL             |                            |                               | 3,885                        | 390,794                | 394,679        | 112,823                       |
| 2 SKILLED NURSING CARE        | 1,219,453                  |                               |                              |                        | 1,219,453      | 348,594                       |
| 3 PHYSICAL THERAPY            | 563,930                    |                               |                              |                        | 563,930        | 161,206                       |
| 4 OCCUPATIONAL THERAPY        | 191,764                    |                               |                              |                        | 191,764        | 54,818                        |
| 5 SPEECH PATHOLOGY            | 13,848                     |                               |                              |                        | 13,848         | 3,959                         |
| 6 MEDICAL SOCIAL SERVICES     | 33,268                     |                               |                              |                        | 33,268         | 9,510                         |
| 7 HOME HEALTH AIDE            | 94,782                     |                               |                              |                        | 94,782         | 27,094                        |
| 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)    | 2,117,045                  |                               | 3,885                        | 390,794                | 2,511,724      | 718,004                       |
| 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               | OPERATION OF PLANT<br>8 | LAUNDRY & LINEN SERVICE<br>9 | HOUSEKEEPING<br>10 | DIETARY<br>11 | CAFETERIA<br>12 | NURSING ADMINISTRATION<br>14 |
|-------------------------------|-------------------------|------------------------------|--------------------|---------------|-----------------|------------------------------|
| 1 ADMIN & GENERAL             |                         |                              |                    |               |                 | 105,372                      |
| 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)    |                         |                              |                    |               |                 | 105,372                      |
| 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 1

| HHA COST CENTER               | CENTRAL SERVICES & SUPPL | PHARMACY | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | PARAMEDICAL PERSONNEL | SUBTOTAL  |
|-------------------------------|--------------------------|----------|---------------------------|----------------|-----------------------|-----------|
|                               | 15                       | 16       | 17                        | 18             | 24                    | 25        |
| 1 ADMIN & GENERAL             | 2,905                    | 573      |                           |                |                       | 616,352   |
| 2 SKILLED NURSING CARE        |                          |          |                           |                |                       | 1,568,047 |
| 3 PHYSICAL THERAPY            |                          |          |                           |                |                       | 725,136   |
| 4 OCCUPATIONAL THERAPY        |                          |          |                           |                |                       | 246,582   |
| 5 SPEECH PATHOLOGY            |                          |          |                           |                |                       | 17,807    |
| 6 MEDICAL SOCIAL SERVICES     |                          |          |                           |                |                       | 42,778    |
| 7 HOME HEALTH AIDE            |                          |          |                           |                |                       | 121,876   |
| 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)    | 2,905                    | 573      |                           |                |                       | 3,338,578 |
| 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             |                       | 616,352   |                     |                 |
| 2 SKILLED NURSING CARE        |                       | 1,568,047 | 355,027             | 1,923,074       |
| 3 PHYSICAL THERAPY            |                       | 725,136   | 164,182             | 889,318         |
| 4 OCCUPATIONAL THERAPY        |                       | 246,582   | 55,830              | 302,412         |
| 5 SPEECH PATHOLOGY            |                       | 17,807    | 4,032               | 21,839          |
| 6 MEDICAL SOCIAL SERVICES     |                       | 42,778    | 9,686               | 52,464          |
| 7 HOME HEALTH AIDE            |                       | 121,876   | 27,595              | 149,471         |
| 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)    |                       | 3,338,578 | 616,352             | 3,338,578       |
| 21 UNIT COST MULTIPLIER       |                       |           | 0.226415            |                 |

(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               | NEW CAP REL COSTS-BLDG & ( SQUARE FEET ) 3 | NEW CAP REL COSTS-MVBLE ( DOLLAR VALUE ) 4 | EMPLOYEE BEN EFITS ( GROSS SALARIES ) 5 | RECONCILIATION 6A | ADMINISTRATIVE & GENERAL ( ACCUM. COST ) 6 | OPERATION OF PLANT ( SQUARE FEET ) 8 |
|-------------------------------|--|--|---|-------------------|--|--------------------------------------|
| 1 ADMIN & GENERAL             |  | 3,182                                      | 1,285,939                               |                   | 394,679                                    |                                      |
| 2 SKILLED NURSING CARE        |  |  |   |                   | 1,219,453                                  |                                      |
| 3 PHYSICAL THERAPY            |  |  |   |                   | 563,930                                    |                                      |
| 4 OCCUPATIONAL THERAPY        |  |  |   |                   | 191,764                                    |                                      |
| 5 SPEECH PATHOLOGY            |  |  |   |                   | 13,848                                     |                                      |
| 6 MEDICAL SOCIAL SERVICES     |  |  |   |                   | 33,268                                     |                                      |
| 7 HOME HEALTH AIDE            |  |  |   |                   | 94,782                                     |                                      |
| 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)        |  | 3,182                                      | 1,285,939                               |                   | 2,511,724                                  |                                      |
| 21 COST TO BE ALLOCATED       |  | 3,885                                      | 390,794                                 |                   | 718,004                                    |                                      |
| 22 UNIT COST MULTIPLIER       |  | 1.220930                                   | 0.303898                                |                   | 0.285861                                   |                                      |

| HHA COST CENTER               | LAUNDRY & LINEN SERVICE ( POUNDS OF LAUNDRY ) 9 | HOUSEKEEPING ( SQUARE FEET ) 10 | DIETARY ( MEALS SERVED ) 11 | CAFETERIA ( NUMBER HOUSED ) 12 | NURSING ADMINISTRATION ( DIRECT NRSNG HRS ) 14 | CENTRAL SERVICES & SUPPLIES ( COSTED REQUIS. ) 15 |
|-------------------------------|---|---------------------------------|-----------------------------|--------------------------------|--|---|
| 1 ADMIN & GENERAL             |   |                                 |                             |                                | 43,555   | 37,371  |
| 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)        |   |                                 |                             |                                | 43,555   | 37,371  |
| 21 COST TO BE ALLOCATED       |   |                                 |                             |                                | 105,372  | 2,905   |
| 22 UNIT COST MULTIPLIER       |   |                                 |                             |                                | 2.419286                                       | 0.077734  |

HHA 1

| HHA COST CENTER               | PHARMACY                    | MEDICAL RECO<br>RDS & LIBRAR | SOCIAL SERVI<br>CE      | PARAMED ED P<br>RGM        |
|-------------------------------|-----------------------------|------------------------------|-------------------------|----------------------------|
|                               | ( COSTED<br>REQUIS.<br>16 ) | ( TIME<br>SPENT<br>17 )      | ( TIME<br>SPENT<br>18 ) | ( ASSIGNED<br>TIME<br>24 ) |
| 1 ADMIN & GENERAL             | 976                         |                              |                         |                            |
| 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)        | 976                         |                              |                         |                            |
| 21 COST TO BE ALLOCATED       | 573                         |                              |                         |                            |
| 22 UNIT COST MULTIPLIER       | 0.587090                    |                              |                         |                            |

PROVIDER NO: 14-0213  
 HHA NO: 14-7452  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/26/2009  
 WORKSHEET H-6  
 PARTS I II & III  
 HHA 1

