

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 I 14-1319 I FROM 6/ 1/2007 I --AUDITED --DESK REVIEW I / / AND SETTLEMENT SUMMARY I I TO 5/31/2008 I --INITIAL --REOPENED I INTERMEDIARY NO: I --FINAL 1-MCR CODE I I 00 - # OF REOPENINGS I

ELECTRONICALLY FILED COST REPORT DATE: 10/29/2008 TIME 9:45

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: HAMMOND-HENRY HOSPITAL 14-1319 FOR THE COST REPORTING PERIOD BEGINNING 6/ 1/2007 AND ENDING 5/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION DATE: 10/29/2008 TIME 9:45

wxR8TSfT6uBmRbonFui2HnpLp5rTI0 1kyA30ArtkKhzhob1U0deeD1stFbwsv auIf0qT3db0.4Jkr

PI ENCRYPTION INFORMATION DATE: 10/29/2008 TIME 9:45

pkydgTzZMEXEXY2dITRdagwSi7Teu0 taVh10.REwoEikvZ3VY0RD2pm3Figo ib7F4dZM0E0rFcdg

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

Table with columns: TITLE V, A, B, C, D, E. Rows include HOSPITAL, SWING BED - SNF, HOSPITAL-BASED SNF, HOSPITAL-BASED HHA, and TOTAL.

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.

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).

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 | 14-1319 | I | FROM 6/ 1/2007 | I | --AUDITED --DESK REVIEW | I | / / |
| | I | | I | TO 5/31/2008 | I | --INITIAL --REOPENED | I | INTERMEDIARY NO: |
| | I | | I | | I | --FINAL 1-MCR CODE | I | |
| | | | | | I | 00 - # OF REOPENINGS | I | |

ELECTRONICALLY FILED COST REPORT DATE: 10/29/2008 TIME 8:44

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:
HAMMOND-HENRY HOSPITAL 14-1319
FOR THE COST REPORTING PERIOD BEGINNING 6/ 1/2007 AND ENDING 5/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

| | TITLE V | A | TITLE XVIII | B | TITLE XIX | |
|-----|--------------------|---|-------------|----------|-----------|---|
| | 1 | 2 | | 3 | 4 | |
| 1 | HOSPITAL | 0 | -13,830 | -142,040 | 0 | 0 |
| 3 | SWING BED - SNF | 0 | -19,125 | 0 | 0 | 0 |
| 5 | HOSPITAL-BASED SNF | 0 | 0 | 0 | 0 | 0 |
| 7 | HOSPITAL-BASED HHA | 0 | 0 | 0 | 0 | 0 |
| 100 | TOTAL | 0 | -32,955 | -142,040 | 0 | 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.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 600 N. COLLEGE AVENUE P.O. BOX:
 1.01 CITY: GENESEO STATE: IL ZIP CODE: 61254-1099 COUNTY: HENRY

| HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION; | | | | PAYMENT SYSTEM | | | |
|---|--------------------|--------------|------------|----------------|--------------|-------|-----|
| COMPONENT | COMPONENT NAME | PROVIDER NO. | NPI NUMBER | DATE CERTIFIED | (P,T,O OR N) | | |
| 0 | 1 | 2 | 2.01 | 3 | V | XVIII | XIX |
| 02.00 | HOSPITAL | 14-1319 | | 6/ 4/2002 | N | O | O |
| 04.00 | SWING BED - SNF | 14-2319 | | 5/21/2003 | N | O | N |
| 06.00 | HOSPITAL-BASED SNF | 14-5464 | | 6/ 1/1983 | N | P | N |
| 09.00 | HOSPITAL-BASED HHA | 14-7450 | | 6/ 5/1986 | N | P | N |

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 6/ 1/2007 TO: 5/31/2008
 18 TYPE OF CONTROL 11 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

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

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

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

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

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

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

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

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

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

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

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

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

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

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

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

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

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

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

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

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT
 IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01.
 SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913
 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR
 THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02 N

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1.
 ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE
 OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4

 100 0.8340 0.8340

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL
 INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER
 THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR
 TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE
 OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 2 14 14

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN
 INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE
 USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL
 EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN
 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES
 ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

| | % | Y/N |
|-------------------|--------|-----|
| 28.03 STAFFING | 79.55% | Y |
| 28.04 RECRUITMENT | 0.00% | |
| 28.05 RETENTION | 0.00% | |
| 28.06 TRAINING | 0.15% | Y |
| 28.07 | 0.00% | |
| 28.08 | 0.00% | |
| 28.09 | 0.00% | |
| 28.10 | 0.00% | |
| 28.11 | 0.00% | |
| 28.12 | 0.00% | |
| 28.13 | 0.00% | |
| 28.14 | 0.00% | |
| 28.15 | 0.00% | |
| 28.16 | 0.00% | |
| 28.17 | 0.00% | |
| 28.18 | 0.00% | |
| 28.19 | 0.00% | |
| 28.20 | 0.00% | |

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE
 AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS
 HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) Y

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH?
 SEE 42 CFR 413.70 N

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF
 PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE
 SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST
 BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R
 TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD
 NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF
 YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42
 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42
 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42
 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42
 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42
 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42
 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO
 IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO
 YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR
 NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) 1 2 3

36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE N N N

37 WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?

TITLE XIX INPATIENT SERVICES

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

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

| | PART A | PART B | OUTPATIENT ASC | OUTPATIENT RADIOLOGY | OUTPATIENT DIAGNOSTIC |
|----------------|--------|--------|----------------|----------------------|-----------------------|
| | 1 | 2 | 3 | 4 | 5 |
| 47.00 HOSPITAL | N | N | N | N | N |
| 49.00 SNF | N | N | | | |
| 50.00 HHA | N | N | | | |

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 307,713
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

| | DATE | Y OR N | LIMIT | Y OR N | FEE\$ |
|--|------|--------|-------|--------|-------|
| | 0 | 1 | 2 | 3 | 4 |
| 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 0 | | | | | |
| 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0 | | | | | |
| 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0 | | | | | |
| 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0 | | | | | |

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

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

MULTICAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO. N

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 AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
I 14-1319 I FROM 6/ 1/2007 I WORKSHEET S-3
I I TO 5/31/2008 I PART I

| COMPONENT | NO. OF BEDS 1 | BED DAYS AVAILABLE 2 | CAH HOURS 2.01 | TITLE V 3 | I/P DAYS / O/P VISITS / TRIPS TITLE XVIII 4 | NOT LTCH N/A 4.01 | TOTAL TITLE XIX 5 |
|----------------------------------|------------------|-------------------------|-------------------|--------------|--|----------------------|----------------------|
| 1 ADULTS & PEDIATRICS | 25 | 9,150 | 70,776.00 | | 1,649 | | 175 |
| 2 HMO | | | | | | | |
| 2 01 HMO - (IRF PPS SUBPROVIDER) | | | | | | | |
| 3 ADULTS & PED-SB SNF | | | | | 579 | | |
| 4 ADULTS & PED-SB NF | | | | | | | |
| 5 TOTAL ADULTS AND PEDS | 25 | 9,150 | 70,776.00 | | 2,228 | | 175 |
| 11 NURSERY | | | | | | | 78 |
| 12 TOTAL | 25 | 9,150 | 70,776.00 | | 2,228 | | 253 |
| 13 RPCH VISITS | | | | | | | |
| 15 SKILLED NURSING FACILITY | 25 | 9,125 | | | 1,616 | | 1,003 |
| 17 OTHER LONG TERM CARE | 32 | 11,712 | | | | | |
| 18 HOME HEALTH AGENCY | | | | | 4,347 | | |
| 25 TOTAL | 82 | | | | | | |
| 26 OBSERVATION BED DAYS | | | | | | | |
| 27 AMBULANCE TRIPS | | | | | | | |
| 28 EMPLOYEE DISCOUNT DAYS | | | | | | | |
| 28 01 EMP DISCOUNT DAYS -IRF | | | | | | | |

| COMPONENT | TITLE XIX OBSERVATION BEDS ADMITTED 5.01 | I/P DAYS / NOT ADMITTED 5.02 | O/P VISITS TOTAL ALL PATS 6 | / TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01 | DISCHARGES TITLE XVIII NOT ADMITTED 6.02 | INTERNS & RES. FTES TOTAL 7 | LESS I&R REPL NON-PHYS ANES 8 |
|----------------------------------|---|---------------------------------|--------------------------------|---|---|--------------------------------|----------------------------------|
| 1 ADULTS & PEDIATRICS | | | 2,949 | | | | |
| 2 HMO | | | | | | | |
| 2 01 HMO - (IRF PPS SUBPROVIDER) | | | | | | | |
| 3 ADULTS & PED-SB SNF | | | 579 | | | | |
| 4 ADULTS & PED-SB NF | | | 57 | | | | |
| 5 TOTAL ADULTS AND PEDS | | | 3,585 | | | | |
| 11 NURSERY | | | 277 | | | | |
| 12 TOTAL | | | 3,862 | | | | |
| 13 RPCH VISITS | | | | | | | |
| 15 SKILLED NURSING FACILITY | | | 4,743 | | | | |
| 17 OTHER LONG TERM CARE | | | 8,664 | | | | |
| 18 HOME HEALTH AGENCY | | | 5,891 | | | | |
| 25 TOTAL | | | | | | | |
| 26 OBSERVATION BED DAYS | | | 630 | | 630 | | |
| 27 AMBULANCE TRIPS | | | | | | | |
| 28 EMPLOYEE DISCOUNT DAYS | | | | | | | |
| 28 01 EMP DISCOUNT DAYS -IRF | | | | | | | |

| COMPONENT | I & R FTES NET 9 | FULL TIME EMPLOYEES ON PAYROLL 10 | EQUIV NONPAID WORKERS 11 | TITLE V 12 | DISCHARGES TITLE XVIII 13 | TITLE XIX 14 | TOTAL ALL PATIENTS 15 |
|----------------------------------|---------------------|--------------------------------------|-----------------------------|---------------|------------------------------|-----------------|--------------------------|
| 1 ADULTS & PEDIATRICS | | | | | 445 | 138 | 915 |
| 2 HMO | | | | | | | |
| 2 01 HMO - (IRF PPS SUBPROVIDER) | | | | | | | |
| 3 ADULTS & PED-SB SNF | | | | | | | |
| 4 ADULTS & PED-SB NF | | | | | | | |
| 5 TOTAL ADULTS AND PEDS | | | | | | | |
| 11 NURSERY | | | | | | | |
| 12 TOTAL | | 192.60 | | | 445 | 138 | 915 |
| 13 RPCH VISITS | | | | | | | |
| 15 SKILLED NURSING FACILITY | | 11.56 | | | | | |
| 17 OTHER LONG TERM CARE | | 19.53 | | | | | 35 |
| 18 HOME HEALTH AGENCY | | 6.53 | | | | | |
| 25 TOTAL | | 230.22 | | | | | |
| 26 OBSERVATION BED DAYS | | | | | | | |
| 27 AMBULANCE TRIPS | | | | | | | |
| 28 EMPLOYEE DISCOUNT DAYS | | | | | | | |
| 28 01 EMP DISCOUNT DAYS -IRF | | | | | | | |

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
I 14-1319 I FROM 6/ 1/2007 I WORKSHEET S-4
I HHA NO: I TO 5/31/2008 I
I 14-7450 I
COUNTY: HENRY

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

| | TITLE V 1 | TITLE XVIII 2 | TITLE XIX 3 | OTHER 4 |
|-----------------------------|--------------|------------------|----------------|------------|
| 1 HOME HEALTH AIDE HOURS | 0 | 1,209 | 0 | 0 |
| 2 UNDUPLICATED CENSUS COUNT | | 267.00 | | |

TOTAL
5

| | |
|-----------------------------|--------|
| 1 HOME HEALTH AIDE HOURS | 1,209 |
| 2 UNDUPLICATED CENSUS COUNT | 820.00 |

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 1 | CONTRACT 2 | TOTAL 3 |
|------------|---------------|------------|
|------------|---------------|------------|

| | | | |
|--|------|--|------|
| 3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S) | | | |
| 4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S) | 1.00 | | 1.00 |
| 5 OTHER ADMINISTRATIVE PERSONEL | 1.09 | | 1.09 |
| 6 DIRECTING NURSING SERVICE | 3.24 | | 3.24 |
| 7 NURSING SUPERVISOR | .80 | | .80 |
| 8 PHYSICAL THERAPY SERVICE | | | |
| 9 PHYSICAL THERAPY SUPERVISOR | | | |
| 10 OCCUPATIONAL THERAPY SERVICE | | | |
| 11 OCCUPATIONAL THERAPY SUPERVISOR | | | |
| 12 SPEECH PATHOLOGY SERVICE | | | |
| 13 SPEECH PATHOLOGY SUPERVISOR | | | |
| 14 MEDICAL SOCIAL SERVICE | | | |
| 15 MEDICAL SOCIAL SERVICE SUPERVISOR | | | |
| 16 HOME HEALTH AIDE | 1.17 | | 1.17 |
| 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? 1 0

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). 1960

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

| | FULL EPISODES | | LUPA EPISODES 3 | PEP ONLY EPISODES 4 |
|--|-----------------------|--------------------|--------------------|------------------------|
| | WITHOUT OUTLIERS 1 | WITH OUTLIERS 2 | | |

| | | | | |
|--|---------|--------|-------|-----|
| 21 SKILLED NURSING VISITS | 1,984 | 160 | 55 | 8 |
| 22 SKILLED NURSING VISIT CHARGES | 222,469 | 22,108 | 6,059 | 882 |
| 23 PHYSICAL THERAPY VISITS | 1,021 | 19 | 6 | 0 |
| 24 PHYSICAL THERAPY VISIT CHARGES | 143,175 | 2,540 | 840 | 0 |
| 25 OCCUPATIONAL THERAPY VISITS | 319 | 8 | 1 | 0 |
| 26 OCCUPATIONAL THERAPY VISIT CHARGES | 45,433 | 1,105 | 140 | 0 |
| 27 SPEECH PATHOLOGY VISITS | 39 | 14 | 0 | 0 |
| 28 SPEECH PATHOLOGY VISIT CHARGES | 5,460 | 1,885 | 0 | 0 |
| 29 MEDICAL SOCIAL SERVICE VISITS | 43 | 0 | 0 | 0 |
| 30 MEDICAL SOCIAL SERVICE VISIT CHARGES | 7,682 | 0 | 0 | 0 |
| 31 HOME HEALTH AIDE VISITS | 568 | 52 | 4 | 0 |
| 32 HOME HEALTH AIDE VISIT CHARGES | 34,046 | 3,063 | 240 | 0 |
| 33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31) | 3,974 | 253 | 66 | 8 |
| 34 OTHER CHARGES | 0 | 0 | 0 | 0 |
| 35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34) | 458,265 | 30,701 | 7,279 | 882 |
| 36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER) | 0 | 0 | 0 | 0 |
| 37 TOTAL NUMBER OF OUTLIER EPISODES | 0 | 0 | 0 | 0 |
| 38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES | 183 | 12 | 0 | 0 |

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
 I 14-1319 I FROM 6/ 1/2007 I WORKSHEET S-4
 I HHA NO: I TO 5/31/2008 I
 I 14-7450 I
 COUNTY: HENRY I

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

| | SCIC WITHIN A PEP 5 | SCIC ONLY EPISODES 6 | TOTAL (COLS. 1-6) 7 |
|--|---------------------------|----------------------------|---------------------------|
| 21 SKILLED NURSING VISITS | 0 | 38 | 2,245 |
| 22 SKILLED NURSING VISIT CHARGES | 0 | 4,163 | 255,681 |
| 23 PHYSICAL THERAPY VISITS | 0 | 8 | 1,054 |
| 24 PHYSICAL THERAPY VISIT CHARGES | 0 | 1,060 | 147,615 |
| 25 OCCUPATIONAL THERAPY VISITS | 0 | 0 | 328 |
| 26 OCCUPATIONAL THERAPY VISIT CHARGES | 0 | 0 | 46,678 |
| 27 SPEECH PATHOLOGY VISITS | 0 | 0 | 53 |
| 28 SPEECH PATHOLOGY VISIT CHARGES | 0 | 0 | 7,345 |
| 29 MEDICAL SOCIAL SERVICE VISITS | 0 | 0 | 43 |
| 30 MEDICAL SOCIAL SERVICE VISIT CHARGES | 0 | 0 | 7,682 |
| 31 HOME HEALTH AIDE VISITS | 0 | 0 | 624 |
| 32 HOME HEALTH AIDE VISIT CHARGES | 0 | 0 | 37,349 |
| 33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31) | 0 | 46 | 4,347 |
| 34 OTHER CHARGES | 0 | 0 | 0 |
| 35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34) | 0 | 5,223 | 502,350 |
| 36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER) | 0 | 0 | 0 |
| 37 TOTAL NUMBER OF OUTLIER EPISODES | 0 | 0 | 0 |
| 38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES | 0 | 0 | 195 |

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
I 14-1319 I FROM 6/ 1/2007 I WORKSHEET S-7
I I TO 5/31/2008 I

| GROUP(1) 1 | M3PI REVENUE CODE 2 | SERVICES PRIOR TO 10/1 RATE 3 | 10/1 DAYS 3.01 | SERVICES ON/AFTER 10/1 RATE 4 | 10/1 DAYS 4.01 | SRVCS 4/1/01 TO 9/30/01 RATE 4.02 | 4.03 DAYS 4.03 |
|---------------|---------------------------|-------------------------------------|----------------------|-------------------------------------|----------------------|---|----------------------|
| 1 | RUC | | | | | | |
| 2 | RUB | | | | | | |
| 3 | RUA | | 16 | | | | |
| 3 .01 | RUX | | | | | | |
| 3 .02 | RUL | | 10 | | | | |
| 4 | RVC | | 28 | | | | |
| 5 | RVB | | 195 | | | | |
| 6 | RVA | | 224 | | | | |
| 6 .01 | RVX | | | | | | |
| 6 .02 | RVL | | 135 | | | | |
| 7 | RHC | | 134 | | | | |
| 8 | RHB | | 252 | | | | |
| 9 | RHA | | 162 | | | | |
| 9 .01 | RHX | | | | | | |
| 9 .02 | RHL | | | | | | |
| 10 | RMC | | 33 | | | | |
| 11 | RMB | | 68 | | | | |
| 12 | RMA | | 65 | | | | |
| 12 .01 | RMX | | 51 | | | | |
| 12 .02 | RML | | 139 | | | | |
| 13 | RLB | | | | | | |
| 14 | RLA | | | | | | |
| 14 .01 | RLX | | | | | | |
| 15 | SE3 | | | | | | |
| 16 | SE2 | | 32 | | | | |
| 17 | SE1 | | | | | | |
| 18 | SSC | | | | | | |
| 19 | SSB | | | | | | |
| 20 | SSA | | 5 | | | | |
| 21 | CC2 | | | | | | |
| 22 | CC1 | | 4 | | | | |
| 23 | CB2 | | | | | | |
| 24 | CB1 | | 1 | | | | |
| 25 | CA2 | | | | | | |
| 26 | CA1 | | 56 | | | | |
| 27 | IB2 | | | | | | |
| 28 | IB1 | | | | | | |
| 29 | IA2 | | | | | | |
| 30 | IA1 | | | | | | |
| 31 | BB2 | | | | | | |
| 32 | BB1 | | | | | | |
| 33 | BA2 | | | | | | |
| 34 | BA1 | | | | | | |
| 35 | PE2 | | | | | | |
| 36 | PE1 | | | | | | |
| 37 | PD2 | | | | | | |
| 38 | PD1 | | 6 | | | | |
| 39 | PC2 | | | | | | |
| 40 | PC1 | | | | | | |
| 41 | PB2 | | | | | | |
| 42 | PB1 | | | | | | |
| 43 | PA2 | | | | | | |
| 44 | PA1 | | | | | | |
| 45 | Default | | | | | | |
| 46 | TOTAL | | 1,616 | | | | |

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8340
 Wage Index Factor (after 10/01) : 0.8340
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : 14

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
I 14-1319 I FROM 6/ 1/2007 I WORKSHEET S-7
I I TO 5/31/2008 I

| | GROUP(1) | M3PI REVENUE CODE | HIGH COST(2) | | SWING BED SNF DAYS | TOTAL |
|----|----------|----------------------|--------------|------|-----------------------|-------|
| | | | RUGS | DAYS | | |
| | 1 | 2 | 4.05 | | 4.06 | 5 |
| 1 | RUC | | | | | |
| 2 | RUB | | | | | |
| 3 | RUA | | | | | |
| 3 | .01 RUX | | | | | |
| 3 | .02 RUL | | | | | |
| 4 | RVC | | | | | |
| 5 | RVB | | | | | |
| 6 | RVA | | | | | |
| 6 | .01 RVX | | | | | |
| 6 | .02 RVL | | | | | |
| 7 | RHC | | | | | |
| 8 | RHB | | | | | |
| 9 | RHA | | | | | |
| 9 | .01 RHX | | | | | |
| 9 | .02 RHL | | | | | |
| 10 | RMC | | | | | |
| 11 | RMB | | | | | |
| 12 | RMA | | | | | |
| 12 | .01 RMX | | | | | |
| 12 | .02 RML | | | | | |
| 13 | RLB | | | | | |
| 14 | RLA | | | | | |
| 14 | .01 RLX | | | | | |
| 15 | SE3 | | | | | |
| 16 | SE2 | | | | | |
| 17 | SE1 | | | | | |
| 18 | SSC | | | | | |
| 19 | SSB | | | | | |
| 20 | SSA | | | | | |
| 21 | CC2 | | | | | |
| 22 | CC1 | | | | | |
| 23 | CB2 | | | | | |
| 24 | CB1 | | | | | |
| 25 | CA2 | | | | | |
| 26 | CA1 | | | | | |
| 27 | IB2 | | | | | |
| 28 | IB1 | | | | | |
| 29 | IA2 | | | | | |
| 30 | IA1 | | | | | |
| 31 | BB2 | | | | | |
| 32 | BB1 | | | | | |
| 33 | BA2 | | | | | |
| 34 | BA1 | | | | | |
| 35 | PE2 | | | | | |
| 36 | PE1 | | | | | |
| 37 | PD2 | | | | | |
| 38 | PD1 | | | | | |
| 39 | PC2 | | | | | |
| 40 | PC1 | | | | | |
| 41 | PB2 | | | | | |
| 42 | PB1 | | | | | |
| 43 | PA2 | | | | | |
| 44 | PA1 | | | | | |
| 45 | Default | | | | | |
| 46 | TOTAL | | | | | |

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8340
 Wage Index Factor (after 10/01): 0.8340
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : 14