[ ] TITLE V [X] TITLE XVIII [ ] TITLE XIX

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

| COST PER VISIT COMPUTATION | FROM WKST H-5 PART I COL. 29, LINE: | FACILITY COSTS (FROM PART I) | SHARED ANCILLARY COSTS (FROM PART II) | TOTAL HHA COSTS | TOTAL VISITS | AVERAGE COST PER VISIT | PROGRAM VISITS |
|----------------------------|-------------------------------------|------------------------------|---------------------------------------|-----------------|--------------|------------------------|----------------|
| PATIENT SERVICES           |                                     | 1                            | 2                                     | 3               | 4            | 5                      | PART A         |
|                            |                                     |                              |                                       |                 |              |                        | 6              |
| 1 SKILLED NURSING          | 2                                   | 1,923,074                    |                                       | 1,923,074       | 10,922       | 176.07                 | 5,928          |
| 2 PHYSICAL THERAPY         | 3                                   | 889,318                      |                                       | 889,318         | 7,004        | 126.97                 | 4,478          |
| 3 OCCUPATIONAL THERAPY     | 4                                   | 302,412                      |                                       | 302,412         | 2,156        | 140.27                 | 1,590          |
| 4 SPEECH PATHOLOGY         | 5                                   | 21,839                       |                                       | 21,839          | 144          | 151.66                 | 117            |
| 5 MEDICAL SOCIAL SERVICES  | 6                                   | 52,464                       |                                       | 52,464          | 282          | 186.04                 | 171            |
| 6 HOME HEALTH AIDE SERVICE | 7                                   | 149,471                      |                                       | 149,471         | 2,485        | 60.15                  | 1,529          |
| 7 TOTAL                    |                                     | 3,338,578                    |                                       | 3,338,578       | 22,993       |                        | 13,813         |

|                             | -----PROGRAM VISITS-----        |                             | -----COST OF SERVICES-----      |                             | TOTAL PROGRAM COST |           |
|-----------------------------|---------------------------------|-----------------------------|---------------------------------|-----------------------------|--------------------|-----------|
|                             | NOT SUBJECT TO DEDUCT & COINSUR | SUBJECT TO DEDUCT & COINSUR | NOT SUBJECT TO DEDUCT & COINSUR | SUBJECT TO DEDUCT & COINSUR |                    |           |
|                             | 7                               | 8                           | PART A 9                        | 10                          | 11                 | 12        |
| 1 SKILLED NURSING           | 2,372                           |                             | 1,043,743                       | 417,638                     |                    | 1,461,381 |
| 2 PHYSICAL THERAPY          | 1,019                           |                             | 568,572                         | 129,382                     |                    | 697,954   |
| 3 OCCUPATIONAL THERAPY      | 298                             |                             | 223,029                         | 41,800                      |                    | 264,829   |
| 4 SPEECH PATHOLOGY          | 17                              |                             | 17,744                          | 2,578                       |                    | 20,322    |
| 5 MEDICAL SOCIAL SERVICES   | 86                              |                             | 31,813                          | 15,999                      |                    | 47,812    |
| 6 HOME HEALTH AIDE SERVICES | 894                             |                             | 91,969                          | 53,774                      |                    | 145,743   |
| 7 TOTAL                     | 4,686                           |                             | 1,976,870                       | 661,171                     |                    | 2,638,041 |

| LIMITATION COST COMPUTATION | 1 | 2 | 3 | 4 | PROGRAM COST LIMITS 5 | PROGRAM VISITS 6 |
|-----------------------------|---|---|---|---|-----------------------|------------------|
| PATIENT SERVICES            |   |   |   |   |                       |                  |
| 8 SKILLED NURSING           |   |   |   |   |                       |                  |
| 9 PHYSICAL THERAPY          |   |   |   |   |                       |                  |
| 10 OCCUPATIONAL THERAPY     |   |   |   |   |                       |                  |
| 11 SPEECH PATHOLOGY         |   |   |   |   |                       |                  |
| 12 MEDICAL SOCIAL SERVICES  |   |   |   |   |                       |                  |
| 13 HOME HEALTH AIDE SERVICE |   |   |   |   |                       |                  |
| 14 TOTAL                    |   |   |   |   |                       |                  |

|                             | -----PROGRAM VISITS-----        |                             | -----COST OF SERVICES-----      |                             | TOTAL PROGRAM COST |    |
|-----------------------------|---------------------------------|-----------------------------|---------------------------------|-----------------------------|--------------------|----|
|                             | NOT SUBJECT TO DEDUCT & COINSUR | SUBJECT TO DEDUCT & COINSUR | NOT SUBJECT TO DEDUCT & COINSUR | SUBJECT TO DEDUCT & COINSUR |                    |    |
|                             | 7                               | 8                           | PART A 9                        | 10                          | 11                 | 12 |
| 8 SKILLED NURSING           |                                 |                             |                                 |                             |                    |    |
| 9 PHYSICAL THERAPY          |                                 |                             |                                 |                             |                    |    |
| 10 OCCUPATIONAL THERAPY     |                                 |                             |                                 |                             |                    |    |
| 11 SPEECH PATHOLOGY         |                                 |                             |                                 |                             |                    |    |
| 12 MEDICAL SOCIAL SERVICES  |                                 |                             |                                 |                             |                    |    |
| 13 HOME HEALTH AIDE SERVICE |                                 |                             |                                 |                             |                    |    |
| 14 TOTAL                    |                                 |                             |                                 |                             |                    |    |

PROVIDER NO: 14-0213  
 HHA NO: 14-7452  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/26/2009  
 WORKSHEET H-6  
 PARTS III & III  
 HHA 1

[ ] TITLE V [X] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

| SUPPLIES AND EQUIPMENT COST COMPUTATION | FROM WKST H-5 PART I COL. 29, LINE: | FACILITY COSTS (FROM WKST H-5 PART I) | SHARED ANCILLARY COSTS (FROM PART II) | TOTAL HHA COSTS | TOTAL CHARGES | RATIO   | PROGRAM COVERED CHARGES PART A |
|---|-------------------------------------|---------------------------------------|---------------------------------------|-----------------|---------------|---------|--------------------------------|
| OTHER PATIENT SERVICES                  |                                     | 1                                     | 2                                     | 3               | 4             | 5       | 6                              |
| 15 COST OF MEDICAL SUPPLIES             | 8.00                                |                                       | 3,710                                 | 3,710           | 15,716        | .236065 | 7,795                          |
| 16 COST OF DRUGS                        | 9.00                                |                                       |                                       |                 |               |         |                                |
| 16.20 COST OF DRUGS                     | 9.20                                |                                       |                                       |                 |               |         |                                |

|                             | PROGRAM COVERED CHARGES         |                             | -----COST OF SERVICES-----      |                             |
|-----------------------------|---------------------------------|-----------------------------|---------------------------------|-----------------------------|
|                             | NOT SUBJECT TO DEDUCT & COINSUR | SUBJECT TO DEDUCT & COINSUR | NOT SUBJECT TO DEDUCT & COINSUR | SUBJECT TO DEDUCT & COINSUR |
|                             | 7                               | 8                           | 9                               | 10                          |
| 15 COST OF MEDICAL SUPPLIES | 7,921                           |                             | 1,840                           | 1,870                       |
| 16 COST OF DRUGS            |                                 |                             |                                 |                             |
| 16.20 COST OF DRUGS         |                                 |                             |                                 |                             |

PER BENEFICIARY COST LIMITATION:

MSA NUMBER 1  
 AMOUNT 2

162 PROGRAM UNDUP CENSUS FROM WRKST S-4  
 17 PER BENE COST LIMITATION (FRM F1)  
 18 PER BENE COST LIMITATION (LN 17\*18)

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

|                                       | FROM WKST C PT I, COL 9 | COST TO CHARGE RATIO | TOTAL HHA CHARGES | HHA SHARED ANCILLARY COSTS | TRANSFER TO PART I AS INDICATED |
|---------------------------------------|-------------------------|----------------------|-------------------|----------------------------|---------------------------------|
|                                       |                         | 1                    | 2                 | 3                          | 4                               |
| 1 PHYSICAL THERAPY                    | 50                      | .693927              |                   |                            | COL 2, LN 2                     |
| 2 OCCUPATIONAL THERAPY                | 51                      | .388020              |                   |                            | COL 2, LN 3                     |
| 3 SPEECH PATHOLOGY                    | 52                      | .975250              |                   |                            | COL 2, LN 4                     |
| 4 MEDICAL SUPPLIES CHARGED TO PATIENT | 55                      | .236066              | 15,716            | 3,710                      | COL 2, LN 15                    |
| 5 DRUGS CHARGED TO PATIENTS           | 56                      | .302656              |                   |                            | COL 2, LN 16                    |