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-1319
II PERIOD:
I FROM 6/ 1/2007
I TO 5/31/2008I PREPARED 10/29/2008
I WORKSHEET A
I

| | COST CENTER | COST CENTER DESCRIPTION | SALARIES 1 | OTHER 2 | TOTAL 3 | RECLASS- IFICATIONS 4 | RECLASSIFIED TRIAL BALANCE 5 |
|--------|-------------|--------------------------------------|---------------|------------|------------|-----------------------------|------------------------------------|
| | | GENERAL SERVICE COST CNTR | | | | | |
| 3 | 0300 | NEW CAP REL COSTS-BLDG & FIXT | | 1,222,362 | 1,222,362 | 531,835 | 1,754,197 |
| 4 | 0400 | NEW CAP REL COSTS-MVBLE EQUIP | | 964,769 | 964,769 | 29,212 | 993,981 |
| 5 | 0500 | EMPLOYEE BENEFITS | 154,397 | 2,631,936 | 2,786,333 | | 2,786,333 |
| 6.02 | 0620 | DATA PROCESSING | 243,844 | 182,095 | 425,939 | | 425,939 |
| 6.03 | 0630 | PURCHASING, RECEIVING AND STORES | 100,838 | 11,749 | 112,587 | | 112,587 |
| 6.04 | 0640 | ADMITTING | 128,357 | 9,067 | 137,424 | | 137,424 |
| 6.05 | 0650 | CASHIERING/ACCOUNTS RECEIVABLE | 198,931 | 122,656 | 321,587 | | 321,587 |
| 6.06 | 0660 | ADMINISTRATIVE & GENERAL | 575,330 | 1,515,601 | 2,090,931 | -70,114 | 2,020,817 |
| 8 | 0800 | OPERATION OF PLANT | 183,955 | 812,612 | 996,567 | -55,202 | 941,365 |
| 9 | 0900 | LAUNDRY & LINEN SERVICE | 24,659 | 93,098 | 117,757 | | 117,757 |
| 10 | 1000 | HOUSEKEEPING | 284,976 | 71,950 | 356,926 | | 356,926 |
| 11 | 1100 | DIETARY | 423,458 | 358,460 | 781,918 | | 781,918 |
| 12 | 1200 | CAFETERIA | | | | | |
| 14 | 1400 | NURSING ADMINISTRATION | 97,893 | 5,554 | 103,447 | | 103,447 |
| 15 | 1500 | CENTRAL SERVICES & SUPPLY | | 54,917 | 54,917 | | 54,917 |
| 16 | 1600 | PHARMACY | 156,359 | 437,584 | 593,943 | -314,076 | 279,867 |
| 17 | 1700 | MEDICAL RECORDS & LIBRARY | 251,635 | 63,008 | 314,643 | | 314,643 |
| 18 | 1800 | SOCIAL SERVICE | 125,853 | 8,818 | 134,671 | | 134,671 |
| 25 | 2500 | ADULTS & PEDIATRICS | 1,471,480 | 369,743 | 1,841,223 | -39,148 | 1,802,075 |
| 33 | 3300 | NURSERY | 155,178 | | 155,178 | | 155,178 |
| 34 | 3400 | SKILLED NURSING FACILITY | 415,179 | 25,452 | 440,631 | | 440,631 |
| 36 | 3600 | OTHER LONG TERM CARE | 565,653 | 46,737 | 612,390 | | 612,390 |
| 37 | 3700 | OPERATING ROOM | 937,849 | 1,627,507 | 2,565,356 | | 2,565,356 |
| 39 | 3900 | DELIVERY ROOM & LABOR ROOM | | | | 39,148 | 39,148 |
| 40 | 4000 | ANESTHESIOLOGY | 555,615 | 387,908 | 943,523 | | 943,523 |
| 41 | 4100 | RADIOLOGY-DIAGNOSTIC | 549,048 | 1,220,035 | 1,769,083 | | 1,769,083 |
| 44 | 4400 | LABORATORY | 418,587 | 564,830 | 983,417 | | 983,417 |
| 50 | 5000 | PHYSICAL THERAPY | 720,230 | 94,581 | 814,811 | | 814,811 |
| 51 | 5100 | OCCUPATIONAL THERAPY | 218,706 | 10,164 | 228,870 | | 228,870 |
| 52 | 5200 | SPEECH PATHOLOGY | 48,072 | 2,948 | 51,020 | | 51,020 |
| 53 | 5300 | ELECTROCARDIOLOGY | 253,270 | 97,334 | 350,604 | | 350,604 |
| 55 | 5500 | MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | | |
| 56 | 5600 | DRUGS CHARGED TO PATIENTS | | | | 314,076 | 314,076 |
| 59 | 3950 | DURABLE MEDICAL EQUIPMENT | | | | | |
| 59.01 | 3951 | SLEEP LAB | 46,893 | 44,602 | 91,495 | | 91,495 |
| 59.02 | 3020 | IV THERAPY | | | | | |
| 60 | 6000 | OUTPAT SERVICE COST CNTRS | | | | | |
| 61 | 6100 | CLINIC | | | | | |
| 62 | 6200 | EMERGENCY | 384,342 | 1,216,734 | 1,601,076 | | 1,601,076 |
| 62 | 6200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | |
| 71 | 7100 | OTHER REIMBURS COST CNTRS | | | | | |
| | | HOME HEALTH AGENCY | 283,135 | 64,118 | 347,253 | | 347,253 |
| | | SPEC PURPOSE COST CENTERS | | | | | |
| 88 | 8800 | INTEREST EXPENSE | | 518,124 | 518,124 | -518,124 | |
| 95 | | SUBTOTALS | 9,973,722 | 14,857,053 | 24,830,775 | -82,393 | 24,748,382 |
| | | NONREIMBURS COST CENTERS | | | | | |
| 96 | 9600 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | | | |
| 98 | 9800 | PHYSICIANS' PRIVATE OFFICES | | | | 15,559 | 15,559 |
| 98.02 | 9802 | ORTHO CLINIC | 205,508 | 37,534 | 243,042 | | 243,042 |
| 98.03 | 9803 | LEASED SPACE | | | | 66,834 | 66,834 |
| 98.04 | 9804 | COLONA CLINIC | | 542 | 542 | | 542 |
| 100 | 7950 | OTHER NONREIMBURSABLE COST CENTERS | | | | | |
| 100.01 | 7951 | PHYSICIAN BILLING COSTS | | | | | |
| 100.02 | 7952 | KELLY MEDICAL RENTAL AREA | | | | | |
| 100.03 | 7953 | ANESTHESIA BILLING | | | | | |
| 101 | | TOTAL | 10,179,230 | 14,895,129 | 25,074,359 | -0- | 25,074,359 |

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO: I
I 14-1319 I
I II PERIOD: I
I FROM 6/ 1/2007 I
I TO 5/31/2008 II PREPARED 10/29/2008
I WORKSHEET A
I

| COST CENTER | COST CENTER DESCRIPTION | ADJUSTMENTS 6 | NET EXPENSES FOR ALLOC 7 |
|-------------|---|------------------|--------------------------------|
| | GENERAL SERVICE COST CNTR | | |
| 3 | 0300 NEW CAP REL COSTS-BLDG & FIXT | -443,076 | 1,311,121 |
| 4 | 0400 NEW CAP REL COSTS-MVBLE EQUIP | -3,531 | 990,450 |
| 5 | 0500 EMPLOYEE BENEFITS | -111,123 | 2,675,210 |
| 6.02 | 0620 DATA PROCESSING | | 425,939 |
| 6.03 | 0630 PURCHASING, RECEIVING AND STORES | -1,179 | 111,408 |
| 6.04 | 0640 ADMITTING | | 137,424 |
| 6.05 | 0650 CASHIERING/ACCOUNTS RECEIVABLE | | 321,587 |
| 6.06 | 0660 ADMINISTRATIVE & GENERAL | -205,280 | 1,815,537 |
| 8 | 0800 OPERATION OF PLANT | | 941,365 |
| 9 | 0900 LAUNDRY & LINEN SERVICE | | 117,757 |
| 10 | 1000 HOUSEKEEPING | | 356,926 |
| 11 | 1100 DIETARY | -120,312 | 661,606 |
| 12 | 1200 CAFETERIA | | |
| 14 | 1400 NURSING ADMINISTRATION | | 103,447 |
| 15 | 1500 CENTRAL SERVICES & SUPPLY | -536 | 54,381 |
| 16 | 1600 PHARMACY | | 279,867 |
| 17 | 1700 MEDICAL RECORDS & LIBRARY | -1,338 | 313,305 |
| 18 | 1800 SOCIAL SERVICE | | 134,671 |
| | INPAT ROUTINE SRVC CNTRS | | |
| 25 | 2500 ADULTS & PEDIATRICS | -2,882 | 1,799,193 |
| 33 | 3300 NURSERY | | 155,178 |
| 34 | 3400 SKILLED NURSING FACILITY | -1,772 | 438,859 |
| 36 | 3600 OTHER LONG TERM CARE | -1,801 | 610,589 |
| | ANCILLARY SRVC COST CNTRS | | |
| 37 | 3700 OPERATING ROOM | | 2,565,356 |
| 39 | 3900 DELIVERY ROOM & LABOR ROOM | | 39,148 |
| 40 | 4000 ANESTHESIOLOGY | -943,523 | |
| 41 | 4100 RADIOLOGY-DIAGNOSTIC | | 1,769,083 |
| 44 | 4400 LABORATORY | | 983,417 |
| 50 | 5000 PHYSICAL THERAPY | -112,948 | 701,863 |
| 51 | 5100 OCCUPATIONAL THERAPY | | 228,870 |
| 52 | 5200 SPEECH PATHOLOGY | | 51,020 |
| 53 | 5300 ELECTROCARDIOLOGY | -36,002 | 314,602 |
| 55 | 5500 MEDICAL SUPPLIES CHARGED TO PATIENTS | | |
| 56 | 5600 DRUGS CHARGED TO PATIENTS | | 314,076 |
| 59 | 3950 DURABLE MEDICAL EQUIPMENT | | |
| 59.01 | 3951 SLEEP LAB | | 91,495 |
| 59.02 | 3020 IV THERAPY | | |
| | OUTPAT SERVICE COST CNTRS | | |
| 60 | 6000 CLINIC | | |
| 61 | 6100 EMERGENCY | -631,108 | 969,968 |
| 62 | 6200 OBSERVATION BEDS (NON-DISTINCT PART) | | |
| | OTHER REIMBURS COST CNTRS | | |
| 71 | 7100 HOME HEALTH AGENCY | -7,816 | 339,437 |
| | SPEC PURPOSE COST CENTERS | | |
| 88 | 8800 INTEREST EXPENSE | | -0- |
| 95 | SUBTOTALS | -2,624,227 | 22,124,155 |
| | NONREIMBURS COST CENTERS | | |
| 96 | 9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | |
| 98 | 9800 PHYSICIANS' PRIVATE OFFICES | | 15,559 |
| 98.02 | 9802 ORTHO CLINIC | | 243,042 |
| 98.03 | 9803 LEASED SPACE | | 66,834 |
| 98.04 | 9804 COLONA CLINIC | | 542 |
| 100 | 7950 OTHER NONREIMBURSABLE COST CENTERS | | |
| 100.01 | 7951 PHYSICIAN BILLING COSTS | | |
| 100.02 | 7952 KELLY MEDICAL RENTAL AREA | | |
| 100.03 | 7953 ANESTHESIA BILLING | | |
| 101 | TOTAL | -2,624,227 | 22,450,132 |

COST CENTERS USED IN COST REPORT

| 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 | |
| 6.02 | DATA PROCESSING | 0620 | DATA PROCESSING |
| 6.03 | PURCHASING, RECEIVING AND STORES | 0630 | PURCHASING, RECEIVING AND STORES |
| 6.04 | ADMITTING | 0640 | ADMITTING |
| 6.05 | CASHIERING/ACCOUNTS RECEIVABLE | 0650 | CASHIERING/ACCOUNTS RECEIVABLE |
| 6.06 | ADMINISTRATIVE & GENERAL | 0660 | OTHER ADMINISTRATIVE AND GENERAL |
| 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 | |
| | INPAT ROUTINE SRVC C | | |
| 25 | ADULTS & PEDIATRICS | 2500 | |
| 33 | NURSERY | 3300 | |
| 34 | SKILLED NURSING FACILITY | 3400 | |
| 36 | OTHER LONG TERM CARE | 3600 | |
| | ANCILLARY SRVC COST | | |
| 37 | OPERATING ROOM | 3700 | |
| 39 | DELIVERY ROOM & LABOR ROOM | 3900 | |
| 40 | ANESTHESIOLOGY | 4000 | |
| 41 | RADIOLOGY-DIAGNOSTIC | 4100 | |
| 44 | LABORATORY | 4400 | |
| 50 | PHYSICAL THERAPY | 5000 | |
| 51 | OCCUPATIONAL THERAPY | 5100 | |
| 52 | SPEECH PATHOLOGY | 5200 | |
| 53 | ELECTROCARDIOLOGY | 5300 | |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 5500 | |
| 56 | DRUGS CHARGED TO PATIENTS | 5600 | |
| 59 | DURABLE MEDICAL EQUIPMENT | 3950 | OTHER ANCILLARY SERVICE COST CENTERS |
| 59.01 | SLEEP LAB | 3951 | OTHER ANCILLARY SERVICE COST CENTERS |
| 59.02 | IV THERAPY | 3020 | ACUPUNCTURE |
| | OUTPAT SERVICE COST | | |
| 60 | CLINIC | 6000 | |
| 61 | EMERGENCY | 6100 | |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | 6200 | |
| | OTHER REIMBURS COST | | |
| 71 | HOME HEALTH AGENCY | 7100 | |
| | SPEC PURPOSE COST CE | | |
| 88 | INTEREST EXPENSE | 8800 | |
| 95 | SUBTOTALS | 0000 | |
| | NONREIMBURS COST CEN | | |
| 96 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 9600 | |
| 98 | PHYSICIANS' PRIVATE OFFICES | 9800 | |
| 98.02 | ORTHO CLINIC | 9802 | PHYSICIANS' PRIVATE OFFICES |
| 98.03 | LEASED SPACE | 9803 | PHYSICIANS' PRIVATE OFFICES |
| 98.04 | COLONA CLINIC | 9804 | PHYSICIANS' PRIVATE OFFICES |
| 100 | OTHER NONREIMBURSABLE COST CENTERS | 7950 | OTHER NONREIMBURSABLE COST CENTERS |
| 100.01 | PHYSICIAN BILLING COSTS | 7951 | OTHER NONREIMBURSABLE COST CENTERS |
| 100.02 | KELLY MEDICAL RENTAL AREA | 7952 | OTHER NONREIMBURSABLE COST CENTERS |
| 100.03 | ANESTHESIA BILLNG | 7953 | OTHER NONREIMBURSABLE COST CENTERS |
| 101 | TOTAL | 0000 | |

RECLASSIFICATIONS

| | | |
|--------------|----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 10/29/2008 |
| 141319 | FROM 6/ 1/2007 | WORKSHEET A-6 |
| | TO 5/31/2008 | |

| EXPLANATION OF RECLASSIFICATION | CODE | | INCREASE | | SALARY | OTHER |
|--------------------------------------|------|-------------------------------|----------|--|--------|-----------|
| | (1) | COST CENTER | LINE NO | | | |
| | 1 | 2 | 3 | | 4 | 5 |
| 1 DRUGS CHARGED TO PATIENTS | A | DRUGS CHARGED TO PATIENTS | 56 | | | 314,076 |
| 2 FMA BUILDING DEPR | F | PHYSICIANS' PRIVATE OFFICES | 98 | | | 15,559 |
| 3 APART RENTAL EXP | H | LEASED SPACE | 98.03 | | | 55,202 |
| 4 INTEREST EXPENSE | I | NEW CAP REL COSTS-BLDG & FIXT | 3 | | | 504,806 |
| 5 OTHER INT EXP - CAP LEASE | J | NEW CAP REL COSTS-MVBLE EQUIP | 4 | | | 13,318 |
| 6 OTHER CAPITAL COSTS | K | NEW CAP REL COSTS-BLDG & FIXT | 3 | | | 42,588 |
| 7 | | NEW CAP REL COSTS-MVBLE EQUIP | 4 | | | 15,894 |
| 8 OFFICE HOUSEKEEPING/MAINT/OTHER | N | LEASED SPACE | 98.03 | | 11,584 | 48 |
| 9 DELIVERY AND LABOR RECLASS | O | DELIVERY ROOM & LABOR ROOM | 39 | | 39,148 | |
| 10 RECLASS SALARIES FOR B-1 EB ALLOC | P | ANESTHESIOLOGY | 40 | | | 590,218 |
| 11 | | ADMINISTRATIVE & GENERAL | 6.06 | | | 56,072 |
| 36 TOTAL RECLASSIFICATIONS | | | | | 50,732 | 1,607,781 |

(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: | PERIOD: | PREPARED 10/29/2008 |
| 141319 | FROM 6/ 1/2007 | WORKSHEET A-6 |
| | TO 5/31/2008 | |

| EXPLANATION OF RECLASSIFICATION | CODE (1) | COST CENTER | DECREASE | | SALARY | OTHER | A-7 REF 10 |
|--------------------------------------|-------------|-------------|------------|---|---------|---------|------------------|
| | | | LINE NO | 7 | | | |
| 1 DRUGS CHARGED TO PATIENTS | A | 6 | 16 | | | 314,076 | |
| 2 FMA BUILDING DEPR | F | | 3 | | | 15,559 | 9 |
| 3 APART RENTAL EXP | H | | 8 | | | 55,202 | |
| 4 INTEREST EXPENSE | I | | 88 | | | 504,806 | 9 |
| 5 OTHER INT EXP - CAP LEASE | J | | 88 | | | 13,318 | 9 |
| 6 OTHER CAPITAL COSTS | K | | 6.06 | | | 58,482 | 9 |
| 7 | | | | | | | 9 |
| 8 OFFICE HOUSEKEEPING/MAINT/OTHER | N | | 6.06 | | 11,584 | 48 | |
| 9 DELIVERY AND LABOR RECLASS | O | | 25 | | 39,148 | | |
| 10 RECLASS SALARIES FOR B-1 EB ALLOC | P | | 40 | | 590,218 | | |
| 11 | | | 6.06 | | 56,072 | | |
| 36 TOTAL RECLASSIFICATIONS | | | | | 697,022 | 961,491 | |

(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: | PERIOD: | PREPARED |
| 141319 | 6/ 1/2007 | 10/29/2008 |
| | FROM | WORKSHEET A-6 |
| | TO | 5/31/2008 |
| | | NOT A CMS WORKSHEET |

RECLASS CODE: A
EXPLANATION : DRUGS CHARGED TO PATIENTS

| ----- INCREASE ----- | | | |
|------------------------------------|---------------------------|------|---------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | DRUGS CHARGED TO PATIENTS | 56 | 314,076 |
| TOTAL RECLASSIFICATIONS FOR CODE A | | | 314,076 |

| ----- DECREASE ----- | | | |
|----------------------|------|---------|--|
| COST CENTER | LINE | AMOUNT | |
| PHARMACY | 16 | 314,076 | |
| | | 314,076 | |

RECLASS CODE: F
EXPLANATION : FMA BUILDING DEPR

| ----- INCREASE ----- | | | |
|------------------------------------|-----------------------------|------|--------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | PHYSICIANS' PRIVATE OFFICES | 98 | 15,559 |
| TOTAL RECLASSIFICATIONS FOR CODE F | | | 15,559 |

| ----- DECREASE ----- | | | |
|-------------------------------|------|--------|--|
| COST CENTER | LINE | AMOUNT | |
| NEW CAP REL COSTS-BLDG & FIXT | 3 | 15,559 | |
| | | 15,559 | |

RECLASS CODE: H
EXPLANATION : APART RENTAL EXP

| ----- INCREASE ----- | | | |
|------------------------------------|--------------|-------|--------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | LEASED SPACE | 98.03 | 55,202 |
| TOTAL RECLASSIFICATIONS FOR CODE H | | | 55,202 |

| ----- DECREASE ----- | | | |
|----------------------|------|--------|--|
| COST CENTER | LINE | AMOUNT | |
| OPERATION OF PLANT | 8 | 55,202 | |
| | | 55,202 | |

RECLASS CODE: I
EXPLANATION : INTEREST EXPENSE

| ----- INCREASE ----- | | | |
|------------------------------------|-------------------------------|------|---------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | NEW CAP REL COSTS-BLDG & FIXT | 3 | 504,806 |
| TOTAL RECLASSIFICATIONS FOR CODE I | | | 504,806 |

| ----- DECREASE ----- | | | |
|----------------------|------|---------|--|
| COST CENTER | LINE | AMOUNT | |
| INTEREST EXPENSE | 88 | 504,806 | |
| | | 504,806 | |

RECLASS CODE: J
EXPLANATION : OTHER INT EXP - CAP LEASE

| ----- INCREASE ----- | | | |
|------------------------------------|-------------------------------|------|--------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 13,318 |
| TOTAL RECLASSIFICATIONS FOR CODE J | | | 13,318 |

| ----- DECREASE ----- | | | |
|----------------------|------|--------|--|
| COST CENTER | LINE | AMOUNT | |
| INTEREST EXPENSE | 88 | 13,318 | |
| | | 13,318 | |

RECLASS CODE: K
EXPLANATION : OTHER CAPITAL COSTS

| ----- INCREASE ----- | | | |
|------------------------------------|-------------------------------|------|--------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | NEW CAP REL COSTS-BLDG & FIXT | 3 | 42,588 |
| 2.00 | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 15,894 |
| TOTAL RECLASSIFICATIONS FOR CODE K | | | 58,482 |

| ----- DECREASE ----- | | | |
|--------------------------|------|--------|--|
| COST CENTER | LINE | AMOUNT | |
| ADMINISTRATIVE & GENERAL | 6.06 | 58,482 | |
| | | 0 | |
| | | 58,482 | |

RECLASS CODE: N
EXPLANATION : OFFICE HOUSEKEEPING/MAINT/OTHER

| ----- INCREASE ----- | | | |
|------------------------------------|--------------|-------|--------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | LEASED SPACE | 98.03 | 11,632 |
| TOTAL RECLASSIFICATIONS FOR CODE N | | | 11,632 |

| ----- DECREASE ----- | | | |
|--------------------------|------|--------|--|
| COST CENTER | LINE | AMOUNT | |
| ADMINISTRATIVE & GENERAL | 6.06 | 11,632 | |
| | | 11,632 | |

RECLASS CODE: O
EXPLANATION : DELIVERY AND LABOR RECLASS

| ----- INCREASE ----- | | | |
|------------------------------------|----------------------------|------|--------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | DELIVERY ROOM & LABOR ROOM | 39 | 39,148 |
| TOTAL RECLASSIFICATIONS FOR CODE O | | | 39,148 |

| ----- DECREASE ----- | | | |
|----------------------|------|--------|--|
| COST CENTER | LINE | AMOUNT | |
| ADULTS & PEDIATRICS | 25 | 39,148 | |
| | | 39,148 | |

RECLASS CODE: P
EXPLANATION : RECLASS SALARIES FOR B-1 EB ALLOC

| ----- INCREASE ----- | | | |
|------------------------------------|--------------------------|------|---------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | ANESTHESIOLOGY | 40 | 590,218 |
| 2.00 | ADMINISTRATIVE & GENERAL | 6.06 | 56,072 |
| TOTAL RECLASSIFICATIONS FOR CODE P | | | 646,290 |

| ----- DECREASE ----- | | | |
|--------------------------|------|---------|--|
| COST CENTER | LINE | AMOUNT | |
| ANESTHESIOLOGY | 40 | 590,218 | |
| ADMINISTRATIVE & GENERAL | 6.06 | 56,072 | |
| | | 646,290 | |

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

| | DESCRIPTION | BEGINNING BALANCES 1 | PURCHASES 2 | ACQUISITIONS | | TOTAL 4 | DISPOSALS AND RETIREMENTS 5 | ENDING BALANCE 6 | FULLY DEPRECIATED ASSETS 7 |
|---|---------------------|----------------------------|----------------|---------------|--|------------|--------------------------------------|------------------------|-------------------------------------|
| | | | | DONATION 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 BALANCES 1 | PURCHASES 2 | ACQUISITIONS | | TOTAL 4 | DISPOSALS AND RETIREMENTS 5 | ENDING BALANCE 6 | FULLY DEPRECIATED ASSETS 7 |
|---|---------------------|----------------------------|----------------|---------------|--|------------|--------------------------------------|------------------------|-------------------------------------|
| | | | | DONATION 3 | | | | | |
| 1 | LAND | 766,807 | 31,500 | | | 31,500 | | 798,307 | |
| 2 | LAND IMPROVEMENTS | 680,014 | 8,045 | | | 8,045 | | 688,059 | |
| 3 | BUILDINGS & FIXTURE | 22,508,760 | 92,384 | | | 92,384 | | 22,601,144 | |
| 4 | BUILDING IMPROVEMEN | | | | | | | | |
| 5 | FIXED EQUIPMENT | | | | | | | | |
| 6 | MOVABLE EQUIPMENT | 8,543,450 | 717,606 | | | 717,606 | 271,602 | 8,989,454 | |
| 7 | SUBTOTAL | 32,499,031 | 849,535 | | | 849,535 | 271,602 | 33,076,964 | |
| 8 | RECONCILING ITEMS | | | | | | | | |
| 9 | TOTAL | 32,499,031 | 849,535 | | | 849,535 | 271,602 | 33,076,964 | |

PART III - RECONCILIATION OF CAPITAL COST CENTERS

| * | DESCRIPTION | GROSS ASSETS 1 | COMPUTATION OF RATIOS | | RATIO 4 | ALLOCATION OF OTHER CAPITAL | | | TOTAL 8 |
|---|----------------------|-------------------|--------------------------|-----------------------|------------|-----------------------------|------------|----------------------------------|------------|
| | | | CAPITIALIZED LEASES 2 | GROSS ASSETS FOR 3 | | INSURANCE 5 | TAXES 6 | OTHER CAPITAL RELATED COSTS 7 | |
| 3 | NEW CAP REL COSTS-BL | 23,289,203 | | 23,289,203 | .721505 | | | | |
| 4 | NEW CAP REL COSTS-MV | 8,989,454 | | 8,989,454 | .278495 | | | | |
| 5 | TOTAL | 32,278,657 | | 32,278,657 | 1.000000 | | | | |

| * | DESCRIPTION | SUMMARY OF OLD AND NEW CAPITAL | | | | | | TOTAL (1) 15 |
|---|----------------------|--------------------------------|-------------|----------------|-----------------|-------------|----------------------------------|-----------------|
| | | DEPRECIATION 9 | LEASE 10 | INTEREST 11 | INSURANCE 12 | TAXES 13 | OTHER CAPITAL RELATED COST 14 | |
| 3 | NEW CAP REL COSTS-BL | 1,311,121 | | | | | | 1,311,121 |
| 4 | NEW CAP REL COSTS-MV | 990,450 | | | | | | 990,450 |
| 5 | TOTAL | 2,301,571 | | | | | | 2,301,571 |

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

| * | DESCRIPTION | SUMMARY OF OLD AND NEW CAPITAL | | | | | | TOTAL (1) 15 |
|---|----------------------|--------------------------------|-------------|----------------|-----------------|-------------|----------------------------------|-----------------|
| | | DEPRECIATION 9 | LEASE 10 | INTEREST 11 | INSURANCE 12 | TAXES 13 | OTHER CAPITAL RELATED COST 14 | |
| 3 | NEW CAP REL COSTS-BL | 1,222,362 | | | | | | 1,222,362 |
| 4 | NEW CAP REL COSTS-MV | 964,769 | | | | | | 964,769 |
| 5 | TOTAL | 2,187,131 | | | | | | 2,187,131 |

* All lines numbers except line 5 are to be consistent with workshseet 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

I PROVIDER NO:
I 14-1319
I

I PERIOD: I PREPARED 10/29/2008
I FROM 6/ 1/2007 I WORKSHEET A-8
I TO 5/31/2008 I

| DESCRIPTION (1) | (2) BASIS/CODE | AMOUNT | EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED | | WKST. A-7 REF. |
|-----------------|-------------------|------------|--|---------|----------------|
| | | | COST CENTER | LINE NO | |
| | 1 | 2 | 3 | 4 | 5 |
| 1 | | | **COST CENTER DELETED** | 1 | |
| 2 | | | **COST CENTER DELETED** | 2 | |
| 3 | B | -65,849 | NEW CAP REL COSTS-BLDG & | 3 | 9 |
| 4 | | | NEW CAP REL COSTS-MVBLE E | 4 | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | A | -3,076 | ADMINISTRATIVE & GENERAL | 6.06 | |
| 10 | A | -3,531 | NEW CAP REL COSTS-MVBLE E | 4 | 9 |
| 11 | | | | | |
| 12 | A-8-2 | -667,110 | | | |
| 13 | | | | | |
| 14 | A-8-1 | | | | |
| 15 | | | | | |
| 16 | B | -99,878 | DIETARY | 11 | |
| 17 | | | | | |
| 18 | | | | | |
| 19 | | | | | |
| 20 | B | -1,338 | MEDICAL RECORDS & LIBRARY | 17 | |
| 21 | | | | | |
| 22 | B | -4,794 | DIETARY | 11 | |
| 23 | | | | | |
| 24 | | | | | |
| 25 | A-8-3/A-8-4 | | **COST CENTER DELETED** | 49 | |
| 26 | A-8-3/A-8-4 | | PHYSICAL THERAPY | 50 | |
| 27 | A-8-3 | | | | |
| 28 | | | **COST CENTER DELETED** | 89 | |
| 29 | | | **COST CENTER DELETED** | 1 | |
| 30 | | | **COST CENTER DELETED** | 2 | |
| 31 | | | NEW CAP REL COSTS-BLDG & | 3 | |
| 32 | | | NEW CAP REL COSTS-MVBLE E | 4 | |
| 33 | | | **COST CENTER DELETED** | 20 | |
| 34 | | | | | |
| 35 | A-8-4 | | OCCUPATIONAL THERAPY | 51 | |
| 36 | A-8-4 | | SPEECH PATHOLOGY | 52 | |
| 37 | A | -6,388 | ADMINISTRATIVE & GENERAL | 6.06 | |
| 37.01 | B | -15,640 | DIETARY | 11 | |
| 37.03 | B | -697 | ADMINISTRATIVE & GENERAL | 6.06 | |
| 37.05 | A | -111,123 | EMPLOYEE BENEFITS | 5 | |
| 37.08 | A | -88,521 | ADMINISTRATIVE & GENERAL | 6.06 | |
| 37.09 | A | -943,523 | ANESTHESIOLOGY | 40 | |
| 37.10 | A | -200,004 | NEW CAP REL COSTS-BLDG & | 3 | 9 |
| 37.11 | B | -536 | CENTRAL SERVICES & SUPPLY | 15 | |
| 37.13 | A | -75,304 | ADMINISTRATIVE & GENERAL | 6.06 | |
| 37.16 | B | -35,085 | PHYSICAL THERAPY | 50 | |
| 38 | A | -31,294 | ADMINISTRATIVE & GENERAL | 6.06 | |
| 39 | B | -7,816 | HOME HEALTH AGENCY | 71 | |
| 40 | B | -1,179 | PURCHASING, RECEIVING AND | 6.03 | |
| 41 | B | -39,773 | PHYSICAL THERAPY | 50 | |
| 42 | A | -177,223 | NEW CAP REL COSTS-BLDG & | 3 | 9 |
| 43 | | | | | |
| 44 | A | -2,882 | ADULTS & PEDIATRICS | 25 | |
| 45 | A | -1,772 | SKILLED NURSING FACILITY | 34 | |
| 46 | A | -1,801 | OTHER LONG TERM CARE | 36 | |
| 47 | B | -38,090 | PHYSICAL THERAPY | 50 | |
| 48 | | | | | |
| 49 | | | | | |
| 50 | | -2,624,227 | | | |

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

(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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 14-1319
I

I PERIOD:
I FROM 6/ 1/2007
I TO 5/31/2008

I PREPARED 10/29/2008
I WORKSHEET A-8-2
I GROUP 1

| WKSHT A LINE NO. | COST CENTER/ PHYSICIAN IDENTIFIER | TOTAL REMUN- ERATION | PROFES- SIONAL COMPONENT | PROVIDER COMPONENT | RCE AMOUNT | PHYSICIAN/ PROVIDER COMPONENT HOURS | UNADJUSTED RCE LIMIT | 5 PERCENT OF UNADJUSTED RCE LIMIT |
|---------------------|---|----------------------------|--------------------------------|-----------------------|---------------|--|-------------------------|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1 44 | LABORATORY | 11,600 | | 11,600 | | | | |
| 2 61 | EMERGENCY | 1,108,287 | 631,108 | 477,179 | | | | |
| 3 53 | EKG | 36,002 | 36,002 | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| 11 | | | | | | | | |
| 12 | | | | | | | | |
| 13 | | | | | | | | |
| 14 | | | | | | | | |
| 15 | | | | | | | | |
| 16 | | | | | | | | |
| 17 | | | | | | | | |
| 18 | | | | | | | | |
| 19 | | | | | | | | |
| 20 | | | | | | | | |
| 21 | | | | | | | | |
| 22 | | | | | | | | |
| 23 | | | | | | | | |
| 24 | | | | | | | | |
| 25 | | | | | | | | |
| 26 | | | | | | | | |
| 27 | | | | | | | | |
| 28 | | | | | | | | |
| 29 | | | | | | | | |
| 30 | | | | | | | | |
| 101 | TOTAL | 1,155,889 | 667,110 | 488,779 | | | | |

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
 I 14-1319 I FROM 6/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 5/31/2008 I

| LINE NO. | COST CENTER DESCRIPTION | STATISTICS CODE | STATISTICS DESCRIPTION | | |
|----------|----------------------------------|-----------------|------------------------|----------|-------------|
| | GENERAL SERVICE COST | | | | |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 3 | SQUARE | FEET | ENTERED |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 4 | DOLLAR | VALUE | ENTERED |
| 5 | EMPLOYEE BENEFITS | 5 | GROSS | SALARIES | ENTERED |
| 6.02 | DATA PROCESSING | 8 | TIME | SPENT | ENTERED |
| 6.03 | PURCHASING, RECEIVING AND STORES | 9 | SUPPLY | COST | ENTERED |
| 6.04 | ADMITTING | 10 | GROSS | CHARGES | ENTERED |
| 6.05 | CASHIERING/ACCOUNTS RECEIVABLE | 11 | GROSS PT. | CHARGES | ENTERED |
| 6.06 | ADMINISTRATIVE & GENERAL | -12 | ACCUM. | COST | NOT ENTERED |
| 8 | OPERATION OF PLANT | 14 | SQUARE | FEET | ENTERED |
| 9 | LAUNDRY & LINEN SERVICE | 15 | POUNDS OF | LAUNDRY | ENTERED |
| 10 | HOUSEKEEPING | 16 | HOURS OF | SERVICE | ENTERED |
| 11 | DIETARY | 17 | MEALS | SERVED | ENTERED |
| 12 | CAFETERIA | 18 | FTE'S | | ENTERED |
| 14 | NURSING ADMINISTRATION | 20 | FTE'S | | ENTERED |
| 15 | CENTRAL SERVICES & SUPPLY | 21 | COSTED | REQUIS | ENTERED |
| 16 | PHARMACY | 22 | COSTED | REQUIS | ENTERED |
| 17 | MEDICAL RECORDS & LIBRARY | 23 | GROSS PT. | CHARGES | ENTERED |
| 18 | SOCIAL SERVICE | 24 | TIME | SPENT | ENTERED |

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
 I 14-1319 I FROM 6/ 1/2007 I WORKSHEET B
 I I TO 5/31/2008 I PART I

| COST CENTER DESCRIPTION | NET EXPENSES FOR COST ALLOCATION | NEW CAP REL OSTS-BLDG & | C NEW CAP REL OSTS-MVBLE | C EMPLOYEE BENE DATA PROCESSI PURCHASING, R ADMITTING | E FITS | NG | NG | RECEIVING AND | 6.04 |
|----------------------------------|----------------------------------|-------------------------|--------------------------|---|---------|---------|----|---------------|------|
| | 0 | 3 | 4 | 5 | 6.02 | 6.03 | | | |
| 003 GENERAL SERVICE COST CNTR | | | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | 1,311,121 | 1,311,121 | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | 990,450 | | 990,450 | | | | | | |
| 006 EMPLOYEE BENEFITS | 2,675,210 | 2,666 | 1,011 | 2,678,887 | | | | | |
| 006 02 DATA PROCESSING | 425,939 | 12,229 | 288,690 | 69,396 | 796,254 | | | | |
| 006 03 PURCHASING, RECEIVING AND | 111,408 | 28,193 | 110 | 28,697 | 14,028 | 182,436 | | | |
| 006 04 ADMITTING | 137,424 | 6,896 | | 36,529 | 6,419 | 412 | | 187,680 | |
| 006 05 CASHIERING/ACCOUNTS RECEI | 321,587 | 17,380 | 2,750 | 56,614 | 10,699 | 856 | | | |
| 006 06 ADMINISTRATIVE & GENERAL | 1,815,537 | 128,440 | 22,058 | 144,479 | 203,046 | 2,915 | | | |
| 008 OPERATION OF PLANT | 941,365 | 130,360 | 37,406 | 52,352 | | 6,869 | | | |
| 009 LAUNDRY & LINEN SERVICE | 117,757 | 9,398 | 114 | 7,018 | | 124 | | | |
| 010 HOUSEKEEPING | 356,926 | 7,443 | 3,140 | 81,101 | 476 | 3,339 | | | |
| 011 DIETARY | 661,606 | 50,080 | 7,385 | 120,512 | 2,140 | 2,168 | | | |
| 012 CAFETERIA | | | | | 3,091 | | | | |
| 014 NURSING ADMINISTRATION | 103,447 | 1,259 | 285 | 27,859 | | 47 | | | |
| 015 CENTRAL SERVICES & SUPPLY | 54,381 | | 17,258 | | | 4,238 | | | |
| 016 PHARMACY | 279,867 | 12,021 | 4,085 | 44,498 | 33,286 | 892 | | | |
| 017 MEDICAL RECORDS & LIBRARY | 313,305 | 25,179 | 7,770 | 71,613 | 32,573 | 455 | | | |
| 018 SOCIAL SERVICE | 134,671 | 3,023 | 4 | 35,817 | 5,706 | 337 | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | | | |
| 033 ADULTS & PEDIATRICS | 1,799,193 | 126,747 | 71,734 | 407,626 | 80,362 | 8,815 | | 10,970 | |
| 034 NURSERY | 155,178 | | 2,461 | 44,162 | | 812 | | | |
| 036 SKILLED NURSING FACILITY | 438,859 | 90,641 | 6,416 | 118,156 | 19,258 | 1,158 | | 2,189 | |
| 037 OTHER LONG TERM CARE | 610,589 | 113,024 | 3,670 | 160,979 | 4,517 | 1,828 | | 6,063 | |
| 040 ANCILLARY SRVC COST CNTRS | | | | | | | | | |
| 039 OPERATING ROOM | 2,565,356 | 117,644 | 121,360 | 266,902 | 56,824 | 98,930 | | 42,455 | |
| 041 DELIVERY ROOM & LABOR ROO | 39,148 | 4,907 | | 11,141 | 10,224 | 1,033 | | | |
| 044 ANESTHESIOLOGY | | | | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | 1,769,083 | 61,736 | 293,974 | 156,254 | 167,858 | 15,900 | | 37,908 | |
| 044 LABORATORY | 983,417 | 13,732 | 27,305 | 119,126 | 19,734 | 18,245 | | 17,088 | |
| 050 PHYSICAL THERAPY | 701,863 | 28,262 | 8,891 | 204,970 | 22,349 | 3,188 | | 13,583 | |
| 051 OCCUPATIONAL THERAPY | 228,870 | 20,168 | 1,030 | 62,242 | 3,329 | 277 | | 4,477 | |
| 052 SPEECH PATHOLOGY | 51,020 | 6,705 | 1,482 | 13,681 | | 156 | | 503 | |
| 053 ELECTROCARDIOLOGY | 314,602 | 13,454 | 18,512 | 72,078 | 26,867 | 822 | | 7,398 | |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | | | 1,315 | |
| 056 DRUGS CHARGED TO PATIENTS | 314,076 | | | | | | | 16,165 | |
| 059 DURABLE MEDICAL EQUIPMENT | | | | | | | | | |
| 059 01 SLEEP LAB | 91,495 | 4,586 | 904 | 13,345 | | 779 | | 1,591 | |
| 059 02 IV THERAPY | | | | | | | | | |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | | | |
| 061 CLINIC | | | | | | | | | |
| 062 EMERGENCY | 969,968 | 29,461 | 25,951 | 109,380 | 14,979 | 5,281 | | 17,696 | |
| 071 OBSERVATION BEDS (NON-DIS | | | | | | | | | |
| 071 OTHER REIMBURS COST CNTRS | | | | | | | | | |
| 071 HOME HEALTH AGENCY | 339,437 | 10,857 | 8,491 | 80,577 | 12,126 | 1,133 | | | |
| 095 SPEC PURPOSE COST CENTERS | | | | | | | | | |
| 095 SUBTOTALS | 22,124,155 | 1,076,491 | 984,247 | 2,617,104 | 749,891 | 179,164 | | 181,246 | |
| 096 NONREIMBURS COST CENTERS | | | | | | | | | |
| 098 GIFT, FLOWER, COFFEE SHOP | | 8,685 | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | 15,559 | 40,300 | 6,203 | | 46,363 | | | | |
| 098 02 ORTHO CLINIC | 243,042 | | | 58,486 | | 451 | | | |
| 098 03 LEASED SPACE | 66,834 | 154,882 | | 3,297 | | | | | |
| 098 04 COLONA CLINIC | 542 | | | | | | | | |
| 100 OTHER NONREIMBURSABLE COS | | 25,804 | | | | | | | |
| 100 01 PHYSICIAN BILLING COSTS | | | | | | | | | |
| 100 02 KELLY MEDICAL RENTAL AREA | | 4,959 | | | | | | | |
| 100 03 ANESTHESIA BILLING | | | | | | 2,821 | | 6,434 | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | | | |
| 103 TOTAL | 22,450,132 | 1,311,121 | 990,450 | 2,678,887 | 796,254 | 182,436 | | 187,680 | |

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
 I 14-1319 I FROM 6/ 1/2007 I WORKSHEET B
 I I TO 5/31/2008 I PART I

| COST CENTER DESCRIPTION | CASHIERING/AC COUNTS RECEI | SUBTOTAL | ADMINISTRATIV E & GENERAL | OPERATION OF PLANT | LAUNDRY & LIN EN SERVICE | HOUSEKEEPING | DIETARY |
|----------------------------------|----------------------------|------------|---------------------------|--------------------|--------------------------|--------------|-----------|
| | 6.05 | 6a.05 | 6.06 | 8 | 9 | 10 | 11 |
| GENERAL SERVICE COST CNTR | | | | | | | |
| 003 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 02 DATA PROCESSING | | | | | | | |
| 006 03 PURCHASING, RECEIVING AND | | | | | | | |
| 006 04 ADMITTING | | | | | | | |
| 006 05 CASHIERING/ACCOUNTS RECEI | 409,886 | | | | | | |
| 006 06 ADMINISTRATIVE & GENERAL | | 2,316,475 | 2,316,475 | | | | |
| 008 OPERATION OF PLANT | | 1,168,352 | 134,425 | 1,302,777 | | | |
| 009 LAUNDRY & LINEN SERVICE | | 134,411 | 15,465 | 14,749 | 164,625 | | |
| 010 HOUSEKEEPING | | 452,425 | 52,054 | 11,682 | | 516,161 | |
| 011 DIETARY | | 843,891 | 97,094 | 78,599 | 1,824 | 6,039 | 1,027,447 |
| 012 CAFETERIA | | 3,091 | 356 | | | 25,281 | 633,763 |
| 014 NURSING ADMINISTRATION | | 132,897 | 15,290 | 1,977 | | | |
| 015 CENTRAL SERVICES & SUPPLY | | 75,877 | 8,730 | | | | |
| 016 PHARMACY | | 374,649 | 43,105 | 18,866 | | 3,552 | |
| 017 MEDICAL RECORDS & LIBRARY | | 450,895 | 51,878 | 39,518 | | 4,677 | |
| 018 SOCIAL SERVICE | | 179,558 | 20,659 | 4,744 | | 1,954 | |
| INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | 23,716 | 2,529,163 | 290,993 | 198,925 | 43,497 | 153,405 | 90,736 |
| 033 NURSERY | 1,756 | 204,369 | 23,514 | | 354 | 2,960 | |
| 034 SKILLED NURSING FACILITY | 4,733 | 681,410 | 78,400 | 142,258 | 19,213 | 74,245 | 104,845 |
| 036 OTHER LONG TERM CARE | 13,108 | 913,778 | 105,135 | 177,387 | 37,771 | 80,284 | 198,103 |
| ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | 91,744 | 3,361,215 | 386,720 | 184,639 | 26,942 | 85,908 | |
| 039 DELIVERY ROOM & LABOR ROO | 2,234 | 68,687 | 7,903 | 7,702 | | 59 | |
| 040 ANESTHESIOLOGY | | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | 81,951 | 2,584,664 | 297,379 | 96,893 | 11,375 | 10,124 | |
| 044 LABORATORY | 36,941 | 1,235,588 | 142,161 | 21,551 | | 6,868 | |
| 050 PHYSICAL THERAPY | 29,365 | 1,012,471 | 116,490 | 44,357 | 11,352 | 7,223 | |
| 051 OCCUPATIONAL THERAPY | 9,678 | 330,071 | 37,976 | 31,652 | | 4,618 | |
| 052 SPEECH PATHOLOGY | 1,087 | 74,634 | 8,587 | 10,524 | | | |
| 053 ELECTROCARDIOLOGY | 15,993 | 469,726 | 54,044 | 21,115 | | 4,855 | |
| 055 MEDICAL SUPPLIES CHARGED | 2,842 | 4,157 | 478 | | | | |
| 056 DRUGS CHARGED TO PATIENTS | 34,947 | 365,188 | 42,017 | | | | |
| 059 DURABLE MEDICAL EQUIPMENT | | | | | | | |
| 059 01 SLEEP LAB | 3,439 | 116,139 | 13,362 | 7,197 | | | |
| 059 02 IV THERAPY | | | | | | | |
| OUTPAT SERVICE COST CNTRS | | | | | | | |
| 060 CLINIC | | | | | | | |
| 061 EMERGENCY | 24,016 | 1,196,732 | 137,690 | 46,238 | 10,390 | 31,498 | |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| OTHER REIMBURS COST CNTRS | | | | | | | |
| 071 HOME HEALTH AGENCY | 4,188 | 456,809 | 52,558 | 17,039 | | 3,730 | |
| SPEC PURPOSE COST CENTERS | | | | | | | |
| 095 SUBTOTALS | 381,738 | 21,737,322 | 2,234,463 | 1,177,612 | 162,718 | 507,280 | 1,027,447 |
| NONREIMBURS COST CENTERS | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | 8,685 | 999 | 13,632 | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | 108,425 | 12,475 | 63,250 | | | |
| 098 02 ORTHO CLINIC | | 301,979 | 34,744 | | | | |
| 098 03 LEASED SPACE | | 225,013 | 25,889 | | 1,907 | 8,881 | |
| 098 04 COLONA CLINIC | | 542 | 62 | | | | |
| 100 OTHER NONREIMBURSABLE COS | | 25,804 | 2,969 | 40,499 | | | |
| 100 01 PHYSICIAN BILLING COSTS | 14,239 | 14,239 | 1,638 | | | | |
| 100 02 KELLY MEDICAL RENTAL AREA | | 4,959 | 571 | 7,784 | | | |
| 100 03 ANESTHESIA BILLNG | 13,909 | 23,164 | 2,665 | | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 409,886 | 22,450,132 | 2,316,475 | 1,302,777 | 164,625 | 516,161 | 1,027,447 |

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
 I 14-1319 I FROM 6/ 1/2007 I WORKSHEET B
 I I TO 5/31/2008 I PART I

| COST CENTER DESCRIPTION | CAFETERIA 12 | NURSING ADMIN ISTRATION 14 | CENTRAL SERVI CES & SUPPLY 15 | PHARMACY 16 | MEDICAL RECOR DS & LIBRARY 17 | SOCIAL SERVIC E 18 | SUBTOTAL 25 |
|----------------------------------|-----------------|----------------------------------|-------------------------------------|----------------|-------------------------------------|--------------------------|----------------|
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | | | | |
| 006 02 DATA PROCESSING | | | | | | | |
| 006 03 PURCHASING, RECEIVING AND | | | | | | | |
| 006 04 ADMITTING | | | | | | | |
| 006 05 CASHIERING/ACCOUNTS RECEI | | | | | | | |
| 006 06 ADMINISTRATIVE & GENERAL | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | | | | | |
| 010 HOUSEKEEPING | | | | | | | |
| 011 DIETARY | | | | | | | |
| 012 CAFETERIA | 662,491 | | | | | | |
| 014 NURSING ADMINISTRATION | 4,410 | 154,574 | | | | | |
| 015 CENTRAL SERVICES & SUPPLY | | | 84,607 | | | | |
| 016 PHARMACY | 12,348 | | | 452,520 | | | |
| 017 MEDICAL RECORDS & LIBRARY | 39,468 | | | | 586,436 | | |
| 018 SOCIAL SERVICE | 12,568 | 4,837 | | | | 224,320 | |
| INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | 128,635 | 49,511 | | | 33,931 | 50,509 | 3,569,305 |
| 033 NURSERY | 15,390 | 5,924 | | | 2,512 | | 255,023 |
| 034 SKILLED NURSING FACILITY | 50,978 | 19,621 | | | 6,772 | 81,726 | 1,259,468 |
| 036 OTHER LONG TERM CARE | 86,124 | 29,601 | | | 18,753 | 74,474 | 1,721,410 |
| ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | 75,452 | 29,041 | | | 131,268 | 115 | 4,281,300 |
| 039 DELIVERY ROOM & LABOR ROO | 3,396 | 1,307 | | | 3,197 | | 92,251 |
| 040 ANESTHESIOLOGY | | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | 43,878 | | | | 117,247 | | 3,161,560 |
| 044 LABORATORY | 45,862 | | | | 52,852 | | 1,504,882 |
| 050 PHYSICAL THERAPY | 65,442 | | | | 42,013 | | 1,299,348 |
| 051 OCCUPATIONAL THERAPY | 15,567 | | | | 13,846 | | 433,730 |
| 052 SPEECH PATHOLOGY | 3,528 | | | | 1,555 | | 98,828 |
| 053 ELECTROCARDIOLOGY | 19,095 | | | | 22,881 | | 591,716 |
| 055 MEDICAL SUPPLIES CHARGED | | | 84,607 | | 4,067 | | 93,309 |
| 056 DRUGS CHARGED TO PATIENTS | | | | 452,520 | 49,999 | | 909,724 |
| 059 DURABLE MEDICAL EQUIPMENT | | | | | | | |
| 059 01 SLEEP LAB | 4,233 | 1,629 | | | 4,921 | | 147,481 |
| 059 02 IV THERAPY | | | | | | | |
| OUTPAT SERVICE COST CNTRS | | | | | | | |
| 060 CLINIC | | | | | | | |
| 061 EMERGENCY | 34,044 | 13,103 | | | 54,732 | 10,590 | 1,535,017 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| OTHER REIMBURS COST CNTRS | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | 5,991 | 6,906 | 543,033 |
| 095 SPEC PURPOSE COST CENTERS | | | | | | | |
| SUBTOTALS | 660,418 | 154,574 | 84,607 | 452,520 | 566,537 | 224,320 | 21,497,385 |
| NONREIMBURS COST CENTERS | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | | | | | | 23,316 |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | | | | 184,150 |
| 098 02 ORTHO CLINIC | 2,073 | | | | | | 338,796 |
| 098 03 LEASED SPACE | | | | | | | 261,690 |
| 098 04 COLONA CLINIC | | | | | | | 604 |
| 100 OTHER NONREIMBURSABLE COS | | | | | | | 69,272 |
| 100 01 PHYSICIAN BILLING COSTS | | | | | | | 15,877 |
| 100 02 KELLY MEDICAL RENTAL AREA | | | | | | | 13,314 |
| 100 03 ANESTHESIA BILLNG | | | | | 19,899 | | 45,728 |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 662,491 | 154,574 | 84,607 | 452,520 | 586,436 | 224,320 | 22,450,132 |

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
 I 14-1319 I FROM 6/ 1/2007 I WORKSHEET B
 I I TO 5/31/2008 I PART I