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

|                            | FROM PART I, COL 5 | COST PER VISIT | PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE |                        | PROGRAM COSTS                |                        | PROG VISITS ON OR AFTER 1/1/1999 |
|----------------------------|--------------------|----------------|--|------------------------|------------------------------|------------------------|----------------------------------|
|                            |                    |                | PRIOR 1/1/1998 TO 12/31/1998                           | 1/1/1998 TO 12/31/1998 | PRIOR 1/1/1998 TO 12/31/1998 | 1/1/1998 TO 12/31/1998 |                                  |
|                            | 1                  | 2              | 3  | 4                      | 5                            | 6                      | 7                                |
| 1 PHYSICAL THERAPY         |                    | 126.97         | 2.01   | 3                      | 3.01                         |                        |                                  |
| 2 OCCUPATIONAL THERAPY     |                    | 140.27         |  |                        |                              |                        |                                  |
| 3 SPEECH PATHOLOGY         |                    | 151.66         |  |                        |                              |                        |                                  |
| 4 TOTAL (SUM OF LINES 1-3) |                    |                |  |                        |                              |                        |                                  |

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

|                |                   |                      |
|----------------|-------------------|----------------------|
| I PROVIDER NO: | I PERIOD:         | I PREPARED 2/26/2009 |
| I 14-0213      | I FROM 10/ 1/2007 | I WORKSHEET H-7      |
| I HHA NO:      | I TO 9/30/2008    | I PARTS I & II       |
| I 14-7452      | I                 | I                    |

TITLE XVII I

HHA 1

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

|   | PART A    | PART B<br>NOT SUBJECT TO<br>DED & COINS<br>2 | PART B<br>SUBJECT TO<br>DED & COINS<br>3 |
|---|-----------|--|--|
| 1 REASONABLE COST OF SERVICES   |           |  |  |
| 2 TOTAL CHARGES   | 2,678,420 | 892,080                                      |  |
| 3 CUSTOMARY CHARGES   |           |  |  |
| 4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS   |           |  |  |
| 5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B) |           |  |  |
| 6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)   |           |  |  |
| 7 TOTAL CUSTOMARY CHARGES   | 2,678,420 | 892,080                                      |  |
| 8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST  | 2,678,420 | 892,080                                      |  |
| 9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES  |           |  |  |
| 10 PRIMARY PAYOR AMOUNTS  |           |  |  |

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

|   | PART A<br>SERVICES<br>1 | PART B<br>SERVICES<br>2 |
|---|-------------------------|-------------------------|
| 10 TOTAL REASONABLE COST  |                         |                         |
| 10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS   | 1,930,423               | 607,517                 |
| 10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS  | 28,070                  | 8,601                   |
| 10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES  | 8,105                   | 4,522                   |
| 10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES   | 83,361                  | 19,716                  |
| 10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE  | 2,712                   | 788                     |
| 10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES  | 20,401                  | 9,302                   |
| 10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS  | 6,795                   | 2,387                   |
| 10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES   | 448                     | 148                     |
| 10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE  |                         |                         |
| 10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES  | 758                     | 239                     |
| 10.11 TOTAL OTHER PAYMENTS  |                         |                         |
| 10.12 DME PAYMENTS  |                         |                         |
| 10.13 OXYGEN PAYMENTS   |                         |                         |
| 10.14 PROSTHETIC AND ORTHOTIC PAYMENTS  |                         |                         |
| 11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)                                     |                         |                         |
| 12 SUBTOTAL   | 2,081,073               | 653,220                 |
| 13 EXCESS REASONABLE COST   |                         |                         |
| 14 SUBTOTAL   | 2,081,073               | 653,220                 |
| 15 COINSURANCE BILLED TO PROGRAM PATIENTS   |                         |                         |
| 16 NET COST   | 2,081,073               | 653,220                 |
| 17 REIMBURSABLE BAD DEBTS   |                         |                         |
| 17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)                             |                         |                         |
| 18 TOTAL COSTS - CURRENT COST REPORTING PERIOD  | 2,081,073               | 653,220                 |
| 19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS      |                         |                         |
| 20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION |                         |                         |
| 21 OTHER ADJUSTMENTS (SPECIFY)  |                         |                         |
| 22 SUBTOTAL   | 2,081,073               | 653,220                 |
| 23 SEQUESTRATION ADJUSTMENT   |                         |                         |
| 24 SUBTOTAL   | 2,081,073               | 653,220                 |
| 25 INTERIM PAYMENTS   | 2,081,073               | 653,220                 |
| 25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)   |                         |                         |
| 26 BALANCE DUE PROVIDER/PROGRAM   |                         |                         |
| 27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2       |                         |                         |

|  |                      |                         |                    |
|--|----------------------|-------------------------|--------------------|
| ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES | PROVIDER NO: 14-0213 | PERIOD: FROM 10/ 1/2007 | PREPARED 2/26/2009 |
|  | HHA NO: 14-7452      | TO 9/30/2008            | WORKSHEET H-8      |
|  |                      |                         |                    |

TITLE XVII I

HHA 1

DESCRIPTION

|  | MM/DD/YYYY | PART A<br>AMOUNT           | MM/DD/YYYY | PART B<br>AMOUNT |
|--|------------|----------------------------|------------|------------------|
|  | 1          | 2                          | 3          | 4                |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER  |            | 2,081,073                  |            | 653,220          |
| 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                        |            |                  |
| 4 TOTAL INTERIM PAYMENTS   |            | NONE                       |            | NONE             |
|  |            | 2,081,073                  |            | 653,220          |
| 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                        |            |                  |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)  |            | SETTLEMENT TO PROVIDER .01 |            |                  |
|  |            | SETTLEMENT TO PROGRAM .02  |            |                  |
| 7 TOTAL MEDICARE PROGRAM LIABILITY   |            |                            |            |                  |

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 RENAL DIALYSIS DEPARTMENT COSTS

PROVIDER NO: 14-0213  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 SATELLITE NO: PREPARED 2/26/2009  
 WORKSHEET 1-1

CHECK ONE:  XX RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

|   | TOTAL COSTS<br>1 | BASIS<br>2         | STATISTICS<br>3 | FTEs PER<br>2080 HOURS<br>4 |
|---|------------------|--------------------|-----------------|-----------------------------|
| 1 REGISTERED NURSES                         | 1,610,593        | HOURS OF SERVICE   | 47,617.00       | 22.89                       |
| 2 LICENCED PRACTICAL NURSES                 | 38,547           | HOURS OF SERVICE   | 1,699.00        | .82                         |
| 3 NURSES AIDES                              |                  | HOURS OF SERVICE   |                 |                             |
| 4 TECHNICIANS                               | 510,767          | HOURS OF SERVICE   | 27,477.00       | 13.21                       |
| 5 SOCIAL WORKERS                            | 141,146          | HOURS OF SERVICE   | 5,035.00        | 2.42                        |
| 6 DIETICIANS                                | 138,395          | HOURS OF SERVICE   | 5,011.00        | 2.41                        |
| 7 PHYSICIANS                                |                  | ACCUMULATED COST   |                 |                             |
| 8 NON-PATIENT CARE SALARY                   | 381,130          | ACCUMULATED COST   |                 |                             |
| 9 SUBTOTAL (SUM OF LINES 1-8)               | 2,820,578        |                    |                 |                             |
| 10 EMPLOYEE BENEFITS                        |                  | SALARY             |                 |                             |
| 11 OLD & NEW CAPITAL RELATED COSTS-BLDGS. & |                  | SQUARE FEET        |                 |                             |
| 12 OLD & NEW CAPITAL RELATED COSTS-MOV. EQU |                  | PERCENTAGE OF TIME |                 |                             |
| 13 MACHINE COSTS & REPAIRS                  |                  | PERCENTAGE OF TIME |                 |                             |
| 14 SUPPLIES                                 | 705,010          | REQUISITIONS       |                 |                             |
| 15 DRUGS                                    | 1,886,053        | REQUISITIONS       |                 |                             |
| 16 OTHER                                    | 947,920          | ACCUMULATED COST   |                 |                             |
| 17 SUBTOTAL (SUM OF LINES 9-16)*            | 6,359,561        |                    |                 |                             |
| 18 OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU |                  | SQUARE FEET        |                 |                             |
| 19 OLD CAPITAL RELATED COSTS-MOV. EQUIP.    |                  | PERCENTAGE OF TIME |                 |                             |
| 20 NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU | 166,426          | SQUARE FEET        |                 |                             |
| 21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.    | 80,091           | PERCENTAGE OF TIME |                 |                             |
| 22 EMPLOYEE BENEFITS                        | 857,168          | SALARY             |                 |                             |
| 23 ADMINISTRATIVE AND GENERAL               | 2,133,451        | ACCUMULATED COST   |                 |                             |
| 24 MAINT./REPAIRS-OPERERATION-HOUSEKEEPING  | 352,693          | SQUARE FEET        |                 |                             |
| 25 MEDICAL EDUCATION PROGRAM COSTS          |                  |                    |                 |                             |
| 26 CENTRAL SERVICES & SUPPLIES              | 80,638           | REQUISITIONS       |                 |                             |
| 27 PHARMACY                                 | -848,557         | REQUISITIONS       |                 |                             |
| 28 OTHER ALLOCATED COST                     | 391,334          | ACCUMULATED COST   |                 |                             |
| 29 SUBTOTAL (SUM OF LINES 17-28)*           | 9,572,805        |                    |                 |                             |
| 30 LABORATORY (SEE INSTRUCTIONS)            |                  | CHARGES            |                 |                             |
| 31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)   |                  | CHARGES            |                 |                             |
| 32 OTHER (SEE INSTRUCTIONS)                 |                  | CHARGES            |                 |                             |
| 33 TOTAL COSTS (SUM OF LINES 29-32)         | 9,572,805        |                    |                 |                             |