COST ALLOCATION - GENERAL SERVICE COSTS

| COST CENTER DESCRIPTION | I&R COST POST STEP- DOWN ADJ 26 | TOTAL 27 |
|----------------------------------|--|-------------|
| 003 GENERAL SERVICE COST CNTR | | |
| 004 NEW CAP REL COSTS-BLDG & | | |
| 005 NEW CAP REL COSTS-MVBLE E | | |
| 006 EMPLOYEE BENEFITS | | |
| 006 02 DATA PROCESSING | | |
| 006 03 PURCHASING, RECEIVING AND | | |
| 006 04 ADMITTING | | |
| 006 05 CASHIERING/ACCOUNTS RECEI | | |
| 006 06 ADMINISTRATIVE & GENERAL | | |
| 008 OPERATION OF PLANT | | |
| 009 LAUNDRY & LINEN SERVICE | | |
| 010 HOUSEKEEPING | | |
| 011 DIETARY | | |
| 012 CAFETERIA | | |
| 014 NURSING ADMINISTRATION | | |
| 015 CENTRAL SERVICES & SUPPLY | | |
| 016 PHARMACY | | |
| 017 MEDICAL RECORDS & LIBRARY | | |
| 018 SOCIAL SERVICE | | |
| INPAT ROUTINE SRVC CNTRS | | |
| 025 ADULTS & PEDIATRICS | | 3,569,305 |
| 033 NURSERY | | 255,023 |
| 034 SKILLED NURSING FACILITY | | 1,259,468 |
| 036 OTHER LONG TERM CARE | | 1,721,410 |
| ANCILLARY SRVC COST CNTRS | | |
| 037 OPERATING ROOM | | 4,281,300 |
| 039 DELIVERY ROOM & LABOR ROO | | 92,251 |
| 040 ANESTHESIOLOGY | | |
| 041 RADIOLOGY-DIAGNOSTIC | | 3,161,560 |
| 044 LABORATORY | | 1,504,882 |
| 050 PHYSICAL THERAPY | | 1,299,348 |
| 051 OCCUPATIONAL THERAPY | | 433,730 |
| 052 SPEECH PATHOLOGY | | 98,828 |
| 053 ELECTROCARDIOLOGY | | 591,716 |
| 055 MEDICAL SUPPLIES CHARGED | | 93,309 |
| 056 DRUGS CHARGED TO PATIENTS | | 909,724 |
| 059 DURABLE MEDICAL EQUIPMENT | | |
| 059 01 SLEEP LAB | | 147,481 |
| 059 02 IV THERAPY | | |
| OUTPAT SERVICE COST CNTRS | | |
| 060 CLINIC | | |
| 061 EMERGENCY | | 1,535,017 |
| 062 OBSERVATION BEDS (NON-DIS | | |
| OTHER REIMBURS COST CNTRS | | |
| 071 HOME HEALTH AGENCY | | 543,033 |
| SPEC PURPOSE COST CENTERS | | |
| 095 SUBTOTALS | | 21,497,385 |
| NONREIMBURS COST CENTERS | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | 23,316 |
| 098 PHYSICIANS' PRIVATE OFFIC | | 184,150 |
| 098 02 ORTHO CLINIC | | 338,796 |
| 098 03 LEASED SPACE | | 261,690 |
| 098 04 COLONA CLINIC | | 604 |
| 100 OTHER NONREIMBURSABLE COS | | 69,272 |
| 100 01 PHYSICIAN BILLING COSTS | | 15,877 |
| 100 02 KELLY MEDICAL RENTAL AREA | | 13,314 |
| 100 03 ANESTHESIA BILLNG | | 45,728 |
| 101 CROSS FOOT ADJUSTMENT | | |
| 102 NEGATIVE COST CENTER | | |
| 103 TOTAL | | 22,450,132 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
 I 14-1319 I FROM 6/ 1/2007 I WORKSHEET B
 I I TO 5/31/2008 I PART III

| COST CENTER DESCRIPTION | DIR ASSGND NEW CAPITAL REL COSTS 0 | NEW CAP REL C OSTS-BLDG & 3 | NEW CAP REL C OSTS-MVBLE E 4 | SUBTOTAL 4a | EMPLOYEE BENE DATA FITS 5 | PROCESSI NG 6.02 | PURCHASING, R ECEIVING AND 6.03 |
|----------------------------------|------------------------------------|-----------------------------|------------------------------|-------------|---------------------------|------------------|---------------------------------|
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 006 EMPLOYEE BENEFITS | | 2,666 | 1,011 | 3,677 | 3,677 | | |
| 006 02 DATA PROCESSING | | 12,229 | 288,690 | 300,919 | 95 | 301,014 | |
| 006 03 PURCHASING, RECEIVING AND | | 28,193 | 110 | 28,303 | 39 | 5,303 | 33,645 |
| 006 04 ADMITTING | | 6,896 | | 6,896 | 50 | 2,427 | 76 |
| 006 05 CASHIERING/ACCOUNTS RECEI | | 17,380 | 2,750 | 20,130 | 78 | 4,045 | 158 |
| 006 06 ADMINISTRATIVE & GENERAL | | 128,440 | 22,058 | 150,498 | 199 | 76,758 | 538 |
| 008 OPERATION OF PLANT | | 130,360 | 37,406 | 167,766 | 72 | | 1,267 |
| 009 LAUNDRY & LINEN SERVICE | | 9,398 | 114 | 9,512 | 10 | | 23 |
| 010 HOUSEKEEPING | | 7,443 | 3,140 | 10,583 | 111 | 180 | 616 |
| 011 DIETARY | | 50,080 | 7,385 | 57,465 | 166 | 809 | 400 |
| 012 CAFETERIA | | | | | | 1,168 | |
| 014 NURSING ADMINISTRATION | | 1,259 | 285 | 1,544 | 38 | | 9 |
| 015 CENTRAL SERVICES & SUPPLY | | | 17,258 | 17,258 | | | 782 |
| 016 PHARMACY | | 12,021 | 4,085 | 16,106 | 61 | 12,583 | 165 |
| 017 MEDICAL RECORDS & LIBRARY | | 25,179 | 7,770 | 32,949 | 98 | 12,314 | 84 |
| 018 SOCIAL SERVICE | | 3,023 | 4 | 3,027 | 49 | 2,157 | 62 |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 033 ADULTS & PEDIATRICS | | 126,747 | 71,734 | 198,481 | 556 | 30,380 | 1,626 |
| 034 NURSERY | | | 2,461 | 2,461 | 61 | | |
| 036 SKILLED NURSING FACILITY | | 90,641 | 6,416 | 97,057 | 162 | 7,280 | 214 |
| 036 OTHER LONG TERM CARE | | 113,024 | 3,670 | 116,694 | 221 | 1,708 | 337 |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 039 OPERATING ROOM | | 117,644 | 121,360 | 239,004 | 367 | 21,482 | 18,241 |
| 040 DELIVERY ROOM & LABOR ROO | | 4,907 | | 4,907 | 15 | 3,865 | |
| 041 ANESTHESIOLOGY | | | | | | | |
| 044 RADIOLOGY-DIAGNOSTIC | | 61,736 | 293,974 | 355,710 | 215 | 63,457 | 2,932 |
| 050 LABORATORY | | 13,732 | 27,305 | 41,037 | 164 | 7,460 | 3,365 |
| 051 PHYSICAL THERAPY | | 28,262 | 8,891 | 37,153 | 282 | 8,449 | 588 |
| 052 OCCUPATIONAL THERAPY | | 20,168 | 1,030 | 21,198 | 86 | 1,258 | 51 |
| 053 SPEECH PATHOLOGY | | 6,705 | 1,482 | 8,187 | 19 | | 29 |
| 055 ELECTROCARDIOLOGY | | 13,454 | 18,512 | 31,966 | 99 | 10,157 | 152 |
| 056 MEDICAL SUPPLIES CHARGED | | | | | | | |
| 059 DRUGS CHARGED TO PATIENTS | | | | | | | |
| 059 DURABLE MEDICAL EQUIPMENT | | | | | | | |
| 059 01 SLEEP LAB | | 4,586 | 904 | 5,490 | 18 | | 144 |
| 059 02 IV THERAPY | | | | | | | |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 CLINIC | | | | | | | |
| 062 EMERGENCY | | 29,461 | 25,951 | 55,412 | 150 | 5,663 | 974 |
| 071 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 071 OTHER REIMBURS COST CNTRS | | | | | | | |
| 071 HOME HEALTH AGENCY | | 10,857 | 8,491 | 19,348 | 111 | 4,584 | 209 |
| 095 SPEC PURPOSE COST CENTERS | | | | | | | |
| 095 SUBTOTALS | | 1,076,491 | 984,247 | 2,060,738 | 3,592 | 283,487 | 33,042 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 098 GIFT, FLOWER, COFFEE SHOP | | 8,685 | | 8,685 | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | 40,300 | 6,203 | 46,503 | | 17,527 | |
| 098 02 ORTHO CLINIC | | | | | 80 | | 83 |
| 098 03 LEASED SPACE | | 154,882 | | 154,882 | 5 | | |
| 098 04 COLONA CLINIC | | | | | | | |
| 100 OTHER NONREIMBURSABLE COS | | 25,804 | | 25,804 | | | |
| 100 01 PHYSICIAN BILLING COSTS | | | | | | | |
| 100 02 KELLY MEDICAL RENTAL AREA | | 4,959 | | 4,959 | | | |
| 100 03 ANESTHESIA BILLING | | | | | | | 520 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | | 1,311,121 | 990,450 | 2,301,571 | 3,677 | 301,014 | 33,645 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION | ADMITTING 6.04 | CASHIERING/AC COUNTS RECEI 6.05 | ADMINISTRATIV E & GENERAL 6.06 | OPERATION OF PLANT 8 | LAUNDRY & LIN EN SERVICE 9 | HOUSEKEEPING 10 | DIETARY 11 |
|----------------------------------|-------------------|---------------------------------------|--------------------------------------|----------------------------|----------------------------------|--------------------|---------------|
| GENERAL SERVICE COST CNTR | | | | | | | |
| 003 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 02 DATA PROCESSING | | | | | | | |
| 006 03 PURCHASING, RECEIVING AND | | | | | | | |
| 006 04 ADMITTING | 9,449 | | | | | | |
| 006 05 CASHIERING/ACCOUNTS RECEI | | 24,411 | | | | | |
| 006 06 ADMINISTRATIVE & GENERAL | | | 227,993 | | | | |
| 008 OPERATION OF PLANT | | | 13,230 | 182,335 | | | |
| 009 LAUNDRY & LINEN SERVICE | | | 1,522 | 2,064 | 13,131 | | |
| 010 HOUSEKEEPING | | | 5,123 | 1,635 | | 18,248 | |
| 011 DIETARY | | | 9,556 | 11,001 | 146 | 214 | 79,757 |
| 012 CAFETERIA | | | 35 | | | 894 | 49,196 |
| 014 NURSING ADMINISTRATION | | | 1,505 | 277 | | | |
| 015 CENTRAL SERVICES & SUPPLY | | | 859 | | | | |
| 016 PHARMACY | | | 4,243 | 2,640 | | 126 | |
| 017 MEDICAL RECORDS & LIBRARY | | | 5,106 | 5,531 | | 165 | |
| 018 SOCIAL SERVICE | | | 2,033 | 664 | | 69 | |
| INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | 552 | 1,412 | 28,640 | 27,843 | 3,469 | 5,422 | 7,044 |
| 033 NURSERY | 41 | 105 | 2,314 | | 28 | 105 | |
| 034 SKILLED NURSING FACILITY | 110 | 282 | 7,716 | 19,910 | 1,533 | 2,625 | 8,139 |
| 036 OTHER LONG TERM CARE | 305 | 780 | 10,348 | 24,827 | 3,013 | 2,838 | 15,378 |
| ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | 2,145 | 5,468 | 38,064 | 25,842 | 2,149 | 3,037 | |
| 039 DELIVERY ROOM & LABOR ROO | 52 | 133 | 778 | 1,078 | | 2 | |
| 040 ANESTHESIOLOGY | | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | 1,907 | 4,880 | 29,269 | 13,561 | 907 | 358 | |
| 044 LABORATORY | 859 | 2,200 | 13,992 | 3,016 | | 243 | |
| 050 PHYSICAL THERAPY | 683 | 1,748 | 11,465 | 6,208 | 905 | 255 | |
| 051 OCCUPATIONAL THERAPY | 225 | 576 | 3,738 | 4,430 | | 163 | |
| 052 SPEECH PATHOLOGY | 25 | 65 | 845 | 1,473 | | | |
| 053 ELECTROCARDIOLOGY | 372 | 952 | 5,319 | 2,955 | | 172 | |
| 055 MEDICAL SUPPLIES CHARGED | 66 | 169 | 47 | | | | |
| 056 DRUGS CHARGED TO PATIENTS | 813 | 2,081 | 4,135 | | | | |
| 059 DURABLE MEDICAL EQUIPMENT | | | | | | | |
| 059 01 SLEEP LAB | 80 | 205 | 1,315 | 1,007 | | | |
| 059 02 IV THERAPY | | | | | | | |
| OUTPAT SERVICE COST CNTRS | | | | | | | |
| 060 CLINIC | | | | | | | |
| 061 EMERGENCY | 890 | 1,430 | 13,552 | 6,471 | 829 | 1,114 | |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| OTHER REIMBURS COST CNTRS | | | | | | | |
| 071 HOME HEALTH AGENCY | | 249 | 5,173 | 2,385 | | 132 | |
| SPEC PURPOSE COST CENTERS | | | | | | | |
| 095 SUBTOTALS | 9,125 | 22,735 | 219,922 | 164,818 | 12,979 | 17,934 | 79,757 |
| NONREIMBURS COST CENTERS | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | | 98 | 1,908 | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | 1,228 | 8,852 | | | |
| 098 02 ORTHO CLINIC | | | 3,420 | | | | |
| 098 03 LEASED SPACE | | | 2,548 | | 152 | 314 | |
| 098 04 COLONA CLINIC | | | 6 | | | | |
| 100 OTHER NONREIMBURSABLE COS | | | 292 | 5,668 | | | |
| 100 01 PHYSICIAN BILLING COSTS | | 848 | 161 | | | | |
| 100 02 KELLY MEDICAL RENTAL AREA | | | 56 | 1,089 | | | |
| 100 03 ANESTHESIA BILLNG | 324 | 828 | 262 | | | | |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 9,449 | 24,411 | 227,993 | 182,335 | 13,131 | 18,248 | 79,757 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
 I 14-1319 I FROM 6/ 1/2007 I WORKSHEET B
 I I TO 5/31/2008 I PART III

| COST CENTER DESCRIPTION | CAFETERIA | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | SUBTOTAL |
|----------------------------------|-----------|------------------------|---------------------------|----------|---------------------------|----------------|-----------|
| | 12 | 14 | 15 | 16 | 17 | 18 | 25 |
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | | | | |
| 006 02 DATA PROCESSING | | | | | | | |
| 006 03 PURCHASING, RECEIVING AND | | | | | | | |
| 006 04 ADMITTING | | | | | | | |
| 006 05 CASHIERING/ACCOUNTS RECEI | | | | | | | |
| 006 06 ADMINISTRATIVE & GENERAL | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | | | | | |
| 010 HOUSEKEEPING | | | | | | | |
| 011 DIETARY | | | | | | | |
| 012 CAFETERIA | 51,293 | | | | | | |
| 014 NURSING ADMINISTRATION | 341 | 3,714 | | | | | |
| 015 CENTRAL SERVICES & SUPPLY | | | 18,899 | | | | |
| 016 PHARMACY | | | | 36,880 | | | |
| 017 MEDICAL RECORDS & LIBRARY | 3,056 | | | | 59,303 | | |
| 018 SOCIAL SERVICE | 973 | 116 | | | | 9,150 | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 033 ADULTS & PEDIATRICS | 9,960 | 1,191 | | | 3,431 | 2,060 | 322,067 |
| 034 NURSERY | 1,192 | 142 | | | 254 | | 6,703 |
| 036 SKILLED NURSING FACILITY | 3,947 | 471 | | | 685 | 3,333 | 153,464 |
| 036 OTHER LONG TERM CARE | 6,668 | 711 | | | 1,896 | 3,038 | 188,762 |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 039 OPERATING ROOM | 5,842 | 698 | | | 13,278 | 5 | 375,622 |
| 040 DELIVERY ROOM & LABOR ROO | 263 | 31 | | | 323 | | 11,447 |
| 041 ANESTHESIOLOGY | | | | | | | |
| 044 RADIOLOGY-DIAGNOSTIC | 3,397 | | | | 11,856 | | 488,449 |
| 050 LABORATORY | 3,551 | | | | 5,344 | | 81,231 |
| 051 PHYSICAL THERAPY | 5,067 | | | | 4,248 | | 77,051 |
| 052 OCCUPATIONAL THERAPY | 1,205 | | | | 1,400 | | 34,330 |
| 053 SPEECH PATHOLOGY | 273 | | | | 157 | | 11,073 |
| 055 ELECTROCARDIOLOGY | 1,478 | | | | 2,314 | | 55,936 |
| 056 MEDICAL SUPPLIES CHARGED | | | 18,899 | | 411 | | 19,592 |
| 059 DRUGS CHARGED TO PATIENTS | | | | 36,880 | 5,056 | | 48,965 |
| 059 DURABLE MEDICAL EQUIPMENT | | | | | | | |
| 059 01 SLEEP LAB | 328 | 39 | | | 498 | | 9,124 |
| 059 02 IV THERAPY | | | | | | | |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 CLINIC | | | | | | | |
| 062 EMERGENCY | 2,636 | 315 | | | 5,534 | 432 | 95,402 |
| 071 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 071 OTHER REIMBURS COST CNTRS | | | | | | | |
| 095 HOME HEALTH AGENCY | | | | | 606 | 282 | 33,079 |
| 095 SPEC PURPOSE COST CENTERS | | | | | | | |
| 095 SUBTOTALS | 51,133 | 3,714 | 18,899 | 36,880 | 57,291 | 9,150 | 2,012,297 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 098 GIFT, FLOWER, COFFEE SHOP | | | | | | | 10,691 |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | | | | 74,110 |
| 098 02 ORTHO CLINIC | 160 | | | | | | 3,743 |
| 098 03 LEASED SPACE | | | | | | | 157,901 |
| 098 04 COLONA CLINIC | | | | | | | 6 |
| 100 OTHER NONREIMBURSABLE COS | | | | | | | 31,764 |
| 100 01 PHYSICIAN BILLING COSTS | | | | | | | 1,009 |
| 100 02 KELLY MEDICAL RENTAL AREA | | | | | | | 6,104 |
| 100 03 ANESTHESIA BILLNG | | | | | 2,012 | | 3,946 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 51,293 | 3,714 | 18,899 | 36,880 | 59,303 | 9,150 | 2,301,571 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER | POST | TOTAL |
|-------------|---------------------------|-----------|
| DESCRIPTION | STEPDOWN | |
| | ADJUSTMENT | |
| | 26 | 27 |
| 003 | GENERAL SERVICE COST CNTR | |
| 004 | NEW CAP REL COSTS-BLDG & | |
| 005 | NEW CAP REL COSTS-MVBLE E | |
| 006 | EMPLOYEE BENEFITS | |
| 006 02 | DATA PROCESSING | |
| 006 03 | PURCHASING, RECEIVING AND | |
| 006 04 | ADMITTING | |
| 006 05 | CASHIERING/ACCOUNTS RECEI | |
| 006 06 | ADMINISTRATIVE & GENERAL | |
| 008 | OPERATION OF PLANT | |
| 009 | LAUNDRY & LINEN SERVICE | |
| 010 | HOUSEKEEPING | |
| 011 | DIETARY | |
| 012 | CAFETERIA | |
| 014 | NURSING ADMINISTRATION | |
| 015 | CENTRAL SERVICES & SUPPLY | |
| 016 | PHARMACY | |
| 017 | MEDICAL RECORDS & LIBRARY | |
| 018 | SOCIAL SERVICE | |
| | INPAT ROUTINE SRVC CNTRS | |
| 025 | ADULTS & PEDIATRICS | 322,067 |
| 033 | NURSERY | 6,703 |
| 034 | SKILLED NURSING FACILITY | 153,464 |
| 036 | OTHER LONG TERM CARE | 188,762 |
| | ANCILLARY SRVC COST CNTRS | |
| 037 | OPERATING ROOM | 375,622 |
| 039 | DELIVERY ROOM & LABOR ROO | 11,447 |
| 040 | ANESTHESIOLOGY | |
| 041 | RADIOLOGY-DIAGNOSTIC | 488,449 |
| 044 | LABORATORY | 81,231 |
| 050 | PHYSICAL THERAPY | 77,051 |
| 051 | OCCUPATIONAL THERAPY | 34,330 |
| 052 | SPEECH PATHOLOGY | 11,073 |
| 053 | ELECTROCARDIOLOGY | 55,936 |
| 055 | MEDICAL SUPPLIES CHARGED | 19,592 |
| 056 | DRUGS CHARGED TO PATIENTS | 48,965 |
| 059 | DURABLE MEDICAL EQUIPMENT | |
| 059 01 | SLEEP LAB | 9,124 |
| 059 02 | IV THERAPY | |
| | OUTPAT SERVICE COST CNTRS | |
| 060 | CLINIC | |
| 061 | EMERGENCY | 95,402 |
| 062 | OBSERVATION BEDS (NON-DIS | |
| | OTHER REIMBURS COST CNTRS | |
| 071 | HOME HEALTH AGENCY | 33,079 |
| | SPEC PURPOSE COST CENTERS | |
| 095 | SUBTOTALS | 2,012,297 |
| | NONREIMBURS COST CENTERS | |
| 096 | GIFT, FLOWER, COFFEE SHOP | 10,691 |
| 098 | PHYSICIANS' PRIVATE OFFIC | 74,110 |
| 098 02 | ORTHO CLINIC | 3,743 |
| 098 03 | LEASED SPACE | 157,901 |
| 098 04 | COLONA CLINIC | 6 |
| 100 | OTHER NONREIMBURSABLE COS | 31,764 |
| 100 01 | PHYSICIAN BILLING COSTS | 1,009 |
| 100 02 | KELLY MEDICAL RENTAL AREA | 6,104 |
| 100 03 | ANESTHESIA BILLNG | 3,946 |
| 101 | CROSS FOOT ADJUSTMENTS | |
| 102 | NEGATIVE COST CENTER | |
| 103 | TOTAL | 2,301,571 |

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
 I 14-1319 I FROM 6/ 1/2007 I WORKSHEET B-1
 I I TO 5/31/2008 I

| COST CENTER DESCRIPTION | NEW CAP REL C | NEW CAP REL C | EMPLOYEE BENE | DATA PROCESSI | PURCHASING, R | ADMITTING |
|------------------------------|---------------|---------------|------------------|---------------|---------------|----------------|
| | OSTS-BLDG & | OSTS-MVBLE E | FITS | NG | ECEIVING AND | |
| | (SQUARE FEET | (DOLLAR VALUE | (GROSS SALARIES | (TIME SPENT | (SUPPLY COST | (GROSS CHARGES |
| | 3 | 4 | 5 | 6.02 | 6.03 | 6.04 |
| GENERAL SERVICE COST | | | | | | |
| 003 NEW CAP REL COSTS-BLD | 150,956 | | | | | |
| 004 NEW CAP REL COSTS-MVB | | 964,769 | | | | |
| 005 EMPLOYEE BENEFITS | 307 | 985 | 9,413,146 | | | |
| 006 02 DATA PROCESSING | 1,408 | 281,205 | 243,844 | 83,725 | | |
| 006 03 PURCHASING, RECEIVING | 3,246 | 107 | 100,838 | 1,475 | 2,850,864 | |
| 006 04 ADMITTING | 794 | | 128,357 | 675 | 6,444 | 44,736,357 |
| 006 05 CASHIERING/ACCOUNTS R | 2,001 | 2,679 | 198,931 | 1,125 | 13,384 | |
| 006 06 ADMINISTRATIVE & GENE | 14,788 | 21,486 | 507,674 | 21,350 | 45,557 | |
| 008 OPERATION OF PLANT | 15,009 | 36,436 | 183,955 | | 107,342 | |
| 009 LAUNDRY & LINEN SERVI | 1,082 | 111 | 24,659 | | 1,938 | |
| 010 HOUSEKEEPING | 857 | 3,059 | 284,976 | 50 | 52,177 | |
| 011 DIETARY | 5,766 | 7,194 | 423,458 | 225 | 33,884 | |
| 012 CAFETERIA | | | | 325 | | |
| 014 NURSING ADMINISTRATIO | 145 | 278 | 97,893 | | 737 | |
| 015 CENTRAL SERVICES & SU | | 16,811 | | | 66,229 | |
| 016 PHARMACY | 1,384 | 3,979 | 156,359 | 3,500 | 13,944 | |
| 017 MEDICAL RECORDS & LIB | 2,899 | 7,569 | 251,635 | 3,425 | 7,106 | |
| 018 SOCIAL SERVICE | 348 | 4 | 125,853 | 600 | 5,262 | |
| INPAT ROUTINE SRVC CN | | | | | | |
| 025 ADULTS & PEDIATRICS | 14,593 | 69,874 | 1,432,332 | 8,450 | 137,752 | 2,615,090 |
| 033 NURSERY | | 2,397 | 155,178 | | | 193,602 |
| 034 SKILLED NURSING FACIL | 10,436 | 6,250 | 415,179 | 2,025 | 18,103 | 521,922 |
| 036 OTHER LONG TERM CARE | 13,013 | 3,575 | 565,653 | 475 | 28,558 | 1,445,325 |
| ANCILLARY SRVC COST C | | | | | | |
| 037 OPERATING ROOM | 13,545 | 118,213 | 937,849 | 5,975 | 1,545,907 | 10,117,772 |
| 039 DELIVERY ROOM & LABOR | 565 | | 39,148 | 1,075 | | 246,362 |
| 040 ANESTHESIOLOGY | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | 7,108 | 286,349 | 549,048 | 17,650 | 248,463 | 9,036,415 |
| 044 LABORATORY | 1,581 | 26,597 | 418,587 | 2,075 | 285,117 | 4,073,363 |
| 050 PHYSICAL THERAPY | 3,254 | 8,660 | 720,230 | 2,350 | 49,822 | 3,237,961 |
| 051 OCCUPATIONAL THERAPY | 2,322 | 1,003 | 218,706 | 350 | 4,324 | 1,067,132 |
| 052 SPEECH PATHOLOGY | 772 | 1,444 | 48,072 | | 2,439 | 119,820 |
| 053 ELECTROCARDIOLOGY | 1,549 | 18,032 | 253,270 | 2,825 | 12,839 | 1,763,478 |
| 055 MEDICAL SUPPLIES CHAR | | | | | | 313,422 |
| 056 DRUGS CHARGED TO PATI | | | | | | 3,853,495 |
| 059 DURABLE MEDICAL EQUIP | | | | | | |
| 059 01 SLEEP LAB | 528 | 881 | 46,893 | | 12,166 | 379,250 |
| 059 02 IV THERAPY | | | | | | |
| OUTPAT SERVICE COST C | | | | | | |
| 060 CLINIC | | | | | | |
| 061 EMERGENCY | 3,392 | 25,278 | 384,342 | 1,575 | 82,532 | 4,218,276 |
| 062 OBSERVATION BEDS (NON | | | | | | |
| OTHER REIMBURS COST C | | | | | | |
| 071 HOME HEALTH AGENCY | 1,250 | 8,271 | 283,135 | 1,275 | 17,698 | |
| SPEC PURPOSE COST CEN | | | | | | |
| 095 SUBTOTALS | 123,942 | 958,727 | 9,196,054 | 78,850 | 2,799,724 | 43,202,685 |
| NONREIMBURS COST CENT | | | | | | |
| 096 GIFT, FLOWER, COFFEE | 1,000 | | | | | |
| 098 PHYSICIANS' PRIVATE O | 4,640 | 6,042 | | 4,875 | | |
| 098 02 ORTHO CLINIC | | | 205,508 | | 7,055 | |
| 098 03 LEASED SPACE | 17,832 | | 11,584 | | | |
| 098 04 COLONA CLINIC | | | | | | |
| 100 OTHER NONREIMBURSABLE | 2,971 | | | | | |
| 100 01 PHYSICIAN BILLING COS | | | | | | |
| 100 02 KELLY MEDICAL RENTAL | 571 | | | | | |
| 100 03 ANESTHESIA BILLNG | | | | | 44,085 | 1,533,672 |
| 101 CROSS FOOT ADJUSTMENT | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | |
| 103 COST TO BE ALLOCATED | 1,311,121 | 990,450 | 2,678,887 | 796,254 | 182,436 | 187,680 |
| (WRKSHT B, PART I) | | | | | | |
| 104 UNIT COST MULTIPLIER | 8.685451 | | .284590 | | .063993 | |
| (WRKSHT B, PT I) | | 1.026619 | | 9.510349 | | .004195 |
| 105 COST TO BE ALLOCATED | | | | | | |
| (WRKSHT B, PART II) | | | | | | |
| 106 UNIT COST MULTIPLIER | | | 3,677 | 301,014 | 33,645 | 9,449 |
| (WRKSHT B, PT II) | | | | | | |
| 107 COST TO BE ALLOCATED | | | | | | |
| (WRKSHT B, PART III) | | | | | | |
| 108 UNIT COST MULTIPLIER | | | .000391 | | .011802 | |
| (WRKSHT B, PT III) | | | | 3.595270 | | .000211 |

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
 I 14-1319 I FROM 6/ 1/2007 I WORKSHEET B-1
 I I TO 5/31/2008 I

| | COST CENTER DESCRIPTION | CASHIERING/AC COUNTS RECEI | | ADMINISTRATIV E & GENERAL | OPERATION OF PLANT | LAUNDRY & LIN EN SERVICE | HOUSEKEEPING | DIETARY |
|-----|--------------------------|----------------------------|------------------|---------------------------|--------------------|--------------------------|--------------------|----------------|
| | | (GROSS PT. CHARGES) | RECONCIL- IATION | (ACCUM. COST | (SQUARE)FEET | (POUNDS OF)LAUNDRY | (HOURS OF)SERVICE | (MEALS)SERVED |
| | | 6.05 | 6a.06 | 6.06 | 8 | 9 | 10 | 11 |
| | GENERAL SERVICE COST | | | | | | | |
| 003 | NEW CAP REL COSTS-BLD | | | | | | | |
| 004 | NEW CAP REL COSTS-MVB | | | | | | | |
| 005 | EMPLOYEE BENEFITS | | | | | | | |
| 006 | 02 DATA PROCESSING | | | | | | | |
| 006 | 03 PURCHASING, RECEIVING | | | | | | | |
| 006 | 04 ADMITTING | | | | | | | |
| 006 | 05 CASHIERING/ACCOUNTS R | 45,198,120 | | | | | | |
| 006 | 06 ADMINISTRATIVE & GENE | | -2,316,475 | 20,133,657 | | | | |
| 008 | OPERATION OF PLANT | | | 1,168,352 | 95,571 | | | |
| 009 | LAUNDRY & LINEN SERVI | | | 134,411 | 1,082 | 228,832 | | |
| 010 | HOUSEKEEPING | | | 452,425 | 857 | | 217,950 | |
| 011 | DIETARY | | | 843,891 | 5,766 | 2,536 | 2,550 | 127,944 |
| 012 | CAFETERIA | | | 3,091 | | | 10,675 | 78,920 |
| 014 | NURSING ADMINISTRATIO | | | 132,897 | 145 | | | |
| 015 | CENTRAL SERVICES & SU | | | 75,877 | | | | |
| 016 | PHARMACY | | | 374,649 | 1,384 | | 1,500 | |
| 017 | MEDICAL RECORDS & LIB | | | 450,895 | 2,899 | | 1,975 | |
| 018 | SOCIAL SERVICE | | | 179,558 | 348 | | 825 | |
| | INPAT ROUTINE SRVC CN | | | | | | | |
| 025 | ADULTS & PEDIATRICS | 2,615,090 | | 2,529,163 | 14,593 | 60,460 | 64,775 | 11,299 |
| 033 | NURSERY | 193,602 | | 204,369 | | 492 | 1,250 | |
| 034 | SKILLED NURSING FACIL | 521,922 | | 681,410 | 10,436 | 26,707 | 31,350 | 13,056 |
| 036 | OTHER LONG TERM CARE | 1,445,325 | | 913,778 | 13,013 | 52,503 | 33,900 | 24,669 |
| | ANCILLARY SRVC COST C | | | | | | | |
| 037 | OPERATING ROOM | 10,117,772 | | 3,361,215 | 13,545 | 37,450 | 36,275 | |
| 039 | DELIVERY ROOM & LABOR | 246,362 | | 68,687 | 565 | | 25 | |
| 040 | ANESTHESIOLOGY | | | | | | | |
| 041 | RADIOLOGY-DIAGNOSTIC | 9,036,415 | | 2,584,664 | 7,108 | 15,812 | 4,275 | |
| 044 | LABORATORY | 4,073,363 | | 1,235,588 | 1,581 | | 2,900 | |
| 050 | PHYSICAL THERAPY | 3,237,961 | | 1,012,471 | 3,254 | 15,779 | 3,050 | |
| 051 | OCCUPATIONAL THERAPY | 1,067,132 | | 330,071 | 2,322 | | 1,950 | |
| 052 | SPEECH PATHOLOGY | 119,820 | | 74,634 | 772 | | | |
| 053 | ELECTROCARDIOLOGY | 1,763,478 | | 469,726 | 1,549 | | 2,050 | |
| 055 | MEDICAL SUPPLIES CHAR | 313,422 | | 4,157 | | | | |
| 056 | DRUGS CHARGED TO PATI | 3,853,495 | | 365,188 | | | | |
| 059 | DURABLE MEDICAL EQUIP | | | | | | | |
| 059 | 01 SLEEP LAB | 379,250 | | 116,139 | 528 | | | |
| 059 | 02 IV THERAPY | | | | | | | |
| | OUTPAT SERVICE COST C | | | | | | | |
| 060 | CLINIC | | | | | | | |
| 061 | EMERGENCY | 2,648,189 | | 1,196,732 | 3,392 | 14,442 | 13,300 | |
| 062 | OBSERVATION BEDS (NON | | | | | | | |
| | OTHER REIMBURS COST C | | | | | | | |
| 071 | HOME HEALTH AGENCY | 461,763 | | 456,809 | 1,250 | | 1,575 | |
| | SPEC PURPOSE COST CEN | | | | | | | |
| 095 | SUBTOTALS | 42,094,361 | -2,316,475 | 19,420,847 | 86,389 | 226,181 | 214,200 | 127,944 |
| | NONREIMBURS COST CENT | | | | | | | |
| 096 | GIFT, FLOWER, COFFEE | | | 8,685 | 1,000 | | | |
| 098 | PHYSICIANS' PRIVATE O | | | 108,425 | 4,640 | | | |
| 098 | 02 ORTHO CLINIC | | | 301,979 | | | | |
| 098 | 03 LEASED SPACE | | | 225,013 | | 2,651 | 3,750 | |
| 098 | 04 COLONA CLINIC | | | 542 | | | | |
| 100 | OTHER NONREIMBURSABLE | | | 25,804 | 2,971 | | | |
| 100 | 01 PHYSICIAN BILLING COS | 1,570,087 | | 14,239 | | | | |
| 100 | 02 KELLY MEDICAL RENTAL | | | 4,959 | 571 | | | |
| 100 | 03 ANESTHESIA BILLNG | 1,533,672 | | 23,164 | | | | |
| 101 | CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 | NEGATIVE COST CENTER | | | | | | | |
| 103 | COST TO BE ALLOCATED | 409,886 | | 2,316,475 | 1,302,777 | 164,625 | 516,161 | 1,027,447 |
| | (WRKSHT B, PART I) | | | | | | | |
| 104 | UNIT COST MULTIPLIER | | | | 13.631510 | | 2.368254 | |
| | (WRKSHT B, PT I) | .009069 | | .115055 | | .719414 | | 8.030443 |
| 105 | COST TO BE ALLOCATED | | | | | | | |
| | (WRKSHT B, PART II) | | | | | | | |
| 106 | UNIT COST MULTIPLIER | | | | | | | |
| | (WRKSHT B, PT II) | | | | | | | |
| 107 | COST TO BE ALLOCATED | 24,411 | | 227,993 | 182,335 | 13,131 | 18,248 | 79,757 |
| | (WRKSHT B, PART III) | | | | | | | |
| 108 | UNIT COST MULTIPLIER | | | | 1.907849 | | .083726 | |
| | (WRKSHT B, PT III) | .000540 | | .011324 | | .057383 | | .623374 |

COST ALLOCATION - STATISTICAL BASIS

| COST CENTER DESCRIPTION | CAFETERIA (FTE'S) | NURSING ADMINISTRATION (FTE'S) | CENTRAL SERVICES & SUPPLY (COSTED REQUIS) | PHARMACY (COSTED REQUIS) | MEDICAL RECORDS & LIBRARY (GROSS PT. CHARGES) | SOCIAL SERVICE (TIME SPENT) |
|------------------------------|-------------------|--------------------------------|---|--------------------------|---|-----------------------------|
| | 12 | 14 | 15 | 16 | 17 | 18 |
| GENERAL SERVICE COST | | | | | | |
| 003 NEW CAP REL COSTS-BLD | | | | | | |
| 004 NEW CAP REL COSTS-MVB | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | |
| 006 02 DATA PROCESSING | | | | | | |
| 006 03 PURCHASING, RECEIVING | | | | | | |
| 006 04 ADMITTING | | | | | | |
| 006 05 CASHIERING/ACCOUNTS R | | | | | | |
| 006 06 ADMINISTRATIVE & GENE | | | | | | |
| 008 OPERATION OF PLANT | | | | | | |
| 009 LAUNDRY & LINEN SERVI | | | | | | |
| 010 HOUSEKEEPING | | | | | | |
| 011 DIETARY | | | | | | |
| 012 CAFETERIA | 15,023 | | | | | |
| 014 NURSING ADMINISTRATIO | 100 | 9,107 | | | | |
| 015 CENTRAL SERVICES & SU | | | 100 | | | |
| 016 PHARMACY | 280 | | | 100 | | |
| 017 MEDICAL RECORDS & LIB | 895 | | | | 45,198,120 | |
| 018 SOCIAL SERVICE | 285 | 285 | | | | 48,720 |
| INPAT ROUTINE SRVC CN | | | | | | |
| 025 ADULTS & PEDIATRICS | 2,917 | 2,917 | | | 2,615,090 | 10,970 |
| 033 NURSERY | 349 | 349 | | | 193,602 | |
| 034 SKILLED NURSING FACIL | 1,156 | 1,156 | | | 521,922 | 17,750 |
| 036 OTHER LONG TERM CARE | 1,953 | 1,744 | | | 1,445,325 | 16,175 |
| ANCILLARY SRVC COST C | | | | | | |
| 037 OPERATING ROOM | 1,711 | 1,711 | | | 10,117,772 | 25 |
| 039 DELIVERY ROOM & LABOR | 77 | 77 | | | 246,362 | |
| 040 ANESTHESIOLOGY | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | 995 | | | | 9,036,415 | |
| 044 LABORATORY | 1,040 | | | | 4,073,363 | |
| 050 PHYSICAL THERAPY | 1,484 | | | | 3,237,961 | |
| 051 OCCUPATIONAL THERAPY | 353 | | | | 1,067,132 | |
| 052 SPEECH PATHOLOGY | 80 | | | | 119,820 | |
| 053 ELECTROCARDIOLOGY | 433 | | | | 1,763,478 | |
| 055 MEDICAL SUPPLIES CHAR | | | 100 | | 313,422 | |
| 056 DRUGS CHARGED TO PATI | | | | 100 | 3,853,495 | |
| 059 DURABLE MEDICAL EQUIP | | | | | | |
| 059 01 SLEEP LAB | 96 | 96 | | | 379,250 | |
| 059 02 IV THERAPY | | | | | | |
| OUTPAT SERVICE COST C | | | | | | |
| 060 CLINIC | | | | | | |
| 061 EMERGENCY | 772 | 772 | | | 4,218,276 | 2,300 |
| 062 OBSERVATION BEDS (NON | | | | | | |
| OTHER REIMBURS COST C | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | 461,763 | 1,500 |
| SPEC PURPOSE COST CEN | | | | | | |
| 095 SUBTOTALS | 14,976 | 9,107 | 100 | 100 | 43,664,448 | 48,720 |
| NONREIMBURS COST CENT | | | | | | |
| 096 GIFT, FLOWER, COFFEE | | | | | | |
| 098 PHYSICIANS' PRIVATE O | | | | | | |
| 098 02 ORTHO CLINIC | 47 | | | | | |
| 098 03 LEASED SPACE | | | | | | |
| 098 04 COLONA CLINIC | | | | | | |
| 100 OTHER NONREIMBURSABLE | | | | | | |
| 100 01 PHYSICIAN BILLING COS | | | | | | |
| 100 02 KELLY MEDICAL RENTAL | | | | | | |
| 100 03 ANESTHESIA BILLNG | | | | | 1,533,672 | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | |
| 103 COST TO BE ALLOCATED | 662,491 | 154,574 | 84,607 | 452,520 | 586,436 | 224,320 |
| (PER WRKSHT B, PART | | | | | | |
| UNIT COST MULTIPLIER | | 16.973098 | | 4,525.200000 | | 4.604269 |
| (WRKSHT B, PT I) | 44.098449 | | 846.070000 | | .012975 | |
| 105 COST TO BE ALLOCATED | | | | | | |
| (PER WRKSHT B, PART | | | | | | |
| UNIT COST MULTIPLIER | | | | | | |
| (WRKSHT B, PT II) | | | | | | |
| 107 COST TO BE ALLOCATED | 51,293 | 3,714 | 18,899 | 36,880 | 59,303 | 9,150 |
| (PER WRKSHT B, PART | | | | | | |
| UNIT COST MULTIPLIER | | .407818 | | 368.800000 | | .187808 |
| (WRKSHT B, PT III) | 3.414298 | | 188.990000 | | .001312 | |

I
I
IPROVIDER NO:
14-1319I PERIOD:
I FROM 6/ 1/2007
I TO 5/31/2008I PREPARED 10/29/2008
I WORKSHEET C
I PART I

COMPUTATION OF RATIO OF COSTS TO CHARGES

| WKST A LINE NO. | COST CENTER DESCRIPTION | WKST B, PT I COL. 27 1 | THERAPY ADJUSTMENT 2 | TOTAL COSTS 3 | RCE DISALLOWANCE 4 | TOTAL COSTS 5 |
|--------------------|---------------------------|------------------------------|----------------------------|---------------------|--------------------------|---------------------|
| | INPAT ROUTINE SRVC CNTRS | | | | | |
| 25 | ADULTS & PEDIATRICS | 3,569,305 | | 3,569,305 | | 3,569,305 |
| 33 | NURSERY | 255,023 | | 255,023 | | 255,023 |
| 34 | SKILLED NURSING FACILITY | 1,259,468 | | 1,259,468 | | 1,259,468 |
| 36 | OTHER LONG TERM CARE | 1,721,410 | | 1,721,410 | | 1,721,410 |
| | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | OPERATING ROOM | 4,281,300 | | 4,281,300 | | 4,281,300 |
| 39 | DELIVERY ROOM & LABOR ROO | 92,251 | | 92,251 | | 92,251 |
| 40 | ANESTHESIOLOGY | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 3,161,560 | | 3,161,560 | | 3,161,560 |
| 44 | LABORATORY | 1,504,882 | | 1,504,882 | | 1,504,882 |
| 50 | PHYSICAL THERAPY | 1,299,348 | | 1,299,348 | | 1,299,348 |
| 51 | OCCUPATIONAL THERAPY | 433,730 | | 433,730 | | 433,730 |
| 52 | SPEECH PATHOLOGY | 98,828 | | 98,828 | | 98,828 |
| 53 | ELECTROCARDIOLOGY | 591,716 | | 591,716 | | 591,716 |
| 55 | MEDICAL SUPPLIES CHARGED | 93,309 | | 93,309 | | 93,309 |
| 56 | DRUGS CHARGED TO PATIENTS | 909,724 | | 909,724 | | 909,724 |
| 59 | DURABLE MEDICAL EQUIPMENT | | | | | |
| 59 | 01 SLEEP LAB | 147,481 | | 147,481 | | 147,481 |
| 59 | 02 IV THERAPY | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | CLINIC | | | | | |
| 61 | EMERGENCY | 1,535,017 | | 1,535,017 | | 1,535,017 |
| 62 | OBSERVATION BEDS (NON-DIS | 539,771 | | 539,771 | | 539,771 |
| | OTHER REIMBURS COST CNTRS | | | | | |
| 101 | SUBTOTAL | 21,494,123 | | 21,494,123 | | 21,494,123 |
| 102 | LESS OBSERVATION BEDS | 539,771 | | 539,771 | | 539,771 |
| 103 | TOTAL | 20,954,352 | | 20,954,352 | | 20,954,352 |

COMPUTATION OF RATIO OF COSTS TO CHARGES

| WKST A LINE NO. | COST CENTER DESCRIPTION | INPATIENT CHARGES 6 | OUTPATIENT CHARGES 7 | TOTAL CHARGES 8 | COST OR OTHER RATIO 9 | TEFRA INPAT- IENT RATIO 10 | PPS INPAT- IENT RATIO 11 |
|--------------------|---------------------------|---------------------------|----------------------------|-----------------------|-----------------------------|----------------------------------|--------------------------------|
| 25 | INPAT ROUTINE SRVC CNTRS | | | | | | |
| | ADULTS & PEDIATRICS | 2,169,545 | | 2,169,545 | | | |
| 33 | NURSERY | 193,602 | | 193,602 | | | |
| 34 | SKILLED NURSING FACILITY | 521,922 | | 521,922 | | | |
| 36 | OTHER LONG TERM CARE | 1,403,445 | | 1,403,445 | | | |
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | 3,738,855 | 6,378,917 | 10,117,772 | .423147 | .423147 | .423147 |
| 39 | DELIVERY ROOM & LABOR ROO | 201,784 | 44,578 | 246,362 | .374453 | .374453 | .374453 |
| 40 | ANESTHESIOLOGY | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 1,013,091 | 8,023,324 | 9,036,415 | .349869 | .349869 | .349869 |
| 44 | LABORATORY | 1,045,154 | 3,028,209 | 4,073,363 | .369445 | .369445 | .369445 |
| 50 | PHYSICAL THERAPY | 707,228 | 2,530,733 | 3,237,961 | .401286 | .401286 | .401286 |
| 51 | OCCUPATIONAL THERAPY | 451,079 | 616,053 | 1,067,132 | .406445 | .406445 | .406445 |
| 52 | SPEECH PATHOLOGY | 15,820 | 104,000 | 119,820 | .824804 | .824804 | .824804 |
| 53 | ELECTROCARDIOLOGY | 189,825 | 1,472,817 | 1,662,642 | .355889 | .355889 | .355889 |
| 55 | MEDICAL SUPPLIES CHARGED | 224,767 | 88,655 | 313,422 | .297710 | .297710 | .297710 |
| 56 | DRUGS CHARGED TO PATIENTS | 2,871,980 | 981,515 | 3,853,495 | .236078 | .236078 | .236078 |
| 59 | DURABLE MEDICAL EQUIPMENT | | | | | | |
| 59 | 01 SLEEP LAB | 1,000 | 378,250 | 379,250 | .388875 | .388875 | .388875 |
| 59 | 02 IV THERAPY | | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | | | | | |
| 61 | EMERGENCY | 391,734 | 2,256,455 | 2,648,189 | .579648 | .579648 | .579648 |
| 62 | OBSERVATION BEDS (NON-DIS | 7,000 | 438,545 | 445,545 | 1.211485 | 1.211485 | 1.211485 |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | SUBTOTAL | 15,147,831 | 26,342,051 | 41,489,882 | | | |
| 102 | LESS OBSERVATION BEDS | | | | | | |
| 103 | TOTAL | 15,147,831 | 26,342,051 | 41,489,882 | | | |

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
I 14-1319 I FROM 6/ 1/2007 I WORKSHEET C
I I TO 5/31/2008 I PART I

| WKST A LINE NO. | COST CENTER DESCRIPTION | WKST B, PT I COL. 27 1 | THERAPY ADJUSTMENT 2 | TOTAL COSTS 3 | RCE DISALLOWANCE 4 | TOTAL COSTS 5 |
|--------------------|---------------------------|------------------------------|----------------------------|---------------------|--------------------------|---------------------|
| 25 | INPAT ROUTINE SRVC CNTRS | | | | | |
| | ADULTS & PEDIATRICS | 3,569,305 | | 3,569,305 | | 3,569,305 |
| 33 | NURSERY | 255,023 | | 255,023 | | 255,023 |
| 34 | SKILLED NURSING FACILITY | 1,259,468 | | 1,259,468 | | 1,259,468 |
| 36 | OTHER LONG TERM CARE | 1,721,410 | | 1,721,410 | | 1,721,410 |
| | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | OPERATING ROOM | 4,281,300 | | 4,281,300 | | 4,281,300 |
| 39 | DELIVERY ROOM & LABOR ROO | 92,251 | | 92,251 | | 92,251 |
| 40 | ANESTHESIOLOGY | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 3,161,560 | | 3,161,560 | | 3,161,560 |
| 44 | LABORATORY | 1,504,882 | | 1,504,882 | | 1,504,882 |
| 50 | PHYSICAL THERAPY | 1,299,348 | | 1,299,348 | | 1,299,348 |
| 51 | OCCUPATIONAL THERAPY | 433,730 | | 433,730 | | 433,730 |
| 52 | SPEECH PATHOLOGY | 98,828 | | 98,828 | | 98,828 |
| 53 | ELECTROCARDIOLOGY | 591,716 | | 591,716 | | 591,716 |
| 55 | MEDICAL SUPPLIES CHARGED | 93,309 | | 93,309 | | 93,309 |
| 56 | DRUGS CHARGED TO PATIENTS | 909,724 | | 909,724 | | 909,724 |
| 59 | DURABLE MEDICAL EQUIPMENT | | | | | |
| 59 | 01 SLEEP LAB | 147,481 | | 147,481 | | 147,481 |
| 59 | 02 IV THERAPY | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | CLINIC | | | | | |
| 61 | EMERGENCY | 1,535,017 | | 1,535,017 | | 1,535,017 |
| 62 | OBSERVATION BEDS (NON-DIS | 539,771 | | 539,771 | | 539,771 |
| | OTHER REIMBURS COST CNTRS | | | | | |
| 101 | SUBTOTAL | 21,494,123 | | 21,494,123 | | 21,494,123 |
| 102 | LESS OBSERVATION BEDS | 539,771 | | 539,771 | | 539,771 |
| 103 | TOTAL | 20,954,352 | | 20,954,352 | | 20,954,352 |