\* LINE 17, COLUMN 1 SHOULD AGREE WITH WORKSHEET A, COLUMN 7 FOR LINE 57 OR LINE 64 AS APPROPRIATE, AND LINE 29, COLUMN 1 SHOULD AGREE WITH WORKSHEET B, PART I FOR LINE 57 OR LINE 64 AS APPROPRIATE.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

PROVIDER NO: 14-0213  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/26/2009  
 WORKSHEET 1-2

CHECK ONE:

RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

| OUTPATIENT SERVICES COMPOSITE PAYMENT RATE |  | CAPITAL AND RELATED COSTS |           | DIRECT PATIENT CARE SALARY |         | EMPLOYEE BENEFITS |
|--|--|---------------------------|-----------|----------------------------|---------|-------------------|
|  |  | BUILDING                  | EQUIPMENT | RNs                        | OTHER   |                   |
|  |  | 1                         | 2         | 3                          | 4       | 5                 |
| 1  | TOTAL RENAL DEPARTMENT COSTS MAINTENANCE | 519,119                   | 80,091    | 1,610,593                  | 828,855 | 857,168           |
| 2  | HEMODIALYSIS                             | 519,119                   | 80,091    | 1,535,132                  | 755,293 | 806,263           |
| 3  | INTERMITTENT PERITONEAL TRAINING         |                           |           |                            |         |                   |
| 4  | HEMODIALYSIS                             |                           |           |                            |         |                   |
| 5  | INTERMITTENT PERITONEAL                  |                           |           |                            |         |                   |
| 6  | CAPD                                     |                           |           |                            |         |                   |
| 7  | CCDP                                     |                           |           |                            |         |                   |
| 8  | HOME                                     |                           |           |                            |         |                   |
| 9  | HEMODIALYSIS                             |                           |           |                            |         |                   |
| 10   | INTERMITTENT PERITONEAL                  |                           |           |                            |         |                   |
| 11   | CAPD                                     |                           |           |                            |         |                   |
| 11   | CCDP                                     |                           |           |                            |         |                   |
| OTHER BILLABLE SERVICES                    |  |                           |           |                            |         |                   |
| 12   | INPATIENT DIALYSIS                       |                           |           | 75,461                     | 73,562  | 50,905            |
| 13   | METHOD II HOME PATIENT                   |                           |           |                            |         |                   |
| 14   | EPO (INCLUDED IN RENAL DEPARTMENT)       |                           |           |                            |         |                   |
| 14.01                                      | ARANESP (INCLUDED IN RENAL DEPARTMENT)   |                           |           |                            |         |                   |
| 15   | OTHER                                    |                           |           |                            |         |                   |
| 16   | TOTAL (SUM OF LINES 2-15)                | 519,119                   | 80,091    | 1,610,593                  | 828,855 | 857,168           |
| 17   | MEDICAL EDUCATION PROGRAM COSTS          |                           |           |                            |         |                   |
| 18   | TOTAL RENAL COSTS (LINE 16 + LINE 17)    |                           |           |                            |         |                   |

| OUTPATIENT SERVICES COMPOSITE PAYMENT RATE |  | DRUGS     | MEDICAL SUPPLIES | ROUTINE ANCILLARY SERVICES | SUBTOTAL (SUM OF COLS. 1-8) | OVERHEAD  |
|--|--|-----------|------------------|----------------------------|-----------------------------|-----------|
|  |  | 6         | 7                | 8                          | 9                           | 10        |
| 1  | TOTAL RENAL DEPARTMENT COSTS MAINTENANCE | 1,037,496 | 785,648          |                            | 5,718,970                   | 3,853,835 |
| 2  | HEMODIALYSIS                             | 1,037,496 | 785,648          |                            | 5,519,042                   | 3,719,110 |
| 3  | INTERMITTENT PERITONEAL TRAINING         |           |                  |                            |                             |           |
| 4  | HEMODIALYSIS                             |           |                  |                            |                             |           |
| 5  | INTERMITTENT PERITONEAL                  |           |                  |                            |                             |           |
| 6  | CAPD                                     |           |                  |                            |                             |           |
| 7  | CCDP                                     |           |                  |                            |                             |           |
| 8  | HOME                                     |           |                  |                            |                             |           |
| 9  | HEMODIALYSIS                             |           |                  |                            |                             |           |
| 10   | INTERMITTENT PERITONEAL                  |           |                  |                            |                             |           |
| 11   | CAPD                                     |           |                  |                            |                             |           |
| 11   | CCDP                                     |           |                  |                            |                             |           |
| OTHER BILLABLE SERVICES                    |  |           |                  |                            |                             |           |
| 12   | INPATIENT DIALYSIS                       |           |                  |                            | 199,928                     | 134,725   |
| 13   | METHOD II HOME PATIENT                   |           |                  |                            |                             |           |
| 14   | EPO (INCLUDED IN RENAL DEPARTMENT)       | 1,873,280 |                  |                            |                             |           |
| 14.01                                      | ARANESP (INCLUDED IN RENAL DEPARTMENT)   |           |                  |                            |                             |           |
| 15   | OTHER                                    |           |                  |                            |                             |           |
| 16   | TOTAL (SUM OF LINES 2-15)                | 1,037,496 | 785,648          |                            | 5,718,970                   | 3,853,835 |
| 17   | MEDICAL EDUCATION PROGRAM COSTS          |           |                  |                            |                             |           |
| 18   | TOTAL RENAL COSTS (LINE 16 + LINE 17)    |           |                  |                            |                             |           |

| OUTPATIENT SERVICES COMPOSITE PAYMENT RATE |  | TOTAL (COL. 9 + COL. 10) |
|--|--|--------------------------|
|  |  | 11                       |
| 1  | TOTAL RENAL DEPARTMENT COSTS MAINTENANCE | 9,572,805                |
| 2  | HEMODIALYSIS                             | 9,238,152                |
| 3  | INTERMITTENT PERITONEAL TRAINING         |                          |
| 4  | HEMODIALYSIS                             |                          |
| 5  | INTERMITTENT PERITONEAL                  |                          |
| 6  | CAPD                                     |                          |
| 7  | CCDP                                     |                          |
| 8  | HOME                                     |                          |
| 9  | HEMODIALYSIS                             |                          |
| 10   | INTERMITTENT PERITONEAL                  |                          |
| 11   | CAPD                                     |                          |
| 11   | CCDP                                     |                          |
| OTHER BILLABLE SERVICES                    |  |                          |
| 12   | INPATIENT DIALYSIS                       | 334,653                  |
| 13   | METHOD II HOME PATIENT                   |                          |
| 14   | EPO (INCLUDED IN RENAL DEPARTMENT)       |                          |
| 14.01                                      | ARANESP (INCLUDED IN RENAL DEPARTMENT)   |                          |
| 15   | OTHER                                    |                          |
| 16   | TOTAL (SUM OF LINES 2-15)                | 9,572,805                |
| 17   | MEDICAL EDUCATION PROGRAM COSTS          |                          |
| 18   | TOTAL RENAL COSTS (LINE 16 + LINE 17)    | 9,572,805                |