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
I 14-1319 I FROM 6/ 1/2007 I WORKSHEET C
I TO 5/31/2008 I PART I

| WKST A LINE NO. | COST CENTER DESCRIPTION | INPATIENT CHARGES 6 | OUTPATIENT CHARGES 7 | TOTAL CHARGES 8 | COST OR OTHER RATIO 9 | TEFRA INPAT- IENT RATIO 10 | PPS INPAT- IENT RATIO 11 |
|--------------------|---------------------------|---------------------------|----------------------------|-----------------------|-----------------------------|----------------------------------|--------------------------------|
| 25 | INPAT ROUTINE SRVC CNTRS | | | | | | |
| | ADULTS & PEDIATRICS | 2,169,545 | | 2,169,545 | | | |
| 33 | NURSERY | 193,602 | | 193,602 | | | |
| 34 | SKILLED NURSING FACILITY | 521,922 | | 521,922 | | | |
| 36 | OTHER LONG TERM CARE | 1,403,445 | | 1,403,445 | | | |
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | 3,738,855 | 6,378,917 | 10,117,772 | .423147 | .423147 | .423147 |
| 39 | DELIVERY ROOM & LABOR ROO | 201,784 | 44,578 | 246,362 | .374453 | .374453 | .374453 |
| 40 | ANESTHESIOLOGY | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 1,013,091 | 8,023,324 | 9,036,415 | .349869 | .349869 | .349869 |
| 44 | LABORATORY | 1,045,154 | 3,028,209 | 4,073,363 | .369445 | .369445 | .369445 |
| 50 | PHYSICAL THERAPY | 707,228 | 2,530,733 | 3,237,961 | .401286 | .401286 | .401286 |
| 51 | OCCUPATIONAL THERAPY | 451,079 | 616,053 | 1,067,132 | .406445 | .406445 | .406445 |
| 52 | SPEECH PATHOLOGY | 15,820 | 104,000 | 119,820 | .824804 | .824804 | .824804 |
| 53 | ELECTROCARDIOLOGY | 189,825 | 1,472,817 | 1,662,642 | .355889 | .355889 | .355889 |
| 55 | MEDICAL SUPPLIES CHARGED | 224,767 | 88,655 | 313,422 | .297710 | .297710 | .297710 |
| 56 | DRUGS CHARGED TO PATIENTS | 2,871,980 | 981,515 | 3,853,495 | .236078 | .236078 | .236078 |
| 59 | DURABLE MEDICAL EQUIPMENT | | | | | | |
| 59 | 01 SLEEP LAB | 1,000 | 378,250 | 379,250 | .388875 | .388875 | .388875 |
| 59 | 02 IV THERAPY | | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | | | | | |
| 61 | EMERGENCY | 391,734 | 2,256,455 | 2,648,189 | .579648 | .579648 | .579648 |
| 62 | OBSERVATION BEDS (NON-DIS | 7,000 | 438,545 | 445,545 | 1.211485 | 1.211485 | 1.211485 |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | SUBTOTAL | 15,147,831 | 26,342,051 | 41,489,882 | | | |
| 102 | LESS OBSERVATION BEDS | | | | | | |
| 103 | TOTAL | 15,147,831 | 26,342,051 | 41,489,882 | | | |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COST | CAPITAL COST | OPERATING | CAPITAL | OPERATING COST | COST NET OF |
|--------------------|--|------------------------------|-------------------------------------|----------------------------------|----------------|--------------------------|-------------------------------------|
| | | WKST B, PT I COL. 27 1 | WKST B PT II & III, COL. 27 2 | COST NET OF CAPITAL COST 3 | REDUCTION 4 | REDUCTION AMOUNT 5 | CAP AND OPER COST REDUCTION 6 |
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| | OPERATING ROOM | 4,281,300 | 375,622 | 3,905,678 | | | 4,281,300 |
| 39 | DELIVERY ROOM & LABOR ROO | 92,251 | 11,447 | 80,804 | | | 92,251 |
| 40 | ANESTHESIOLOGY | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 3,161,560 | 488,449 | 2,673,111 | | | 3,161,560 |
| 44 | LABORATORY | 1,504,882 | 81,231 | 1,423,651 | | | 1,504,882 |
| 50 | PHYSICAL THERAPY | 1,299,348 | 77,051 | 1,222,297 | | | 1,299,348 |
| 51 | OCCUPATIONAL THERAPY | 433,730 | 34,330 | 399,400 | | | 433,730 |
| 52 | SPEECH PATHOLOGY | 98,828 | 11,073 | 87,755 | | | 98,828 |
| 53 | ELECTROCARDIOLOGY | 591,716 | 55,936 | 535,780 | | | 591,716 |
| 55 | MEDICAL SUPPLIES CHARGED | 93,309 | 19,592 | 73,717 | | | 93,309 |
| 56 | DRUGS CHARGED TO PATIENTS | 909,724 | 48,965 | 860,759 | | | 909,724 |
| 59 | DURABLE MEDICAL EQUIPMENT | | | | | | |
| 59 01 | SLEEP LAB | 147,481 | 9,124 | 138,357 | | | 147,481 |
| 59 02 | IV THERAPY | | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | | | | | |
| 61 | EMERGENCY | 1,535,017 | 95,402 | 1,439,615 | | | 1,535,017 |
| 62 | OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS | 539,771 | | 539,771 | | | 539,771 |
| 101 | SUBTOTAL | 14,688,917 | 1,308,222 | 13,380,695 | | | 14,688,917 |
| 102 | LESS OBSERVATION BEDS | 539,771 | | 539,771 | | | 539,771 |
| 103 | TOTAL | 14,149,146 | 1,308,222 | 12,840,924 | | | 14,149,146 |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL CHARGES | OUTPAT COST TO CHRG RATIO | I/P PT B COST TO CHRG RATIO |
|--------------------|---------------------------|------------------|------------------------------|--------------------------------|
| | | 7 | 8 | 9 |
| | ANCILLARY SRVC COST CNTRS | | | |
| 37 | OPERATING ROOM | 10,117,772 | .423147 | .423147 |
| 39 | DELIVERY ROOM & LABOR ROO | 246,362 | .374453 | .374453 |
| 40 | ANESTHESIOLOGY | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 9,036,415 | .349869 | .349869 |
| 44 | LABORATORY | 4,073,363 | .369445 | .369445 |
| 50 | PHYSICAL THERAPY | 3,237,961 | .401286 | .401286 |
| 51 | OCCUPATIONAL THERAPY | 1,067,132 | .406445 | .406445 |
| 52 | SPEECH PATHOLOGY | 119,820 | .824804 | .824804 |
| 53 | ELECTROCARDIOLOGY | 1,662,642 | .355889 | .355889 |
| 55 | MEDICAL SUPPLIES CHARGED | 313,422 | .297710 | .297710 |
| 56 | DRUGS CHARGED TO PATIENTS | 3,853,495 | .236078 | .236078 |
| 59 | DURABLE MEDICAL EQUIPMENT | | | |
| 59 | 01 SLEEP LAB | 379,250 | .388875 | .388875 |
| 59 | 02 IV THERAPY | | | |
| | OUTPAT SERVICE COST CNTRS | | | |
| 60 | CLINIC | | | |
| 61 | EMERGENCY | 2,648,189 | .579648 | .579648 |
| 62 | OBSERVATION BEDS (NON-DIS | 445,545 | 1.211485 | 1.211485 |
| | OTHER REIMBURS COST CNTRS | | | |
| 101 | SUBTOTAL | 37,201,368 | | |
| 102 | LESS OBSERVATION BEDS | 445,545 | | |
| 103 | TOTAL | 36,755,823 | | |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COST WKST B, PT I COL. 27 1 | CAPITAL COST WKST B PT II & III, COL. 27 2 | OPERATING COST NET OF CAPITAL COST 3 | CAPITAL REDUCTION 4 | OPERATING COST REDUCTION AMOUNT 5 | COST NET OF CAP AND OPER REDUCTION 6 |
|--------------------|--|--|---|---|---------------------------|--|---|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| | OPERATING ROOM | 4,281,300 | 375,622 | 3,905,678 | | | 4,281,300 |
| 39 | DELIVERY ROOM & LABOR ROO | 92,251 | 11,447 | 80,804 | | | 92,251 |
| 40 | ANESTHESIOLOGY | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 3,161,560 | 488,449 | 2,673,111 | | | 3,161,560 |
| 44 | LABORATORY | 1,504,882 | 81,231 | 1,423,651 | | | 1,504,882 |
| 50 | PHYSICAL THERAPY | 1,299,348 | 77,051 | 1,222,297 | | | 1,299,348 |
| 51 | OCCUPATIONAL THERAPY | 433,730 | 34,330 | 399,400 | | | 433,730 |
| 52 | SPEECH PATHOLOGY | 98,828 | 11,073 | 87,755 | | | 98,828 |
| 53 | ELECTROCARDIOLOGY | 591,716 | 55,936 | 535,780 | | | 591,716 |
| 55 | MEDICAL SUPPLIES CHARGED | 93,309 | 19,592 | 73,717 | | | 93,309 |
| 56 | DRUGS CHARGED TO PATIENTS | 909,724 | 48,965 | 860,759 | | | 909,724 |
| 59 | DURABLE MEDICAL EQUIPMENT | | | | | | |
| 59 01 | SLEEP LAB | 147,481 | 9,124 | 138,357 | | | 147,481 |
| 59 02 | IV THERAPY | | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | | | | | |
| 61 | EMERGENCY | 1,535,017 | 95,402 | 1,439,615 | | | 1,535,017 |
| 62 | OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS | 539,771 | | 539,771 | | | 539,771 |
| 101 | SUBTOTAL | 14,688,917 | 1,308,222 | 13,380,695 | | | 14,688,917 |
| 102 | LESS OBSERVATION BEDS | 539,771 | | 539,771 | | | 539,771 |
| 103 | TOTAL | 14,149,146 | 1,308,222 | 12,840,924 | | | 14,149,146 |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL CHARGES | OUTPAT COST TO CHRG RATIO | I/P PT B COST TO CHRG RATIO |
|--------------------|---------------------------|------------------|------------------------------|--------------------------------|
| | | 7 | 8 | 9 |
| | ANCILLARY SRVC COST CNTRS | | | |
| 37 | OPERATING ROOM | 10,117,772 | .423147 | .423147 |
| 39 | DELIVERY ROOM & LABOR ROO | 246,362 | .374453 | .374453 |
| 40 | ANESTHESIOLOGY | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 9,036,415 | .349869 | .349869 |
| 44 | LABORATORY | 4,073,363 | .369445 | .369445 |
| 50 | PHYSICAL THERAPY | 3,237,961 | .401286 | .401286 |
| 51 | OCCUPATIONAL THERAPY | 1,067,132 | .406445 | .406445 |
| 52 | SPEECH PATHOLOGY | 119,820 | .824804 | .824804 |
| 53 | ELECTROCARDIOLOGY | 1,662,642 | .355889 | .355889 |
| 55 | MEDICAL SUPPLIES CHARGED | 313,422 | .297710 | .297710 |
| 56 | DRUGS CHARGED TO PATIENTS | 3,853,495 | .236078 | .236078 |
| 59 | DURABLE MEDICAL EQUIPMENT | | | |
| 59 | 01 SLEEP LAB | 379,250 | .388875 | .388875 |
| 59 | 02 IV THERAPY | | | |
| | OUTPAT SERVICE COST CNTRS | | | |
| 60 | CLINIC | | | |
| 61 | EMERGENCY | 2,648,189 | .579648 | .579648 |
| 62 | OBSERVATION BEDS (NON-DIS | 445,545 | 1.211485 | 1.211485 |
| | OTHER REIMBURS COST CNTRS | | | |
| 101 | SUBTOTAL | 37,201,368 | | |
| 102 | LESS OBSERVATION BEDS | 445,545 | | |
| 103 | TOTAL | 36,755,823 | | |

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

| | | | | | |
|---|--------------|---|----------------|---|---------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 10/29/2008 |
| I | 14-1319 | I | FROM 6/ 1/2007 | I | WORKSHEET C |
| I | | I | TO 5/31/2008 | I | PART III |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COST WKST B, PT I COL. 27 1 | TOTAL ANCILLARY CHARGES 2 | TOTAL INP ANCILLARY CHARGES 3 | CHARGE TO CHARGE RATIO 4 | TOTAL INPATIENT COST 5 |
|--------------------|---------------------------|--|------------------------------------|--|-----------------------------------|---------------------------------|
| | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | OPERATING ROOM | 4,281,300 | 10,117,772 | | | |
| 39 | DELIVERY ROOM & LABOR ROO | 92,251 | 246,362 | | | |
| 40 | ANESTHESIOLOGY | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 3,161,560 | 9,036,415 | | | |
| 44 | LABORATORY | 1,504,882 | 4,073,363 | | | |
| 50 | PHYSICAL THERAPY | 1,299,348 | 3,237,961 | | | |
| 51 | OCCUPATIONAL THERAPY | 433,730 | 1,067,132 | | | |
| 52 | SPEECH PATHOLOGY | 98,828 | 119,820 | | | |
| 53 | ELECTROCARDIOLOGY | 591,716 | 1,662,642 | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 93,309 | 313,422 | | | |
| 56 | DRUGS CHARGED TO PATIENTS | 909,724 | 3,853,495 | | | |
| 59 | DURABLE MEDICAL EQUIPMENT | | | | | |
| 59 | 01 SLEEP LAB | 147,481 | 379,250 | | | |
| 59 | 02 IV THERAPY | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | CLINIC | | | | | |
| 61 | EMERGENCY | 1,535,017 | 2,648,189 | | | |
| 62 | OBSERVATION BEDS (NON-DIS | 539,771 | 445,545 | | | |
| | OTHER REIMBURS COST CNTRS | | | | | |
| 101 | TOTAL | 14,688,917 | 37,201,368 | | | |

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
I 14-1319 I FROM 6/ 1/2007 I WORKSHEET C
I I TO 5/31/2008 I PART V

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COST WKST B, PT I COL. 27 1 | PROVIDER-BASED PHYSICIAN ADJUSTMENT 2 | TOTAL COSTS 3 | TOTAL ANCILLARY CHARGES 4 | TOTAL OUTPATIENT CHARGES 5 | RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6 | TOTAL OUT- PATIENT COSTS 7 |
|--------------------|---------------------------|--|--|---------------------|------------------------------------|-------------------------------------|---|-------------------------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | | |
| | OPERATING ROOM | 4,281,300 | | 4,281,300 | 10,117,772 | | | |
| 39 | DELIVERY ROOM & LABOR ROO | 92,251 | | 92,251 | 246,362 | | | |
| 40 | ANESTHESIOLOGY | | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 3,161,560 | | 3,161,560 | 9,036,415 | | | |
| 44 | LABORATORY | 1,504,882 | | 1,504,882 | 4,073,363 | | | |
| 50 | PHYSICAL THERAPY | 1,299,348 | | 1,299,348 | 3,237,961 | | | |
| 51 | OCCUPATIONAL THERAPY | 433,730 | | 433,730 | 1,067,132 | | | |
| 52 | SPEECH PATHOLOGY | 98,828 | | 98,828 | 119,820 | | | |
| 53 | ELECTROCARDIOLOGY | 591,716 | 36,002 | 627,718 | 1,662,642 | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 93,309 | | 93,309 | 313,422 | | | |
| 56 | DRUGS CHARGED TO PATIENTS | 909,724 | | 909,724 | 3,853,495 | | | |
| 59 | DURABLE MEDICAL EQUIPMENT | | | | | | | |
| 59 | 01 SLEEP LAB | 147,481 | | 147,481 | 379,250 | | | |
| 59 | 02 IV THERAPY | | | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 60 | CLINIC | | | | | | | |
| 61 | EMERGENCY | 1,535,017 | 631,108 | 2,166,125 | 2,648,189 | | | |
| 62 | OBSERVATION BEDS (NON-DIS | 539,771 | | 539,771 | 445,545 | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | | |
| 101 | TOTAL | 14,688,917 | 667,110 | 15,356,027 | 37,201,368 | | | |
| 102 | TOTAL OUTPATIENT VISITS | | | | | | | |
| 103 | AGGREGATE COST PER VISIT | | | | | | | |
| 104 | TITLE V OUTPATIENT VISITS | | | | | | | |
| 105 | TITLE XVIII OUTPAT VISITS | | | | | | | |
| 106 | TITLE XIX OUTPAT VISITS | | | | | | | |
| 107 | TITLE V OUTPAT COSTS | | | | | | | |
| 108 | TITLE XVIII OUTPAT COSTS | | | | | | | |
| 109 | TITLE XIX OUTPAT COSTS | | | | | | | |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
 I 14-1319 I FROM 6/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 5/31/2008 I PART V
 I 14-1319 I I

TITLE XVIII, PART B

HOSPITAL

| | Cost/Charge Ratio (C, Pt I, col. 9) | Cost/Charge Ratio (C, Pt I, col. 9) | Cost/Charge Ratio (C, Pt II, col. 9) | Outpatient Ambulatory Surgical Ctr | Outpatient Radialogy |
|---|---|---|--|--|-------------------------|
| Cost Center Description | 1 | 1.01 | 1.02 | 2 | 3 |
| (A) ANCILLARY SRVC COST CNTRS | | | | | |
| 37 OPERATING ROOM | .423147 | | .423147 | | |
| 39 DELIVERY ROOM & LABOR ROOM | .374453 | | .374453 | | |
| 40 ANESTHESIOLOGY | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | .349869 | | .349869 | | |
| 44 LABORATORY | .369445 | | .369445 | | |
| 50 PHYSICAL THERAPY | .401286 | | .401286 | | |
| 51 OCCUPATIONAL THERAPY | .406445 | | .406445 | | |
| 52 SPEECH PATHOLOGY | .824804 | | .824804 | | |
| 53 ELECTROCARDIOLOGY | .355889 | | .355889 | | |
| 55 MEDICAL SUPPLIES CHARGED TO PATIENTS | .297710 | | .297710 | | |
| 56 DRUGS CHARGED TO PATIENTS | .236078 | | .236078 | | |
| 59 DURABLE MEDICAL EQUIPMENT | | | | | |
| 59 01 SLEEP LAB | .388875 | | .388875 | | |
| 59 02 IV THERAPY | | | | | |
| 60 OUTPAT SERVICE COST CNTRS | | | | | |
| 60 CLINIC | | | | | |
| 61 EMERGENCY | .579648 | | .579648 | | |
| 62 OBSERVATION BEDS (NON-DISTINCT PART) | 1.211485 | | 1.211485 | | |
| 101 SUBTOTAL | | | | | |
| 102 CRNA CHARGES | | | | | |
| 103 LESS PBP CLINIC LAB SVCS- | | | | | |
| PROGRAM ONLY CHARGES | | | | | |
| 104 NET CHARGES | | | | | |

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
 I 14-1319 I FROM 6/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 5/31/2008 I PART V
 I 14-1319 I I

TITLE XVIII, PART B

HOSPITAL

| | other outpatient Diagnostic | All other (1) | Outpatient Ambulatory Surgical Ctr | Outpatient Radiology | Other Outpatient Diagnostic |
|---|-----------------------------------|---------------|--|-------------------------|-----------------------------------|
| Cost Center Description | 4 | 5 | 6 | 7 | 8 |
| (A) ANCILLARY SRVC COST CNTRS | | | | | |
| 37 OPERATING ROOM | | 2,438,239 | | | |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | |
| 40 ANESTHESIOLOGY | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | 2,838,720 | | | |
| 44 LABORATORY | | 1,450,049 | | | |
| 50 PHYSICAL THERAPY | | 833,919 | | | |
| 51 OCCUPATIONAL THERAPY | | 187,812 | | | |
| 52 SPEECH PATHOLOGY | | 21,820 | | | |
| 53 ELECTROCARDIOLOGY | | 808,325 | | | |
| 55 MEDICAL SUPPLIES CHARGED TO PATIENTS | | 77,278 | | | |
| 56 DRUGS CHARGED TO PATIENTS | | 701,305 | | | |
| 59 DURABLE MEDICAL EQUIPMENT | | | | | |
| 59 01 SLEEP LAB | | 109,250 | | | |
| 59 02 IV THERAPY | | | | | |
| 60 OUTPAT SERVICE COST CNTRS | | | | | |
| 60 CLINIC | | | | | |
| 61 EMERGENCY | | 806,422 | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT PART) | | 245,303 | | | |
| 101 SUBTOTAL | | 10,518,442 | | | |
| 102 CRNA CHARGES | | | | | |
| 103 LESS PBP CLINIC LAB SVCS- | | | | | |
| PROGRAM ONLY CHARGES | | | | | |
| 104 NET CHARGES | | 10,518,442 | | | |

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

| | All other | Hospital I/P Part B Charges | Hospital I/P Part B Costs |
|---|-----------|--------------------------------|------------------------------|
| Cost Center Description | 9 | 10 | 11 |
| (A) ANCILLARY SRVC COST CNTRS | | | |
| 37 OPERATING ROOM | 1,031,734 | | |
| 39 DELIVERY ROOM & LABOR ROOM | | | |
| 40 ANESTHESIOLOGY | | | |
| 41 RADIOLOGY-DIAGNOSTIC | 993,180 | | |
| 44 LABORATORY | 535,713 | | |
| 50 PHYSICAL THERAPY | 334,640 | | |
| 51 OCCUPATIONAL THERAPY | 76,335 | | |
| 52 SPEECH PATHOLOGY | 17,997 | | |
| 53 ELECTROCARDIOLOGY | 287,674 | | |
| 55 MEDICAL SUPPLIES CHARGED TO PATIENTS | 23,006 | | |
| 56 DRUGS CHARGED TO PATIENTS | 165,563 | | |
| 59 DURABLE MEDICAL EQUIPMENT | | | |
| 59 01 SLEEP LAB | 42,485 | | |
| 59 02 IV THERAPY | | | |
| OUTPAT SERVICE COST CNTRS | | | |
| 60 CLINIC | | | |
| 61 EMERGENCY | 467,441 | | |
| 62 OBSERVATION BEDS (NON-DISTINCT PART) | 297,181 | | |
| 101 SUBTOTAL | 4,272,949 | | |
| 102 CRNA CHARGES | | | |
| 103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES | | | |
| 104 NET CHARGES | 4,272,949 | | |

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

| | | | | | |
|---|---------------|---|----------------|---|---------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 10/29/2008 |
| I | 14-1319 | I | FROM 6/ 1/2007 | I | WORKSHEET D |
| I | COMPONENT NO: | I | TO 5/31/2008 | I | PART VI |
| I | 14-1319 | I | | I | |

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

| | | | |
|---|--|---|---------|
| 1 | DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES | 1 | .236078 |
| 2 | PROGRAM VACCINE CHARGES | | 6,808 |
| 3 | PROGRAM COSTS | | 1,607 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

| | | | | | |
|---|---------------|---|----------------|---|---------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 10/29/2008 |
| I | 14-1319 | I | FROM 6/ 1/2007 | I | WORKSHEET D |
| I | COMPONENT NO: | I | TO 5/31/2008 | I | PART II |
| I | 14-5464 | I | | I | |

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

| WKST A | COST CENTER DESCRIPTION | OLD CAPITAL | NEW CAPITAL | TOTAL | INPAT PROGRAM | OLD CAPITAL | |
|----------|---------------------------|--------------|--------------|---------|---------------|-------------|-------|
| LINE NO. | | RELATED COST | RELATED COST | CHARGES | CHARGES | RATIO | COSTS |
| | | 1 | 2 | 3 | 4 | 5 | 6 |
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | | | | | | |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 40 | ANESTHESIOLOGY | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 44 | LABORATORY | | | | | | |
| 50 | PHYSICAL THERAPY | | | | | | |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | |
| 59 | DURABLE MEDICAL EQUIPMENT | | | | | | |
| 59 01 | SLEEP LAB | | | | | | |
| 59 02 | IV THERAPY | | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | | | | | |
| 61 | EMERGENCY | | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | TOTAL | | | | | | |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
 I 14-1319 I FROM 6/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 5/31/2008 I PART II
 I 14-5464 I I

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | NEW CAPITAL | |
|--------------------|---------------------------|---------------------|------------|
| | | CST/CHRG RATIO 7 | COSTS 8 |
| | ANCILLARY SRVC COST CNTRS | | |
| 37 | OPERATING ROOM | | |
| 39 | DELIVERY ROOM & LABOR ROO | | |
| 40 | ANESTHESIOLOGY | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | |
| 44 | LABORATORY | | |
| 50 | PHYSICAL THERAPY | | |
| 51 | OCCUPATIONAL THERAPY | | |
| 52 | SPEECH PATHOLOGY | | |
| 53 | ELECTROCARDIOLOGY | | |
| 55 | MEDICAL SUPPLIES CHARGED | | |
| 56 | DRUGS CHARGED TO PATIENTS | | |
| 59 | DURABLE MEDICAL EQUIPMENT | | |
| 59 | 01 SLEEP LAB | | |
| 59 | 02 IV THERAPY | | |
| | OUTPAT SERVICE COST CNTRS | | |
| 60 | CLINIC | | |
| 61 | EMERGENCY | | |
| 62 | OBSERVATION BEDS (NON-DIS | | |
| | OTHER REIMBURS COST CNTRS | | |
| 101 | TOTAL | | |

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | NONPHYSICIAN ANESTHETIST | MED ED NRS SCHOOL COST | MED ED ALLIED HEALTH COST | MED ED ALL OTHER COSTS | BLOOD CLOT FOR HEMOPHILIACS |
|--------------------|---------------------------|-----------------------------|---------------------------|------------------------------|---------------------------|--------------------------------|
| | | 1 | 2 | 2.01 | 2.02 | 2.03 |
| | ANCILLARY SRVC COST CNTRS | 1.01 | | | | |
| 37 | OPERATING ROOM | | | | | |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | |
| 40 | ANESTHESIOLOGY | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | |
| 44 | LABORATORY | | | | | |
| 50 | PHYSICAL THERAPY | | | | | |
| 51 | OCCUPATIONAL THERAPY | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | |
| 59 | DURABLE MEDICAL EQUIPMENT | | | | | |
| 59 | 01 SLEEP LAB | | | | | |
| 59 | 02 IV THERAPY | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | CLINIC | | | | | |
| 61 | EMERGENCY | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | |
| 101 | TOTAL | | | | | |

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COSTS 3 | O/P PASS THRU COSTS 3.01 | TOTAL CHARGES 4 | RATIO OF COST TO CHARGES 5 | O/P CST 5.01 | RATIO OF TO CHARGES 5.01 | INPAT PROG CHARGE 6 | INPAT PROG PASS THRU COST 7 |
|--------------------|---------------------------|---------------------|--------------------------------|-----------------------|----------------------------------|--------------------|--------------------------------|---------------------------|-----------------------------------|
| | ANCILLARY SRVC COST CNTRS | | | | | | | | |
| 37 | OPERATING ROOM | | | 10,117,772 | | | | | |
| 39 | DELIVERY ROOM & LABOR ROO | | | 246,362 | | | | | |
| 40 | ANESTHESIOLOGY | | | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | 9,036,415 | | | | 9,764 | |
| 44 | LABORATORY | | | 4,073,363 | | | | 26,019 | |
| 50 | PHYSICAL THERAPY | | | 3,237,961 | | | | 339,330 | |
| 51 | OCCUPATIONAL THERAPY | | | 1,067,132 | | | | 230,632 | |
| 52 | SPEECH PATHOLOGY | | | 119,820 | | | | 4,960 | |
| 53 | ELECTROCARDIOLOGY | | | 1,662,642 | | | | 2,951 | |
| 55 | MEDICAL SUPPLIES CHARGED | | | 313,422 | | | | 1,252 | |
| 56 | DRUGS CHARGED TO PATIENTS | | | 3,853,495 | | | | 143,016 | |
| 59 | DURABLE MEDICAL EQUIPMENT | | | | | | | | |
| 59 | 01 SLEEP LAB | | | 379,250 | | | | | |
| 59 | 02 IV THERAPY | | | | | | | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | | | |
| 60 | CLINIC | | | | | | | | |
| 61 | EMERGENCY | | | 2,648,189 | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | 445,545 | | | | | 95 |
| 62 | OTHER REIMBURS COST CNTRS | | | | | | | | |
| 101 | TOTAL | | | 37,201,368 | | | | 758,019 | |