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0213  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 SATELLITE NO: \_\_\_\_\_  
 PREPARED 2/26/2009  
 WORKSHEET 1-3

CHECK ONE:

XX RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

|       | COMPOSITE PAYMENT SERVICES                       | CAPITAL AND RELATED COSTS |                       | DIRECT PATIENT CARE SALARY |               | EMPLOYEE BENEFITS (SALARY) |
|-------|--|---------------------------|-----------------------|----------------------------|---------------|----------------------------|
|       |  | BUILDING (SQUARE FEET)    | EQUIPMENT (% OF TIME) | RNs (HOURS)                | OTHER (HOURS) |                            |
|       |  | 1                         | 2                     | 3                          | 4             | 5                          |
| 1     | TOTAL RENAL DEPARTMENT COSTS MAINTENANCE         | 519,119                   | 80,091                | 1,610,593                  | 828,855       | 857,168                    |
| 2     | HEMODIALYSIS                                     | 19,984                    | 100.00                | 45,386.00                  | 35,741.00     | 2,653,584                  |
| 3     | INTERMITTENT PERITONEAL TRAINING                 |                           |                       |                            |               |                            |
| 4     | HEMODIALYSIS                                     |                           |                       |                            |               |                            |
| 5     | INTERMITTENT PERITONEAL                          |                           |                       |                            |               |                            |
| 6     | CAPD   |                           |                       |                            |               |                            |
| 7     | CCDP   |                           |                       |                            |               |                            |
| 8     | HOME   |                           |                       |                            |               |                            |
| 9     | HEMODIALYSIS                                     |                           |                       |                            |               |                            |
| 10    | INTERMITTENT PERITONEAL                          |                           |                       |                            |               |                            |
| 11    | CAPD   |                           |                       |                            |               |                            |
| 11    | CCDP   |                           |                       |                            |               |                            |
|       | OTHER BILLABLE SERVICES                          |                           |                       |                            |               |                            |
| 12    | INPATIENT DIALYSIS TREATMENTS                    |                           |                       | 2,231.00                   | 3,481.00      | 167,538                    |
| 13    | METHOD II HOME PATIENT                           |                           |                       |                            |               |                            |
| 14    | EPO  |                           |                       |                            |               |                            |
| 14.01 | ARANESP  |                           |                       |                            |               |                            |
| 15    | OTHER  |                           |                       |                            |               |                            |
| 16    | TOTAL STATISTICAL BASIS                          | 19,984                    | 100.00                | 47,617.00                  | 39,222.00     | 2,821,122                  |
| 17    | UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16) | 25.976731                 | 800.910000            | 33.823907                  | 21.132400     | .303839                    |

|       | COMPOSITE PAYMENT SERVICES                       | DRUGS (REQUI ST.) | MEDICAL SUPPLIES (REQUI ST.) | ROUTINE ANCILLARY SERVICES | SUBTOTAL (SUM OF COLS. 1-8) | OVERHEAD (ACCUMULATED COST) |
|-------|--|-------------------|------------------------------|----------------------------|-----------------------------|-----------------------------|
|       |  |                   |                              | 8 (CHARGES)                | 9                           | 10                          |
|       |  | 6                 | 7                            | 8                          | 9                           | 10                          |
| 1     | TOTAL RENAL DEPARTMENT COSTS MAINTENANCE         | 1,037,496         | 785,648                      |                            | 5,718,970                   | 3,853,835                   |
| 2     | HEMODIALYSIS                                     | 1,886,052         | 766,369                      |                            |                             |                             |
| 3     | INTERMITTENT PERITONEAL TRAINING                 |                   |                              |                            |                             |                             |
| 4     | HEMODIALYSIS                                     |                   |                              |                            |                             |                             |
| 5     | INTERMITTENT PERITONEAL                          |                   |                              |                            |                             |                             |
| 6     | CAPD   |                   |                              |                            |                             |                             |
| 7     | CCDP   |                   |                              |                            |                             |                             |
| 8     | HOME   |                   |                              |                            |                             |                             |
| 9     | HEMODIALYSIS                                     |                   |                              |                            |                             |                             |
| 10    | INTERMITTENT PERITONEAL                          |                   |                              |                            |                             |                             |
| 11    | CAPD   |                   |                              |                            |                             |                             |
| 11    | CCDP   |                   |                              |                            |                             |                             |
|       | OTHER BILLABLE SERVICES                          |                   |                              |                            |                             |                             |
| 12    | INPATIENT DIALYSIS TREATMENTS                    |                   |                              |                            |                             |                             |
| 13    | METHOD II HOME PATIENT                           |                   |                              |                            |                             |                             |
| 14    | EPO  |                   |                              |                            |                             |                             |
| 14.01 | ARANESP  |                   |                              |                            |                             |                             |
| 15    | OTHER  |                   |                              |                            |                             |                             |
| 16    | TOTAL STATISTICAL BASIS                          | 1,886,052         | 766,369                      |                            |                             | 5,718,970                   |
| 17    | UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16) | .550089           | 1.025156                     |                            |                             | .673869                     |

COMPUTATION OF AVERAGE COST PER TREATMENT  
FOR OUTPATIENT RENAL DIALYSIS

PROVIDER NO: 14-0213  
PERIOD: FROM 10/1/2007 TO 9/30/2008  
SATELLITE NO:  
PREPARED 2/26/2009  
WORKSHEET 1-4  
RATE 0

CHECK ONE:

RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

|   | NUMBER OF TOTAL TREATMENTS | TOTAL COST (FROM WKST. 1-2, COL 11) | AVERAGE COST OF PROGRAM TREATMENTS | NUMBER OF PROGRAM TREATMENTS PRIOR TO 4/1/2005 | NUMBER OF PROGRAM TREATMENTS OR OR AFTER 4/1/2005 |
|---|----------------------------|-------------------------------------|------------------------------------|--|---|
| 1 MAINTENANCE - HEMODIALYSIS  | 1                          | 2                                   | 3                                  | 4  | 4.01  |
| 2 MAINTENANCE - PERITONEAL DIALYSIS   | 34,787                     | 9,238,152                           | 265.56                             | 27,472   |   |
| 3 TRAINING - HEMODIALYSIS   |                            |                                     |                                    |  |   |
| 4 TRAINING - PERITONEAL DIALYSIS  |                            |                                     |                                    |  |   |
| 5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS                                    |                            |                                     |                                    |  |   |
| 6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS                                       |                            |                                     |                                    |  |   |
| 7 HOME PROGRAM - HEMODIALYSIS   |                            |                                     |                                    |  |   |
| 8 HOME PROGRAM - PERITONEAL DIALYSIS  |                            |                                     |                                    |  |   |
|   |                            | PATIENT WEEKS                       |                                    | PATIENT WEEKS                                  |   |
| 9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS                                |                            |                                     |                                    |  |   |
| 10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS                                  |                            |                                     |                                    |  |   |
| 11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4)<br>(SUM OF LINES 1-10, COLUMNS 2, 5, AND 7) | 34,787                     | 9,238,152                           |                                    | 27,472   |   |