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

| WKST A | COST CENTER DESCRIPTION | OUTPAT PROG | OUTPAT PROG | OUTPAT PROG | OUTPAT PROG | COL 8.01 | COL 8.02 |
|----------|---------------------------|-------------|--------------|--------------|----------------|----------|----------|
| LINE NO. | | CHARGES | D,V COL 5.03 | D,V COL 5.04 | PASS THRU COST | * COL 5 | * COL 5 |
| | | 8 | 8.01 | 8.02 | 9 | 9.01 | 9.02 |
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | | | | | | |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 40 | ANESTHESIOLOGY | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 44 | LABORATORY | | | | | | |
| 50 | PHYSICAL THERAPY | | | | | | |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | |
| 59 | DURABLE MEDICAL EQUIPMENT | | | | | | |
| 59 01 | SLEEP LAB | | | | | | |
| 59 02 | IV THERAPY | | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | | | | | |
| 61 | EMERGENCY | | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | TOTAL | | | | | | |

TITLE XVIII PART A HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

| | | |
|----|---|-------|
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN) | 4,215 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS) | 3,579 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 3,579 |
| 5 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | 260 |
| 6 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | 319 |
| 7 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | 24 |
| 8 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | 33 |
| 9 | TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 1,649 |
| 10 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | 260 |
| 11 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | 319 |
| 12 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 13 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 14 | MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | |
| 15 | TOTAL NURSERY DAYS (TITLE V OR XIX ONLY) | |
| 16 | NURSERY DAYS (TITLE V OR XIX ONLY) | |

SWING-BED ADJUSTMENT

| | | |
|----|---|-----------|
| 17 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 18 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 19 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | 118.00 |
| 20 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | 121.00 |
| 21 | TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | 3,569,305 |
| 22 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 23 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 24 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | 2,832 |
| 25 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | 3,993 |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | 502,901 |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 3,066,404 |

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

| | | |
|----|--|-----------|
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 2,219,011 |
| 29 | PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | |
| 30 | SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 2,219,011 |
| 31 | GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | 1.381879 |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE | |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 620.01 |
| 34 | AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL | |
| 35 | AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL | |
| 36 | PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT | |
| 37 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL | 3,066,404 |

TITLE XVIII PART A HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 856.78
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,412,830
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,412,830

| | TOTAL I/P COST 1 | TOTAL I/P DAYS 2 | AVERAGE PER DIEM 3 | PROGRAM DAYS 4 | PROGRAM COST 5 |
|--|------------------------|------------------------|--------------------------|----------------------|----------------------|
|--|------------------------|------------------------|--------------------------|----------------------|----------------------|

| | | | | | |
|----|--|--|--|--|-----------|
| 42 | NURSERY (TITLE V & XIX ONLY) | | | | |
| | INTENSIVE CARE TYPE INPATIENT | | | | |
| | HOSPITAL UNITS | | | | |
| 43 | INTENSIVE CARE UNIT | | | | |
| 44 | CORONARY CARE UNIT | | | | |
| 45 | BURN INTENSIVE CARE UNIT | | | | |
| 46 | SURGICAL INTENSIVE CARE UNIT | | | | |
| 47 | OTHER SPECIAL CARE | | | | |
| | | | | | 1 |
| 48 | PROGRAM INPATIENT ANCILLARY SERVICE COST | | | | 1,385,618 |
| 49 | TOTAL PROGRAM INPATIENT COSTS | | | | 2,798,448 |

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
 52 TOTAL PROGRAM EXCLUDABLE COST
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

| | | |
|----|---|---------|
| 60 | MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) | 222,763 |
| 61 | MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) | 273,313 |
| 62 | TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS | 496,076 |
| 63 | TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 64 | TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 65 | TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS | |

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
 I 14-1319 I FROM 6/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 5/31/2008 I PART III
 I 14-1319 I I

TITLE XVIII PART A

HOSPITAL

OTHER

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

1

- 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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 630
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 856.78
- 85 OBSERVATION BED COST 539,771

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

COMPUTATION OF INPATIENT OPERATING COST

| | | | | | |
|---|---------------|---|----------------|---|---------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 10/29/2008 |
| I | 14-1319 | I | FROM 6/ 1/2007 | I | WORKSHEET D-1 |
| I | COMPONENT NO: | I | TO 5/31/2008 | I | PART I |
| I | 14-5464 | I | | I | |

TITLE XVIII PART A

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

| | | |
|----|---|-------|
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN) | 4,743 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS) | 4,743 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 4,743 |
| 5 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 6 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 7 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 8 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 9 | TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 1,616 |
| 10 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 11 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 12 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 13 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 14 | MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | |
| 15 | TOTAL NURSERY DAYS (TITLE V OR XIX ONLY) | |
| 16 | NURSERY DAYS (TITLE V OR XIX ONLY) | |

SWING-BED ADJUSTMENT

| | | |
|----|--|-----------|
| 17 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 18 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | 112.00 |
| 19 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | 112.00 |
| 20 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | 112.00 |
| 21 | TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | 1,259,468 |
| 22 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 23 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 24 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 25 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 1,259,468 |

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

| | | |
|----|---|-----------|
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 521,922 |
| 29 | PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | |
| 30 | SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 521,922 |
| 31 | GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | 2.413135 |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE | |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 110.04 |
| 34 | AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL | |
| 35 | AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL | |
| 36 | PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT | |
| 37 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL | 1,259,468 |

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
 I 14-1319 I FROM 6/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 5/31/2008 I PART III
 I 14-5464 I I

TITLE XVIII PART A

SNF

PPS

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

| | | |
|----|---|-----------|
| | | 1 |
| 66 | SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST | 1,259,468 |
| 67 | ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM | 265.54 |
| 68 | PROGRAM ROUTINE SERVICE COST | 429,113 |
| 69 | MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM | |
| 70 | TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS | 429,113 |
| 71 | CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS | 153,464 |
| 72 | PER DIEM CAPITAL-RELATED COSTS | 32.36 |
| 73 | PROGRAM CAPITAL-RELATED COSTS | 52,294 |
| 74 | INPATIENT ROUTINE SERVICE COST | 376,819 |
| 75 | AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS | |
| 76 | TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION | 376,819 |
| 77 | INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION | |
| 78 | INPATIENT ROUTINE SERVICE COST LIMITATION | |
| 79 | REASONABLE INPATIENT ROUTINE SERVICE COSTS | 429,113 |
| 80 | PROGRAM INPATIENT ANCILLARY SERVICES | 282,328 |
| 81 | UTILIZATION REVIEW - PHYSICIAN COMPENSATION | |
| 82 | TOTAL PROGRAM INPATIENT OPERATING COSTS | 711,441 |

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
 I 14-1319 I FROM 6/ 1/2007 I WORKSHEET D-4
 I COMPONENT NO: I TO 5/31/2008 I
 I 14-1319 I

TITLE XVIII, PART A

HOSPITAL

OTHER

| WKST A LINE NO. | COST CENTER DESCRIPTION | RATIO COST TO CHARGES 1 | INPATIENT CHARGES 2 | INPATIENT COST 3 |
|--------------------|---|-------------------------------|---------------------------|------------------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | | 1,109,600 | |
| 37 | ANCILLARY SRVC COST CNTRS | | | |
| 39 | OPERATING ROOM | .423147 | 1,844,375 | 780,442 |
| 40 | DELIVERY ROOM & LABOR ROOM | .374453 | | |
| 41 | ANESTHESIOLOGY | | | |
| 44 | RADIOLOGY-DIAGNOSTIC | .349869 | 240,926 | 84,293 |
| 50 | LABORATORY | .369445 | 341,001 | 125,981 |
| 51 | PHYSICAL THERAPY | .401286 | 132,488 | 53,166 |
| 52 | OCCUPATIONAL THERAPY | .406445 | 72,542 | 29,484 |
| 53 | SPEECH PATHOLOGY | .824804 | 5,720 | 4,718 |
| 55 | ELECTROCARDIOLOGY | .355889 | 55,042 | 19,589 |
| 56 | MEDICAL SUPPLIES CHARGED TO PATIENTS | .297710 | 141,200 | 42,037 |
| 59 | DRUGS CHARGED TO PATIENTS | .236078 | 1,026,808 | 242,407 |
| 59 | DURABLE MEDICAL EQUIPMENT | | | |
| 59 | 01 SLEEP LAB | .388875 | 550 | 214 |
| 59 | 02 IV THERAPY | | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | |
| 61 | CLINIC | | | |
| 62 | EMERGENCY | .579648 | 5,472 | 3,172 |
| 101 | OBSERVATION BEDS (NON-DISTINCT PART) | 1.211485 | 95 | 115 |
| 102 | OTHER REIMBURS COST CNTRS | | | |
| 101 | TOTAL | | 3,866,219 | 1,385,618 |
| 102 | LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES | | | |
| 103 | NET CHARGES | | 3,866,219 | |

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
 I 14-1319 I FROM 6/ 1/2007 I WORKSHEET D-4
 I COMPONENT NO: I TO 5/31/2008 I
 I 14-Z319 I

TITLE XVIII, PART A

SWING BED SNF

OTHER

| WKST A LINE NO. | COST CENTER DESCRIPTION | RATIO COST TO CHARGES 1 | INPATIENT CHARGES 2 | INPATIENT COST 3 |
|--------------------|---|-------------------------------|---------------------------|------------------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | | | |
| 37 | ANCILLARY SRVC COST CNTRS | | | |
| 39 | OPERATING ROOM | .423147 | | |
| 40 | DELIVERY ROOM & LABOR ROOM | .374453 | | |
| 41 | ANESTHESIOLOGY | | | |
| 44 | RADIOLOGY-DIAGNOSTIC | .349869 | 33,753 | 11,809 |
| 50 | LABORATORY | .369445 | 25,628 | 9,468 |
| 51 | PHYSICAL THERAPY | .401286 | 113,698 | 45,625 |
| 52 | OCCUPATIONAL THERAPY | .406445 | 81,150 | 32,983 |
| 53 | SPEECH PATHOLOGY | .824804 | 4,350 | 3,588 |
| 55 | ELECTROCARDIOLOGY | .355889 | 200 | 71 |
| 56 | MEDICAL SUPPLIES CHARGED TO PATIENTS | .297710 | 2,245 | 668 |
| 59 | DRUGS CHARGED TO PATIENTS | .236078 | 65,159 | 15,383 |
| 59 | DURABLE MEDICAL EQUIPMENT | | | |
| 59 | 01 SLEEP LAB | .388875 | | |
| 59 | 02 IV THERAPY | | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | |
| 61 | CLINIC | | | |
| 62 | EMERGENCY | .579648 | | |
| 101 | OBSERVATION BEDS (NON-DISTINCT PART) | 1.211485 | | |
| 102 | OTHER REIMBURS COST CNTRS | | | |
| 101 | TOTAL | | 326,183 | 119,595 |
| 102 | LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES | | | |
| 103 | NET CHARGES | | 326,183 | |

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
 I 14-1319 I FROM 6/ 1/2007 I WORKSHEET D-4
 I COMPONENT NO: I TO 5/31/2008 I
 I 14-5464 I I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

| WKST A | COST CENTER DESCRIPTION | RATIO COST | INPATIENT | INPATIENT |
|----------|---|------------|-----------|-----------|
| LINE NO. | | TO CHARGES | CHARGES | COST |
| | | 1 | 2 | 3 |
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | | | |
| | ANCILLARY SRVC COST CNTRS | | | |
| 37 | OPERATING ROOM | .423147 | | |
| 39 | DELIVERY ROOM & LABOR ROOM | .374453 | | |
| 40 | ANESTHESIOLOGY | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | .349869 | 9,764 | 3,416 |
| 44 | LABORATORY | .369445 | 26,019 | 9,613 |
| 50 | PHYSICAL THERAPY | .401286 | 339,330 | 136,168 |
| 51 | OCCUPATIONAL THERAPY | .406445 | 230,632 | 93,739 |
| 52 | SPEECH PATHOLOGY | .824804 | 4,960 | 4,091 |
| 53 | ELECTROCARDIOLOGY | .355889 | 2,951 | 1,050 |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | .297710 | 1,252 | 373 |
| 56 | DRUGS CHARGED TO PATIENTS | .236078 | 143,016 | 33,763 |
| 59 | DURABLE MEDICAL EQUIPMENT | | | |
| 59 | 01 SLEEP LAB | .388875 | | |
| 59 | 02 IV THERAPY | | | |
| | OUTPAT SERVICE COST CNTRS | | | |
| 60 | CLINIC | | | |
| 61 | EMERGENCY | .579648 | | |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | 1.211485 | 95 | 115 |
| | OTHER REIMBURS COST CNTRS | | | |
| 101 | TOTAL | | 758,019 | 282,328 |
| 102 | LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES | | | |
| 103 | NET CHARGES | | 758,019 | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

| | | | | | |
|---|---------------|---|----------------|---|---------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 10/29/2008 |
| I | 14-1319 | I | FROM 6/ 1/2007 | I | WORKSHEET E |
| I | COMPONENT NO: | I | TO 5/31/2008 | I | PART B |
| I | 14-1319 | I | | I | |

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

| | | |
|------|---|-----------|
| 1 | MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) | 4,274,556 |
| 1.01 | MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS). | |
| 1.02 | PPS PAYMENTS RECEIVED INCLUDING OUTLIERS. | |
| 1.03 | ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO. | |
| 1.04 | LINE 1.01 TIMES LINE 1.03. | |
| 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. | |
| 2 | INTERNS AND RESIDENTS | |
| 3 | ORGAN ACQUISITIONS | |
| 4 | COST OF TEACHING PHYSICIANS | |
| 5 | TOTAL COST (SEE INSTRUCTIONS) | 4,274,556 |

COMPUTATION OF LESSER OF COST OR CHARGES

| | | |
|-------|---|-----------|
| 6 | REASONABLE CHARGES | |
| 6 | ANCILLARY SERVICE CHARGES | |
| 7 | INTERNS AND RESIDENTS SERVICE CHARGES | |
| 8 | ORGAN ACQUISITION CHARGES | |
| 9 | CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS. | |
| 10 | TOTAL REASONABLE CHARGES | |
| 11 | 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) | |
| 15 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | |
| 16 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | |
| 17 | LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC) | 4,317,302 |
| 17.01 | TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07) | |

COMPUTATION OF REIMBURSEMENT SETTLEMENT

| | | |
|-------|---|-----------|
| 18 | CAH DEDUCTIBLES | 44,252 |
| 18.01 | CAH ACTUAL BILLED COINSURANCE | 1,826,985 |
| | LINE 17.01 (SEE INSTRUCTIONS) | |
| 19 | SUBTOTAL (SEE INSTRUCTIONS) | 2,446,065 |
| 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 | 2,446,065 |
| 24 | PRIMARY PAYER PAYMENTS | 61 |
| 25 | SUBTOTAL | 2,446,004 |
| 26 | REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | |
| 27 | COMPOSITE RATE ESRD | |
| 27 | BAD DEBTS (SEE INSTRUCTIONS) | 66,540 |
| 27.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 66,540 |
| 27.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | |
| 28 | SUBTOTAL | 2,512,544 |
| 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 | 2,512,544 |
| 33 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 34 | INTERIM PAYMENTS | 2,654,584 |
| 34.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | |
| 35 | BALANCE DUE PROVIDER/PROGRAM | -142,040 |
| 36 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2 | |

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
 I 14-1319 I FROM 6/ 1/2007 I WORKSHEET E-1
 I COMPONENT NO: I TO 5/31/2008 I
 I 14-1319 I I

TITLE XVIII HOSPITAL

| DESCRIPTION | INPATIENT-PART A | | P A R T B | |
|--|------------------|-------------|-----------------|-------------|
| | MM/DD/YYYY 1 | AMOUNT 2 | MM/DD/YYYY 3 | AMOUNT 4 |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 2,493,439 | | 2,654,584 |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO. | | NONE | | NONE |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | | |
| ADJUSTMENTS TO PROVIDER | .01 | | | |
| ADJUSTMENTS TO PROVIDER | .02 | | | |
| ADJUSTMENTS TO PROVIDER | .03 | | | |
| ADJUSTMENTS TO PROVIDER | .04 | | | |
| ADJUSTMENTS TO PROVIDER | .05 | | | |
| ADJUSTMENTS TO PROGRAM | .50 | | | |
| ADJUSTMENTS TO PROGRAM | .51 | | | |
| ADJUSTMENTS TO PROGRAM | .52 | | | |
| ADJUSTMENTS TO PROGRAM | .53 | | | |
| ADJUSTMENTS TO PROGRAM | .54 | | | |
| SUBTOTAL | .99 | NONE | | NONE |
| 4 TOTAL INTERIM PAYMENTS | | 2,493,439 | | 2,654,584 |
| TO BE COMPLETED BY INTERMEDIARY | | | | |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | | |
| TENTATIVE TO PROVIDER | .01 | | | |
| TENTATIVE TO PROVIDER | .02 | | | |
| TENTATIVE TO PROVIDER | .03 | | | |
| TENTATIVE TO PROGRAM | .50 | | | |
| TENTATIVE TO PROGRAM | .51 | | | |
| TENTATIVE TO PROGRAM | .52 | | | |
| SUBTOTAL | .99 | NONE | | NONE |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1) | | | | |
| 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

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
 I 14-1319 I FROM 6/ 1/2007 I WORKSHEET E-1
 I COMPONENT NO: I TO 5/31/2008 I
 I 14-5464 I I

TITLE XVIII SNF

INPATIENT-PART A P A R T B
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT
 1 2 3 4

| | | | | |
|---|--|-----|---------|------|
| 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. | | 498,254 | NONE |
| 3 | LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | |
| | ADJUSTMENTS TO PROVIDER | .01 | | |
| | ADJUSTMENTS TO PROVIDER | .02 | | |
| | ADJUSTMENTS TO PROVIDER | .03 | | |
| | ADJUSTMENTS TO PROVIDER | .04 | | |
| | ADJUSTMENTS TO PROVIDER | .05 | | |
| | ADJUSTMENTS TO PROGRAM | .50 | | |
| | ADJUSTMENTS TO PROGRAM | .51 | | |
| | ADJUSTMENTS TO PROGRAM | .52 | | |
| | ADJUSTMENTS TO PROGRAM | .53 | | |
| | ADJUSTMENTS TO PROGRAM | .54 | | |
| | SUBTOTAL | .99 | NONE | NONE |
| 4 | TOTAL INTERIM PAYMENTS | | 498,254 | |
| | TO BE COMPLETED BY INTERMEDIARY | | | |
| 5 | LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | |
| | TENTATIVE TO PROVIDER | .01 | | |
| | TENTATIVE TO PROVIDER | .02 | | |
| | TENTATIVE TO PROVIDER | .03 | | |
| | TENTATIVE TO PROGRAM | .50 | | |
| | TENTATIVE TO PROGRAM | .51 | | |
| | TENTATIVE TO PROGRAM | .52 | | |
| | SUBTOTAL | .99 | NONE | NONE |
| 6 | DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1) | | | |
| | 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

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
 I 14-1319 I FROM 6/ 1/2007 I WORKSHEET E-1
 I COMPONENT NO: I TO 5/31/2008 I
 I 14-2319 I I

TITLE XVIII SWING BED SNF

| DESCRIPTION | INPATIENT-PART A | | P A R T B | |
|--|------------------|-------------|-----------------|-------------|
| | MM/DD/YYYY 1 | AMOUNT 2 | MM/DD/YYYY 3 | AMOUNT 4 |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 635,753 | | |
| 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 |
| | | 635,753 | | |
| 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.

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
 I 14-1319 I FROM 6/ 1/2007 I
 I COMPONENT NO: I TO 5/31/2008 I WORKSHEET E-2
 I 14-2319 I I

TITLE XVIII SWING BED SNF

| COMPUTATION OF NET COST OF COVERED SERVICES | | PART A | PART B |
|---|---|---------|--------|
| | | 1 | 2 |
| 1 | INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR) | 501,037 | |
| 2 | INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR) | | |
| 3 | ANCILLARY SERVICES (SEE INSTRUCTIONS) | 120,791 | |
| 4 | PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS) | | |
| 5 | PROGRAM DAYS | 579 | |
| 6 | INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS) | | |
| 7 | UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY | | |
| 8 | SUBTOTAL | 621,828 | |
| 9 | PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS) | | |
| 10 | SUBTOTAL | 621,828 | |
| 11 | DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES) | | |
| 12 | SUBTOTAL | 621,828 | |
| 13 | COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES) | 5,200 | |
| 14 | 80% OF PART B COSTS | | |
| 15 | SUBTOTAL | 616,628 | |
| 16 | OTHER ADJUSTMENTS (SPECIFY) | | |
| 17 | REIMBURSABLE BAD DEBTS | | |
| 17.01 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | | |
| 18 | TOTAL | 616,628 | |
| 19 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | | |
| 20 | INTERIM PAYMENTS | 635,753 | |
| 20.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | | |
| 21 | BALANCE DUE PROVIDER/PROGRAM | -19,125 | |
| 22 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2. | | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

| | | | | | |
|---|---------------|---|----------------|---|---------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 10/29/2008 |
| I | 14-1319 | I | FROM 6/ 1/2007 | I | WORKSHEET E-3 |
| I | COMPONENT NO: | I | TO 5/31/2008 | I | PART II |
| I | 14-1319 | I | | I | |

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

| | | |
|-------|--|-----------|
| 1 | INPATIENT SERVICES | 2,798,448 |
| 1.01 | NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT | |
| 2 | ORGAN ACQUISITION | |
| 3 | COST OF TEACHING PHYSICIANS | |
| 4 | SUBTOTAL | 2,798,448 |
| 5 | PRIMARY PAYER PAYMENTS | |
| 6 | TOTAL COST. FOR CAH (SEE INSTRUCTIONS) | 2,826,432 |
| | COMPUTATION OF LESSER OF COST OR CHARGES | |
| | REASONABLE CHARGES | |
| 7 | ROUTINE SERVICE CHARGES | |
| 8 | ANCILLARY SERVICE CHARGES | |
| 9 | ORGAN ACQUISITION CHARGES, NET OF REVENUE | |
| 10 | TEACHING PHYSICIANS | |
| 11 | TOTAL REASONABLE CHARGES | |
| | CUSTOMARY CHARGES | |
| 12 | AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | |
| 13 | 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) | |
| 14 | RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000) | |
| 15 | TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) | |
| 16 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | |
| 17 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | |
| | COMPUTATION OF REIMBURSEMENT SETTLEMENT | |
| 18 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | |
| 19 | COST OF COVERED SERVICES | 2,826,432 |
| 20 | DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT) | 352,223 |
| 21 | EXCESS REASONABLE COST | |
| 22 | SUBTOTAL | 2,474,209 |
| 23 | COINSURANCE | 512 |
| 24 | SUBTOTAL | 2,473,697 |
| 25 | REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS)) | 5,912 |
| 25.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 5,912 |
| 25.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | |
| 26 | SUBTOTAL | 2,479,609 |
| 27 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | |
| 28 | OTHER ADJUSTMENTS (SPECIFY) | |
| 29 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | |
| 30 | SUBTOTAL | 2,479,609 |
| 31 | SEQUESTRATION ADJUSTMENT | |
| 32 | INTERIM PAYMENTS | 2,493,439 |
| 32.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | |
| 33 | BALANCE DUE PROVIDER/PROGRAM | -13,830 |
| 34 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2. | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

| | | | | | |
|---|---------------|---|----------------|---|---------------------|
| I | PROVIDER NO: | I | PERIOD: | I | PREPARED 10/29/2008 |
| I | 14-1319 | I | FROM 6/ 1/2007 | I | WORKSHEET E-3 |
| I | COMPONENT NO: | I | TO 5/31/2008 | I | PART III |
| I | 14-5464 | I | | I | |