|   | TOTAL PROGRAM EXPENSES | PAYMENT RATE PRIOR TO 4/1/2005 | PAYMENT RATE ON OR AFTER 4/1/2005 | TOTAL PROGRAM PAYMENT |
|---|------------------------|--------------------------------|-----------------------------------|-----------------------|
|   | 5                      | 6                              | 6.01                              | 7                     |
| 1 MAINTENANCE - HEMODIALYSIS  | 7,295,464              | 171.22                         |                                   | 4,703,756             |
| 2 MAINTENANCE - PERITONEAL DIALYSIS   |                        |                                |                                   |                       |
| 3 TRAINING - HEMODIALYSIS   |                        |                                |                                   |                       |
| 4 TRAINING - PERITONEAL DIALYSIS  |                        |                                |                                   |                       |
| 5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS                                    |                        |                                |                                   |                       |
| 6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS                                       |                        |                                |                                   |                       |
| 7 HOME PROGRAM - HEMODIALYSIS   |                        |                                |                                   |                       |
| 8 HOME PROGRAM - PERITONEAL DIALYSIS  |                        |                                |                                   |                       |
| 9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS                                |                        |                                |                                   |                       |
| 10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS                                  |                        |                                |                                   |                       |
| 11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4)<br>(SUM OF LINES 1-10, COLUMNS 2, 5, AND 7) | 7,295,464              |                                |                                   | 4,703,756             |

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

PROVIDER NO: 14-0213  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/26/2009  
 WORKSHEET 1-1  
 RATE 0

CHECK ONE:  RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

|   | TOTAL COSTS<br>1 | BASIS<br>2         | STATISTICS<br>3 | FTEs PER<br>2080 HOURS<br>4 |
|---|------------------|--------------------|-----------------|-----------------------------|
| 1 REGISTERED NURSES                         | 61,130           | HOURS OF SERVICE   | 1,800.00        | .87                         |
| 2 LICENSED PRACTICAL NURSES                 |                  | HOURS OF SERVICE   |                 |                             |
| 3 NURSES AIDES                              |                  | HOURS OF SERVICE   |                 |                             |
| 4 TECHNICIANS                               | 56               | HOURS OF SERVICE   | 1.00            |                             |
| 5 SOCIAL WORKERS                            | 383              | HOURS OF SERVICE   | 14.00           | .01                         |
| 6 DIETICIANS                                | 379              | HOURS OF SERVICE   | 16.00           | .01                         |
| 7 PHYSICIANS                                |                  | ACCUMULATED COST   |                 |                             |
| 8 NON-PATIENT CARE SALARY                   | 147              | ACCUMULATED COST   |                 |                             |
| 9 SUBTOTAL (SUM OF LINES 1-8)               | 62,095           |                    |                 |                             |
| 10 EMPLOYEE BENEFITS                        |                  | SALARY             |                 |                             |
| 11 OLD & NEW CAPITAL RELATED COSTS-BLDGS. & |                  | SQUARE FEET        |                 |                             |
| 12 OLD & NEW CAPITAL RELATED COSTS-MOV. EQU |                  | PERCENTAGE OF TIME |                 |                             |
| 13 MACHINE COSTS & REPAIRS                  |                  | PERCENTAGE OF TIME |                 |                             |
| 14 SUPPLIES                                 | 325,288          | REQUIREMENTS       |                 |                             |
| 15 DRUGS                                    | 75,893           | REQUIREMENTS       |                 |                             |
| 16 OTHER                                    | 30,051           | ACCUMULATED COST   |                 |                             |
| 17 SUBTOTAL (SUM OF LINES 9-16)*            | 493,327          |                    |                 |                             |
| 18 OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU |                  | SQUARE FEET        |                 |                             |
| 19 OLD CAPITAL RELATED COSTS-MOV. EQUIP.    |                  | PERCENTAGE OF TIME |                 |                             |
| 20 NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU |                  | SQUARE FEET        |                 |                             |
| 21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.    |                  | PERCENTAGE OF TIME |                 |                             |
| 22 EMPLOYEE BENEFITS                        | 18,871           | SALARY             |                 |                             |
| 23 ADMINISTRATIVE AND GENERAL               | 146,417          | ACCUMULATED COST   |                 |                             |
| 24 MAINT./REPAIRS-OPERATION-HOUSEKEEPING    |                  | SQUARE FEET        |                 |                             |
| 25 MEDICAL EDUCATION PROGRAM COSTS          |                  |                    |                 |                             |
| 26 CENTRAL SERVICES & SUPPLIES              | 25,294           | REQUIREMENTS       |                 |                             |
| 27 PHARMACY                                 | -31,303          | REQUIREMENTS       |                 |                             |
| 28 OTHER ALLOCATED COST                     | 2,440            | ACCUMULATED COST   |                 |                             |
| 29 SUBTOTAL (SUM OF LINES 17-28)*           | 655,046          |                    |                 |                             |
| 30 LABORATORY (SEE INSTRUCTIONS)            |                  | CHARGES            |                 |                             |
| 31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)   |                  | CHARGES            |                 |                             |
| 32 OTHER (SEE INSTRUCTIONS)                 |                  | CHARGES            |                 |                             |
| 33 TOTAL COSTS (SUM OF LINES 29-32)         | 655,046          |                    |                 |                             |

\* LINE 17, COLUMN 1 SHOULD AGREE WITH WORKSHEET A, COLUMN 7 FOR LINE 57 OR LINE 64 AS APPROPRIATE, AND LINE 29, COLUMN 1 SHOULD AGREE WITH WORKSHEET B, PART I FOR LINE 57 OR LINE 64 AS APPROPRIATE.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

PROVIDER NO: 14-0213  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 SATELLITE NO:  
 PREPARED 2/26/2009  
 WORKSHEET 1-2  
 RATE 0

CHECK ONE:  RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

| OUTPATIENT SERVICES COMPOSITE PAYMENT RATE |  | CAPITAL AND RELATED COSTS EQUIPMENT |   | DIRECT PATIENT CARE SALARY OTHER |     | EMPLOYEE BENEFITS |
|--|--|-------------------------------------|---|----------------------------------|-----|-------------------|
|  |  | 1                                   | 2 | 3                                | 4   | 5                 |
| 1  | TOTAL RENAL DEPARTMENT COSTS MAINTENANCE |                                     |   | 61,130                           | 818 | 18,871            |
| 2  | HEMODIALYSIS                             |                                     |   |                                  |     |                   |
| 3  | INTERMITTENT PERITONEAL TRAINING         |                                     |   |                                  |     |                   |
| 4  | HEMODIALYSIS                             |                                     |   |                                  |     |                   |
| 5  | INTERMITTENT PERITONEAL                  |                                     |   | 61,130                           | 818 | 18,871            |
| 6  | CAPD                                     |                                     |   |                                  |     |                   |
| 7  | CCDP HOME                                |                                     |   |                                  |     |                   |
| 8  | HEMODIALYSIS                             |                                     |   |                                  |     |                   |
| 9  | INTERMITTENT PERITONEAL                  |                                     |   |                                  |     |                   |
| 10   | CAPD                                     |                                     |   |                                  |     |                   |
| 11   | CCDP                                     |                                     |   |                                  |     |                   |
| 12   | OTHER BILLABLE SERVICES                  |                                     |   |                                  |     |                   |
| 13   | INPATIENT DIALYSIS                       |                                     |   |                                  |     |                   |
| 14   | METHOD II HOME PATIENT                   |                                     |   |                                  |     |                   |
| 14   | EPO (INCLUDED IN RENAL DEPARTMENT)       |                                     |   |                                  |     |                   |
| 14.01                                      | ARANESP (INCLUDED IN RENAL DEPARTMENT)   |                                     |   |                                  |     |                   |
| 15   | OTHER                                    |                                     |   |                                  |     |                   |
| 16   | TOTAL (SUM OF LINES 2-15)                |                                     |   | 61,130                           | 818 | 18,871            |
| 17   | MEDICAL EDUCATION PROGRAM COSTS          |                                     |   |                                  |     |                   |
| 18   | TOTAL RENAL COSTS (LINE 16 + LINE 17)    |                                     |   |                                  |     |                   |

| OUTPATIENT SERVICES COMPOSITE PAYMENT RATE |  | DRUGS  | MEDICAL SUPPLIES | ROUTINE ANCILLARY SERVICES | SUBTOTAL (SUM OF COLS. 1-8) | OVERHEAD |
|--|--|--------|------------------|----------------------------|-----------------------------|----------|
|  |  | 6      | 7                | 8                          | 9                           | 10       |
| 1  | TOTAL RENAL DEPARTMENT COSTS MAINTENANCE | 44,590 | 350,582          |                            | 475,991                     | 179,055  |
| 2  | HEMODIALYSIS                             |        |                  |                            |                             |          |
| 3  | INTERMITTENT PERITONEAL TRAINING         |        |                  |                            |                             |          |
| 4  | HEMODIALYSIS                             |        |                  |                            |                             |          |
| 5  | INTERMITTENT PERITONEAL                  | 44,590 | 350,582          |                            | 475,991                     | 179,055  |
| 6  | CAPD                                     |        |                  |                            |                             |          |
| 7  | CCDP HOME                                |        |                  |                            |                             |          |
| 8  | HEMODIALYSIS                             |        |                  |                            |                             |          |
| 9  | INTERMITTENT PERITONEAL                  |        |                  |                            |                             |          |
| 10   | CAPD                                     |        |                  |                            |                             |          |
| 11   | CCDP                                     |        |                  |                            |                             |          |
| 12   | OTHER BILLABLE SERVICES                  |        |                  |                            |                             |          |
| 13   | INPATIENT DIALYSIS                       |        |                  |                            |                             |          |
| 14   | METHOD II HOME PATIENT                   |        |                  |                            |                             |          |
| 14   | EPO (INCLUDED IN RENAL DEPARTMENT)       | 75,893 |                  |                            |                             |          |
| 14.01                                      | ARANESP (INCLUDED IN RENAL DEPARTMENT)   |        |                  |                            |                             |          |
| 15   | OTHER                                    |        |                  |                            |                             |          |
| 16   | TOTAL (SUM OF LINES 2-15)                | 44,590 | 350,582          |                            | 475,991                     | 179,055  |
| 17   | MEDICAL EDUCATION PROGRAM COSTS          |        |                  |                            |                             |          |
| 18   | TOTAL RENAL COSTS (LINE 16 + LINE 17)    |        |                  |                            |                             |          |

| OUTPATIENT SERVICES COMPOSITE PAYMENT RATE |  | TOTAL (COL. 9 + COL. 10) |
|--|--|--------------------------|
|  |  | 11                       |
| 1  | TOTAL RENAL DEPARTMENT COSTS MAINTENANCE | 655,046                  |
| 2  | HEMODIALYSIS                             |                          |
| 3  | INTERMITTENT PERITONEAL TRAINING         |                          |
| 4  | HEMODIALYSIS                             |                          |
| 5  | INTERMITTENT PERITONEAL                  | 655,046                  |
| 6  | CAPD                                     |                          |
| 7  | CCDP HOME                                |                          |
| 8  | HEMODIALYSIS                             |                          |
| 9  | INTERMITTENT PERITONEAL                  |                          |
| 10   | CAPD                                     |                          |
| 11   | CCDP                                     |                          |
| 12   | OTHER BILLABLE SERVICES                  |                          |
| 13   | INPATIENT DIALYSIS                       |                          |
| 14   | METHOD II HOME PATIENT                   |                          |
| 14   | EPO (INCLUDED IN RENAL DEPARTMENT)       |                          |
| 14.01                                      | ARANESP (INCLUDED IN RENAL DEPARTMENT)   |                          |
| 15   | OTHER                                    |                          |
| 16   | TOTAL (SUM OF LINES 2-15)                | 655,046                  |
| 17   | MEDICAL EDUCATION PROGRAM COSTS          |                          |
| 18   | TOTAL RENAL COSTS (LINE 16 + LINE 17)    | 655,046                  |

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -  
STATISTICAL BASIS

PROVIDER NO: 14-0213  
PERIOD: FROM 10/1/2007 TO 9/30/2008  
PREPARED 2/26/2009  
WORKSHEET 1-3  
RATE 0

CHECK ONE:  RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

| COMPOSITE PAYMENT SERVICES |  | CAPITAL AND RELATED BUILDING COSTS | DIRECT PATIENT CARE SALARY |              | EMPLOYEE BENEFITS |               |
|----------------------------|--|------------------------------------|----------------------------|--------------|-------------------|---------------|
|                            |  | 1<br>(SQUARE FEET)                 | 2<br>(% OF TIME)           | 3<br>(HOURS) | 4<br>(HOURS)      | 5<br>(SALARY) |
| 1                          | TOTAL RENAL DEPARTMENT COSTS MAINTENANCE         |                                    |                            | 61,130       | 818               | 18,871        |
| 2                          | HEMODIALYSIS                                     |                                    |                            |              |                   |               |
| 3                          | INTERMITTENT PERITONEAL TRAINING                 |                                    |                            |              |                   |               |
| 4                          | HEMODIALYSIS                                     |                                    |                            |              |                   |               |
| 5                          | INTERMITTENT PERITONEAL                          |                                    |                            | 1,800.00     | 30.00             | 62,172        |
| 6                          | CAPD   |                                    |                            |              |                   |               |
| 7                          | CCDP   |                                    |                            |              |                   |               |
| 8                          | HOME   |                                    |                            |              |                   |               |
| 9                          | HEMODIALYSIS                                     |                                    |                            |              |                   |               |
| 10                         | INTERMITTENT PERITONEAL                          |                                    |                            |              |                   |               |
| 11                         | CAPD   |                                    |                            |              |                   |               |
| 11                         | CCDP   |                                    |                            |              |                   |               |
|                            | OTHER BILLABLE SERVICES                          |                                    |                            |              |                   |               |
| 12                         | INPATIENT DIALYSIS TREATMENTS                    |                                    | 0                          |              |                   |               |
| 13                         | METHOD II HOME PATIENT                           |                                    |                            |              |                   |               |
| 14                         | EPO  |                                    |                            |              |                   |               |
| 14.01                      | ARANESP  |                                    |                            |              |                   |               |
| 15                         | OTHER  |                                    |                            |              |                   |               |
| 16                         | TOTAL STATISTICAL BASIS                          |                                    |                            | 1,800.00     | 30.00             | 62,172        |
| 17                         | UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16) |                                    |                            | 33.961111    | 27.266667         | .303529       |

| COMPOSITE PAYMENT SERVICES |  | DRUGS            | MEDICAL SUPPLIES | ROUTINE ANCILLARY SERVICES | SUBTOTAL (SUM OF COLS. 1-8) | OVERHEAD                 |
|----------------------------|--|------------------|------------------|----------------------------|-----------------------------|--------------------------|
|                            |  | 6<br>(REQUI ST.) | 7<br>(REQUI ST.) | 8<br>(CHARGES)             | 9                           | 10<br>(ACCUMULATED COST) |
| 1                          | TOTAL RENAL DEPARTMENT COSTS MAINTENANCE         | 44,590           | 350,582          |                            | 475,991                     | 179,055                  |
| 2                          | HEMODIALYSIS                                     |                  |                  |                            |                             |                          |
| 3                          | INTERMITTENT PERITONEAL TRAINING                 |                  |                  |                            |                             |                          |
| 4                          | HEMODIALYSIS                                     |                  |                  |                            |                             |                          |
| 5                          | INTERMITTENT PERITONEAL                          | 75,893           | 325,465          |                            |                             |                          |
| 6                          | CAPD   |                  |                  |                            |                             |                          |
| 7                          | CCDP   |                  |                  |                            |                             |                          |
| 8                          | HOME   |                  |                  |                            |                             |                          |
| 9                          | HEMODIALYSIS                                     |                  |                  |                            |                             |                          |
| 10                         | INTERMITTENT PERITONEAL                          |                  |                  |                            |                             |                          |
| 11                         | CAPD   |                  |                  |                            |                             |                          |
| 11                         | CCDP   |                  |                  |                            |                             |                          |
|                            | OTHER BILLABLE SERVICES                          |                  |                  |                            |                             |                          |
| 12                         | INPATIENT DIALYSIS TREATMENTS                    |                  | 0                |                            |                             |                          |
| 13                         | METHOD II HOME PATIENT                           |                  |                  |                            |                             |                          |
| 14                         | EPO  |                  |                  |                            |                             |                          |
| 14.01                      | ARANESP  |                  |                  |                            |                             |                          |
| 15                         | OTHER  |                  |                  |                            |                             |                          |
| 16                         | TOTAL STATISTICAL BASIS                          | 75,893           | 325,465          |                            |                             | 475,991                  |
| 17                         | UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16) | .587538          | 1.077173         |                            |                             | .376173                  |

COMPUTATION OF AVERAGE COST PER TREATMENT  
FOR OUTPATIENT RENAL DIALYSIS

PROVIDER NO: 14-0213  
SATELLITE NO:  
PERIOD: FROM 10/1/2007 TO 9/30/2008  
PREPARED 2/26/2009  
WORKSHEET 1-4  
RATE 0

CHECK ONE:  RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

|   | NUMBER OF TOTAL TREATMENTS | TOTAL COST (FROM WKST. 1-2, COL 11) | AVERAGE COST OF PROGRAM TREATMENTS | NUMBER OF PROGRAM TREATMENTS PRIOR TO 4/1/2005 | NUMBER OF PROGRAM TREATMENTS OR OR AFTER 4/1/2005 |
|---|----------------------------|-------------------------------------|------------------------------------|--|---|
|   | 1                          | 2                                   | 3                                  | 4  |   |
| 1 MAINTENANCE - HEMODIALYSIS  |                            |                                     |                                    |  | 4.01  |
| 2 MAINTENANCE - PERITONEAL DIALYSIS   |                            |                                     |                                    |  |   |
| 3 TRAINING - HEMODIALYSIS   |                            |                                     |                                    |  |   |
| 4 TRAINING - PERITONEAL DIALYSIS  | 44                         | 655,046                             | 14,887.41                          | 32   |   |
| 5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS                                    | 450                        |                                     |                                    | 203  |   |
| 6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS                                       | 6,562                      |                                     |                                    | 3,798  |   |
| 7 HOME PROGRAM - HEMODIALYSIS   |                            |                                     |                                    |  |   |
| 8 HOME PROGRAM - PERITONEAL DIALYSIS  |                            |                                     |                                    |  |   |
|   | PATIENT WEEKS              |                                     |                                    | PATIENT WEEKS                                  |   |
| 9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS                                |                            |                                     |                                    |  |   |
| 10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS                                  |                            |                                     |                                    |  |   |
| 11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4)<br>(SUM OF LINES 1-10, COLUMNS 2, 5, AND 7) | 7,056                      | 655,046                             |                                    | 4,033  |   |

|   | TOTAL PROGRAM EXPENSES | PAYMENT RATE PRIOR TO 4/1/2005 | PAYMENT RATE ON OR AFTER 4/1/2005 | TOTAL PROGRAM PAYMENT |
|---|------------------------|--------------------------------|-----------------------------------|-----------------------|
|   | 5                      | 6                              | 6.01                              | 7                     |
| 1 MAINTENANCE - HEMODIALYSIS  |                        |                                |                                   |                       |
| 2 MAINTENANCE - PERITONEAL DIALYSIS   |                        |                                |                                   |                       |
| 3 TRAINING - HEMODIALYSIS   |                        |                                |                                   |                       |
| 4 TRAINING - PERITONEAL DIALYSIS  | 476,397                | 188.29                         |                                   | 6,025                 |
| 5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS                                    |                        | 51.07                          |                                   | 10,367                |
| 6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS                                       |                        | 69.39                          |                                   | 263,543               |
| 7 HOME PROGRAM - HEMODIALYSIS   |                        |                                |                                   |                       |
| 8 HOME PROGRAM - PERITONEAL DIALYSIS  |                        |                                |                                   |                       |
| 9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS                                |                        |                                |                                   |                       |
| 10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS                                  |                        |                                |                                   |                       |
| 11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4)<br>(SUM OF LINES 1-10, COLUMNS 2, 5, AND 7) | 476,397                |                                |                                   | 279,935               |

CALCULATION OF REIMBURSABLE  
BAD DEBTS - TITLE XVIII - PART B

|               |                 |                    |
|---------------|-----------------|--------------------|
| PROVIDER NO:  | PERIOD:         | PREPARED 2/26/2009 |
| 14-0213       | FROM 10/ 1/2007 |                    |
| SATELLITE NO: | TO 9/30/2008    | WORKSHEET 1-5      |
|               |                 | RATE 0             |

|      | DESCRIPTION  |           |
|------|--|-----------|
| 1    | TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)   | 7,771,861 |
| 2    | TOTAL PAYMENT (FROM WORKSHEET 1-4, COLUMN 7, LINE 11)  | 4,983,691 |
| 3    | DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS   |           |
| 4    | COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS   |           |
| 5    | BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES  |           |
| 5.01 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)  |           |
| 6    | NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)  |           |
| 7    | PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)  | 3,986,953 |
| 8    | UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.) | 996,738   |
| 9    | REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)  |           |

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

FULLY PROSPECTIVE METHOD

|   |  |           |
|---|--|-----------|
| PART I - FULLY PROSPECTIVE METHOD           |  |           |
| 1   | CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS            |           |
|   | CAPITAL FEDERAL AMOUNT                             |           |
| 2   | CAPITAL DRG OTHER THAN OUTLIER                     | 3,702,176 |
| 3   | CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997   |           |
| 3.01  | CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997      | 44,834    |
|   | INDIRECT MEDICAL EDUCATION ADJUSTMENT              |           |
| 4   | TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS     | 152.97    |
|   | 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 RECEIPT PATIENT DAYS TO          | 6.04      |
|   | MEDI CARE PART A PATIENT DAYS                      |           |
| 5.01  | PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL       | 18.82     |
|   | DAYS REPORTED ON S-3, PART I                       |           |
| 5.02  | SUM OF 5 AND 5.01                                  | 24.86     |
| 5.03  | ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE        | 5.16      |
| 5.04  | DISPROPORTIONATE SHARE ADJUSTMENT                  | 191,032   |
| 6   | TOTAL PROSPECTIVE CAPITAL PAYMENTS                 | 3,938,042 |
| 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)                                 |           |

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A

SUBPROVIDER 2

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

|       |  |        |
|-------|--|--------|
| 1     | CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS          |        |
|       | CAPITAL FEDERAL AMOUNT                           |        |
| 2     | CAPITAL DRG OTHER THAN OUTLIER                   |        |
| 3     | CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997 |        |
| 3 .01 | CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997    |        |
|       | INDIRECT MEDICAL EDUCATION ADJUSTMENT            |        |
| 4     | TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS   | 152.97 |
|       | 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 RECEIPT PATIENT DAYS TO        | .00    |
|       | MEDI CARE PART A PATIENT DAYS                    |        |
| 5 .01 | PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL     | 18.82  |
|       | DAYS REPORTED ON S-3, PART I                     |        |
| 5 .02 | SUM OF 5 AND 5.01                                | 18.82  |
| 5 .03 | ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE      | 3.88   |
| 5 .04 | DISPROPORTIONATE SHARE ADJUSTMENT                |        |
| 6     | TOTAL PROSPECTIVE CAPITAL PAYMENTS               |        |

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)                                 |     |