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

| | TITLE XVIII | SNF | PPS TITLE V OR TITLE XIX | TITLE XVIII SNF PPS |
|-------|--|-----|--------------------------------|------------------------|
| | | | 1 | 2 |
| 1 | COMPUTATION OF NET COST OF COVERED SERVICE | | | |
| 2 | INPATIENT HOSPITAL/SNF/NF SERVICES | | | |
| 3 | MEDICAL AND OTHER SERVICES | | | |
| 4 | INTERNS AND RESIDENTS (SEE INSTRUCTIONS) | | | |
| 5 | ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY) | | | |
| 6 | COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS) | | | |
| 7 | SUBTOTAL | | | |
| 8 | INPATIENT PRIMARY PAYER PAYMENTS | | | |
| 9 | OUTPATIENT PRIMARY PAYER PAYMENTS | | | |
| | SUBTOTAL | | | |
| | COMPUTATION OF LESSER OF COST OR CHARGES | | | |
| | REASONABLE CHARGES | | | |
| 10 | ROUTINE SERVICE CHARGES | | | |
| 11 | ANCILLARY SERVICE CHARGES | | | |
| 12 | INTERNS AND RESIDENTS SERVICE CHARGES | | | |
| 13 | ORGAN ACQUISITION CHARGES, NET OF REVENUE | | | |
| 14 | TEACHING PHYSICIANS | | | |
| 15 | INCENTIVE FROM TARGET AMOUNT COMPUTATION | | | |
| 16 | TOTAL REASONABLE CHARGES | | | |
| | CUSTOMARY CHARGES | | | |
| 17 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | | | |
| 18 | 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) | | | |
| 19 | RATIO OF LINE 17 TO LINE 18 | | | |
| 20 | TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) | | | |
| 21 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | | | |
| 22 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | | |
| 23 | COST OF COVERED SERVICES | | | |
| 24 | PROSPECTIVE PAYMENT AMOUNT | | | |
| 25 | OTHER THAN OUTLIER PAYMENTS | | | |
| 26 | OUTLIER PAYMENTS | | | |
| 27 | PROGRAM CAPITAL PAYMENTS | | | |
| 28 | CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS) | | | |
| 29 | ROUTINE SERVICE OTHER PASS THROUGH COSTS | | | |
| 30 | ANCILLARY SERVICE OTHER PASS THROUGH COSTS | | | |
| 31 | SUBTOTAL | | | |
| 32 | CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY) | | | |
| 33 | TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30 | | | |
| | DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT) | | | |
| 34 | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | |
| 35 | EXCESS OF REASONABLE COST | | | |
| 36 | SUBTOTAL | | | |
| 37 | COINSURANCE | | | |
| 38 | SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19 | | | |
| 38.01 | REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | | | |
| 38.02 | ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS) | | | |
| 38.03 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS) | | | |
| 39 | UTILIZATION REVIEW | | | |
| 40 | SUBTOTAL (SEE INSTRUCTIONS) | | | |
| 41 | INPATIENT ROUTINE SERVICE COST | | | |
| 42 | MEDICARE INPATIENT ROUTINE CHARGES | | | |
| 43 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | | | |
| 44 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES | | | |
| 45 | RATIO OF LINE 43 TO 44 | | | |
| 46 | TOTAL CUSTOMARY CHARGES | | | |
| 47 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | | | |
| 48 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | | |
| 49 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | | | |
| 50 | OTHER ADJUSTMENTS (SPECIFY) | | | |
| 51 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | | |
| 52 | SUBTOTAL | | | |
| 53 | INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY) | | | |
| 54 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | | | |
| 55 | TOTAL AMOUNT PAYABLE TO THE PROVIDER | | | |
| 56 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | | | |
| 57 | INTERIM PAYMENTS | | | |
| 57.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | | | |
| 58 | BALANCE DUE PROVIDER/PROGRAM | | | |
| 59 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) | | | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

| | | |
|-----------------|------------------|-----------------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED 10/29/2008 |
| I 14-1319 | I FROM 6/ 1/2007 | I WORKSHEET E-3 |
| I COMPONENT NO: | I TO 5/31/2008 | I PART III |
| I 14-5464 | I | I |

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

TITLE XVIII

SNF

PPS
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

| | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|---|--------------|-----------------------|----------------|------------|
| ASSETS | 1 | 2 | 3 | 4 |
| CURRENT ASSETS | | | | |
| 1 CASH ON HAND AND IN BANKS | 1,748,508 | | | |
| 2 TEMPORARY INVESTMENTS | 734,113 | | | |
| 3 NOTES RECEIVABLE | | | | |
| 4 ACCOUNTS RECEIVABLE | 6,614,488 | | | |
| 5 OTHER RECEIVABLES | 766,635 | | | |
| 6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE | -3,495,563 | | | |
| 7 INVENTORY | 445,922 | | | |
| 8 PREPAID EXPENSES | 179,714 | | | |
| 9 OTHER CURRENT ASSETS | | | | |
| 10 DUE FROM OTHER FUNDS | | | | |
| 11 TOTAL CURRENT ASSETS | 6,993,817 | | | |
| FIXED ASSETS | | | | |
| 12 LAND | 798,307 | | | |
| 12.01 LAND IMPROVEMENTS | 688,059 | | | |
| 13.01 LESS ACCUMULATED DEPRECIATION | -446,454 | | | |
| 14 BUILDINGS | 22,601,144 | | | |
| 14.01 LESS ACCUMULATED DEPRECIATION | -9,178,480 | | | |
| 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 | 8,989,454 | | | |
| 18.01 LESS ACCUMULATED DEPRECIATION | -6,409,556 | | | |
| 19 MINOR EQUIPMENT DEPRECIABLE | | | | |
| 19.01 LESS ACCUMULATED DEPRECIATION | | | | |
| 20 MINOR EQUIPMENT-NONDEPRECIABLE | | | | |
| 21 TOTAL FIXED ASSETS | 17,042,474 | | | |
| OTHER ASSETS | | | | |
| 22 INVESTMENTS | 13,477,252 | | | |
| 23 DEPOSITS ON LEASES | | | | |
| 24 DUE FROM OWNERS/OFFICERS | | | | |
| 25 OTHER ASSETS | 1,190,589 | | | |
| 26 TOTAL OTHER ASSETS | 14,667,841 | | | |
| 27 TOTAL ASSETS | 38,704,132 | | | |

| | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|--|-----------------|-----------------------------|-------------------|---------------|
| LIABILITIES AND FUND BALANCE | 1 | 2 | 3 | 4 |
| CURRENT LIABILITIES | | | | |
| 28 ACCOUNTS PAYABLE | 1,031,149 | | | |
| 29 SALARIES, WAGES & FEES PAYABLE | 1,341,264 | | | |
| 30 PAYROLL TAXES PAYABLE | 320,052 | | | |
| 31 NOTES AND LOANS PAYABLE (SHORT TERM) | 795,756 | | | |
| 32 DEFERRED INCOME | | | | |
| 33 ACCELERATED PAYMENTS | | | | |
| 34 DUE TO OTHER FUNDS | | | | |
| 35 OTHER CURRENT LIABILITIES | 49,113 | | | |
| 36 TOTAL CURRENT LIABILITIES | 3,537,334 | | | |
| LONG TERM LIABILITIES | | | | |
| 37 MORTGAGE PAYABLE | | | | |
| 38 NOTES PAYABLE | 11,352,525 | | | |
| 39 UNSECURED LOANS | | | | |
| 40.01 LOANS PRIOR TO 7/1/66 | | | | |
| 40.02 ON OR AFTER 7/1/66 | | | | |
| 41 OTHER LONG TERM LIABILITIES | | | | |
| 42 TOTAL LONG-TERM LIABILITIES | 11,352,525 | | | |
| 43 TOTAL LIABILITIES | 14,889,859 | | | |
| CAPITAL ACCOUNTS | | | | |
| 44 GENERAL FUND BALANCE | 23,814,273 | | | |
| 45 SPECIFIC PURPOSE FUND | | | | |
| 46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED | | | | |
| 47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT | | | | |
| 48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE | | | | |
| 49 PLANT FUND BALANCE-INVESTED IN PLANT | | | | |
| 50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION | | | | |
| 51 TOTAL FUND BALANCES | 23,814,273 | | | |
| 52 TOTAL LIABILITIES AND FUND BALANCES | 38,704,132 | | | |

STATEMENT OF CHANGES IN FUND BALANCES

| | GENERAL FUND | | SPECIFIC PURPOSE FUND | |
|--|--------------|------------|-----------------------|---|
| | 1 | 2 | 3 | 4 |
| 1 FUND BALANCE AT BEGINNING OF PERIOD | | 21,961,379 | | |
| 2 NET INCOME (LOSS) | | 1,747,427 | | |
| 3 TOTAL | | 23,708,806 | | |
| 4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY) | | | | |
| 5 TRANSFER FROM HEALTH ALLI | | 57,934 | | |
| 6 RESTRICTED CONTRIBUTIONS | | 87,199 | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 TOTAL ADDITIONS | | 145,133 | | |
| 11 SUBTOTAL | | 23,853,939 | | |
| 12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY) | | | | |
| 13 UNREALIZED GAINS AND LOSS | | 39,666 | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 TOTAL DEDUCTIONS | | 39,666 | | |
| 19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET | | 23,814,273 | | |

| | 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 TRANSFER FROM HEALTH ALLI | | | | |
| 6 RESTRICTED CONTRIBUTIONS | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 TOTAL ADDITIONS | | | | |
| 11 SUBTOTAL | | | | |
| 12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY) | | | | |
| 13 UNREALIZED GAINS AND LOSS | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 TOTAL DEDUCTIONS | | | | |
| 19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET | | | | |

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
 I 14-1319 I FROM 6/ 1/2007 I WORKSHEET G-2
 I I TO 5/31/2008 I PARTS I & II

PART I - PATIENT REVENUES

| REVENUE CENTER | INPATIENT 1 | OUTPATIENT 2 | TOTAL 3 |
|---|----------------|-----------------|------------|
| GENERAL INPATIENT ROUTINE CARE SERVICES | | | |
| 1 00 HOSPITAL | 2,219,011 | | 2,219,011 |
| 4 00 SWING BED - SNF | 214,590 | | 214,590 |
| 5 00 SWING BED - NF | | | |
| 6 00 SKILLED NURSING FACILITY | 521,922 | | 521,922 |
| 8 00 OTHER LONG TERM CARE | 1,403,445 | | 1,403,445 |
| 9 00 TOTAL GENERAL INPATIENT ROUTINE CARE | 4,358,968 | | 4,358,968 |
| INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS | | | |
| 15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP | | | |
| 16 00 TOTAL INPATIENT ROUTINE CARE SERVICE | 4,358,968 | | 4,358,968 |
| 17 00 ANCILLARY SERVICES | 11,603,356 | 28,999,634 | 40,602,990 |
| 18 00 OUTPATIENT SERVICES | | 375,261 | 375,261 |
| 19 00 HOME HEALTH AGENCY | | 461,763 | 461,763 |
| 24 00 | | | |
| 25 00 TOTAL PATIENT REVENUES | 15,962,324 | 29,836,658 | 45,798,982 |

PART II-OPERATING EXPENSES

| | | | |
|--------------------------------|---------|------------|--|
| 26 00 OPERATING EXPENSES | | 25,074,359 | |
| ADD: (SPECIFY) | | | |
| 27 00 BAD DEBT EXPENSE | 916,500 | | |
| 28 00 | | | |
| 29 00 | | | |
| 30 00 | | | |
| 31 00 | | | |
| 32 00 | | | |
| 33 00 TOTAL ADDITIONS | | 916,500 | |
| DEDUCT (SPECIFY) | | | |
| 34 00 | | | |
| 35 00 | | | |
| 36 00 | | | |
| 37 00 | | | |
| 38 00 | | | |
| 39 00 TOTAL DEDUCTIONS | | | |
| 40 00 TOTAL OPERATING EXPENSES | | 25,990,859 | |

STATEMENT OF REVENUES AND EXPENSES

| DESCRIPTION | | |
|-------------|------------------------------------|------------|
| 1 | TOTAL PATIENT REVENUES | 45,798,982 |
| 2 | LESS: ALLOWANCES AND DISCOUNTS ON | 20,196,345 |
| 3 | NET PATIENT REVENUES | 25,602,637 |
| 4 | LESS: TOTAL OPERATING EXPENSES | 25,990,859 |
| 5 | NET INCOME FROM SERVICE TO PATIENT | -388,222 |
| | OTHER INCOME | |
| 6 | CONTRIBUTIONS, DONATIONS, BEQUES | 130,651 |
| 7 | INCOME FROM INVESTMENTS | 669,517 |
| 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 | 115,438 |
| 15 | REVENUE FROM RENTAL OF LIVING QU | |
| 16 | REVENUE FROM SALE OF MEDICAL & S | |
| | TO OTHER THAN PATIENTS | |
| 17 | REVENUE FROM SALE OF DRUGS TO OT | |
| 18 | REVENUE FROM SALE OF MEDICAL REC | |
| 19 | TUITION (FEES, SALE OF TEXTBOOKS | |
| 20 | REVENUE FROM GIFTS, FLOWER, COFFE | |
| 21 | RENTAL OF VENDING MACHINES | |
| 22 | RENTAL OF HOSPITAL SPACE | 338,459 |
| 23 | GOVERNMENTAL APPROPRIATIONS | |
| 24 | RETAIL PHARMACY | 83 |
| 24.01 | OTHER REVENUE | 8,931 |
| 24.02 | FOUNDATION ACTIVITY | 78,705 |
| 24.03 | ATHLETIC TRAINING | 35,085 |
| 24.04 | SUMMIT | 39,773 |
| 24.05 | OUTREACH SERVICES | 38,090 |
| 24.06 | PROPERTY TAX REVENUE | 673,916 |
| 24.07 | GAIN ON DISPOSAL OF CAPITAL ASSETS | 7,001 |
| 25 | TOTAL OTHER INCOME | 2,135,649 |
| 26 | TOTAL | 1,747,427 |
| | OTHER EXPENSES | |
| 27 | OTHER EXPENSES (SPECIFY) | |
| 28 | | |
| 29 | | |
| 30 | TOTAL OTHER EXPENSES | |
| 31 | NET INCOME (OR LOSS) FOR THE PERIO | 1,747,427 |

HHA 1

| | SALARIES 1 | EMPLOYEE BENEFITS 2 | TRANSPORTATION 3 | CONTRACTED/ PURCHASED SVCS 4 | OTHER COSTS 5 | TOTAL 6 |
|------------------------------|---------------|---------------------------|---------------------|------------------------------------|------------------|------------|
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | 73,397 | | | | 31,505 | 104,902 |
| HHA REIMBURSABLE SERVICES | | | | | | |
| 6 | 190,697 | | 18,457 | | | 209,154 |
| 7 | | | 7,202 | | | 7,202 |
| 8 | | | 2,231 | | | 2,231 |
| 9 | | | 365 | | | 365 |
| 10 | | | 322 | | | 322 |
| 11 | 19,041 | | 4,036 | | | 23,077 |
| 12 | | | | | | |
| 13 | | | | | | |
| 13.20 | | | | | | |
| 14 | | | | | | |
| HHA NONREIMBURSABLE SERVICES | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 23.50 | | | | | | |
| 24 | 283,135 | | 32,613 | | 31,505 | 347,253 |

| | RECLASSIFI- CATIONS 7 | RECLASSIFIED TRIAL BALANCE 8 | ADJUSTMENTS 9 | NET EXPENSES FOR ALLOCATION 10 |
|------------------------------|-----------------------------|------------------------------------|------------------|--------------------------------------|
| GENERAL SERVICE COST CENTERS | | | | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | 104,902 | -7,816 | 97,086 |
| HHA REIMBURSABLE SERVICES | | | | |
| 6 | | 209,154 | | 209,154 |
| 7 | | 7,202 | | 7,202 |
| 8 | | 2,231 | | 2,231 |
| 9 | | 365 | | 365 |
| 10 | | 322 | | 322 |
| 11 | | 23,077 | | 23,077 |
| 12 | | | | |
| 13 | | | | |
| 13.20 | | | | |
| 14 | | | | |
| HHA NONREIMBURSABLE SERVICES | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |
| 21 | | | | |
| 22 | | | | |
| 23 | | | | |
| 23.50 | | | | |
| 24 | | 347,253 | -7,816 | 339,437 |

HHA 1

| | CAP-REL COST-BLDG & FIX (SQUARE FEET) | CAP-REL COST-MOV EQUIP (DOLLAR VALUE) | PLANT OPER & MAINT (SQUARE FEET) | TRANSPORTATIO N (MILEAGE) | RECONCILIATIO N () | ADMINISTRATIV E & GENERAL (ACCUM. 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 | | | | -97,086 | 242,351 |
| HHA REIMBURSABLE SERVICES | | | | | | |
| 6 | SKILLED NURSING CARE | | | | | 209,154 |
| 7 | PHYSICAL THERAPY | | | | | 7,202 |
| 8 | OCCUPATIONAL THERAPY | | | | | 2,231 |
| 9 | SPEECH PATHOLOGY | | | | | 365 |
| 10 | MEDICAL SOCIAL SERVICES | | | | | 322 |
| 11 | HOME HEALTH AIDE | | | | | 23,077 |
| 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) | | | | -97,086 | 242,351 |
| 25 | COST TO BE ALLOCATED | | | | | 97,086 |
| 26 | UNIT COST MULTIPLIER | | | | | .400601 |

HHA 1

| HHA COST CENTER | HHA TRIAL BALANCE (1) 0 | NEW CAP REL COSTS-BLDG & 3 | NEW CAP REL COSTS-MVBLE 4 | EMPLOYEE BEN EFITS 5 | DATA PROCESS ING 6.02 | PURCHASING, RECEIVING AN 6.03 |
|-------------------------------|-------------------------------|----------------------------------|---------------------------------|----------------------------|-----------------------------|-------------------------------------|
| 1 ADMIN & GENERAL | | 10,857 | 8,491 | 20,888 | 12,126 | 1,133 |
| 2 SKILLED NURSING CARE | 292,941 | | | 54,270 | | |
| 3 PHYSICAL THERAPY | 10,087 | | | | | |
| 4 OCCUPATIONAL THERAPY | 3,125 | | | | | |
| 5 SPEECH PATHOLOGY | 511 | | | | | |
| 6 MEDICAL SOCIAL SERVICES | 451 | | | | | |
| 7 HOME HEALTH AIDE | 32,322 | | | 5,419 | | |
| 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) | 339,437 | 10,857 | 8,491 | 80,577 | 12,126 | 1,133 |
| 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 | ADMITTING 6.04 | CASHIERING/A CCOUNTS RECE 6.05 | SUBTOTAL 6A.05 | ADMINISTRATI VE & GENERAL 6.06 | OPERATION OF PLANT 8 | LAUNDRY & LI NEN SERVICE 9 |
|-------------------------------|-------------------|--------------------------------------|-------------------|--------------------------------------|----------------------------|----------------------------------|
| 1 ADMIN & GENERAL | | 4,188 | 57,683 | 6,637 | 17,039 | |
| 2 SKILLED NURSING CARE | | | 347,211 | 39,947 | | |
| 3 PHYSICAL THERAPY | | | 10,087 | 1,161 | | |
| 4 OCCUPATIONAL THERAPY | | | 3,125 | 360 | | |
| 5 SPEECH PATHOLOGY | | | 511 | 59 | | |
| 6 MEDICAL SOCIAL SERVICES | | | 451 | 52 | | |
| 7 HOME HEALTH AIDE | | | 37,741 | 4,342 | | |
| 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) | | 4,188 | 456,809 | 52,558 | 17,039 | |
| 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 | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPL | PHARMACY |
|-------------------------------|--------------|---------|-----------|------------------------|--------------------------|----------|
| | 10 | 11 | 12 | 14 | 15 | 16 |
| 1 ADMIN & GENERAL | 3,730 | | | | | |
| 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) | 3,730 | | | | | |
| 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 | MEDICAL RECO RDS & LIBRAR | SOCIAL SERVI CE | SUBTOTAL | POST STEP DOWN ADJUST | SUBTOTAL | ALLOCATED HHA A & G |
|-------------------------------|---------------------------|-----------------|----------|-----------------------|----------|---------------------|
| | 17 | 18 | 25 | 26 | 27 | 28 |
| 1 ADMIN & GENERAL | 5,991 | 6,906 | 97,986 | | 97,986 | |
| 2 SKILLED NURSING CARE | | | 387,158 | | 387,158 | 85,242 |
| 3 PHYSICAL THERAPY | | | 11,248 | | 11,248 | 2,476 |
| 4 OCCUPATIONAL THERAPY | | | 3,485 | | 3,485 | 767 |
| 5 SPEECH PATHOLOGY | | | 570 | | 570 | 125 |
| 6 MEDICAL SOCIAL SERVICES | | | 503 | | 503 | 111 |
| 7 HOME HEALTH AIDE | | | 42,083 | | 42,083 | 9,265 |
| 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) | 5,991 | 6,906 | 543,033 | | 543,033 | 97,986 |
| 21 UNIT COST MULTIPLIER | | | | | | 0.220170 |

(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 | TOTAL HHA COSTS |
|-------------------------------|-----------------|
| 1 ADMIN & GENERAL | |
| 2 SKILLED NURSING CARE | 472,400 |
| 3 PHYSICAL THERAPY | 13,724 |
| 4 OCCUPATIONAL THERAPY | 4,252 |
| 5 SPEECH PATHOLOGY | 695 |
| 6 MEDICAL SOCIAL SERVICES | 614 |
| 7 HOME HEALTH AIDE | 51,348 |
| 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) | 543,033 |
| 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 | NEW CAP REL COSTS-BLDG & (SQUARE FEET) | NEW CAP REL COSTS-MVBLE (DOLLAR VALUE) | EMPLOYEE BENEFITS (GROSS SALARIES) | DATA PROCESSING (TIME SPENT) | PURCHASING, RECEIVING AND (SUPPLY COST) | ADMITTING (GROSS CHARGES) |
|-------------------------------|---|---|-------------------------------------|-------------------------------|--|----------------------------|
| | 3 | 4 | 5 | 6.02 | 6.03 | 6.04 |
| 1 ADMIN & GENERAL | 1,250 | 8,271 | 73,397 | 1,275 | 17,698 | |
| 2 SKILLED NURSING CARE | | | 190,697 | | | |
| 3 PHYSICAL THERAPY | | | | | | |
| 4 OCCUPATIONAL THERAPY | | | | | | |
| 5 SPEECH PATHOLOGY | | | | | | |
| 6 MEDICAL SOCIAL SERVICES | | | | | | |
| 7 HOME HEALTH AIDE | | | 19,041 | | | |
| 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) | 1,250 | 8,271 | 283,135 | 1,275 | 17,698 | |
| 21 COST TO BE ALLOCATED | 10,857 | 8,491 | 80,577 | 12,126 | 1,133 | |
| 22 UNIT COST MULTIPLIER | 8.685600 | 1.026599 | 0.284589 | 9.510588 | 0.064019 | |

| HHA COST CENTER | CASHIERING/ACCOUNTS RECEIVABLE (GROSS PT. CHARGES) | RECONCILIATION | ADMINISTRATIVE & GENERAL (ACCUM. COST) | OPERATION OF PLANT (SQUARE FEET) | LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) | HOUSEKEEPING (HOURS OF SERVICE) |
|-------------------------------|---|----------------|---|-----------------------------------|--|----------------------------------|
| | 6.05 | 6A.06 | 6.06 | 8 | 9 | 10 |
| 1 ADMIN & GENERAL | 461,763 | | 57,683 | 1,250 | | 1,575 |
| 2 SKILLED NURSING CARE | | | 347,211 | | | |
| 3 PHYSICAL THERAPY | | | 10,087 | | | |
| 4 OCCUPATIONAL THERAPY | | | 3,125 | | | |
| 5 SPEECH PATHOLOGY | | | 511 | | | |
| 6 MEDICAL SOCIAL SERVICES | | | 451 | | | |
| 7 HOME HEALTH AIDE | | | 37,741 | | | |
| 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) | 461,763 | | 456,809 | 1,250 | | 1,575 |
| 21 COST TO BE ALLOCATED | 4,188 | | 52,558 | 17,039 | | 3,730 |
| 22 UNIT COST MULTIPLIER | 0.009070 | | 0.115055 | 13.631200 | | 2.368254 |

HHA 1

| HHA COST CENTER | DIETARY (MEALS SERVED) | CAFETERIA (FTE'S) | NURSING ADMINISTRATION (FTE'S) | CENTRAL SERVICES & SUPPLIES (COSTED REQUIS) | PHARMACY (COSTED REQUIS) | MEDICAL RECORDS & LIBRARY (GROSS PT. CHARGES) |
|-------------------------------|---------------------------|----------------------|-----------------------------------|--|-----------------------------|--|
| | 11 | 12 | 14 | 15 | 16 | 17 |
| 1 ADMIN & GENERAL | | | | | | 461,763 |
| 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) | | | | | | 461,763 |
| 21 COST TO BE ALLOCATED | | | | | | 5,991 |
| 22 UNIT COST MULTIPLIER | | | | | | 0.012974 |

SOCIAL SERVICE
 (TIME SPENT)

| HHA COST CENTER | 18 |
|-------------------------------|----------|
| 1 ADMIN & GENERAL | 1,500 |
| 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) | 1,500 |
| 21 COST TO BE ALLOCATED | 6,906 |
| 22 UNIT COST MULTIPLIER | 4.604000 |

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
 I 14-1319 I FROM 6/ 1/2007 I WORKSHEET H-6
 I HHA NO: I TO 5/31/2008 I PARTS I II & III
 I 14-7450 I 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 WKST H-5 PART I) | SHARED ANCILLARY COSTS (FROM PART II) | TOTAL HHA COSTS | TOTAL VISITS | AVERAGE COST PER VISIT | PROGRAM |
|-------------------------------|---|---|---|--------------------|-----------------|------------------------------|---------|
| | | | | | | | VISITS |
| PATIENT SERVICES | | | | | | | 6 |
| 1 SKILLED NURSING | 2 | 472,400 | | 472,400 | 3,334 | 141.69 | 1,180 |
| 2 PHYSICAL THERAPY | 3 | 13,724 | 71,500 | 85,224 | 1,301 | 65.51 | 650 |
| 3 OCCUPATIONAL THERAPY | 4 | 4,252 | 23,925 | 28,177 | 403 | 69.92 | 128 |
| 4 SPEECH PATHOLOGY | 5 | 695 | 7,147 | 7,842 | 66 | 118.82 | 24 |
| 5 MEDICAL SOCIAL SERVICES | 6 | 614 | | 614 | 58 | 10.59 | 12 |
| 6 HOME HEALTH AIDE SERVICE | 7 | 51,348 | | 51,348 | 729 | 70.44 | 341 |
| 7 TOTAL | | 543,033 | 102,572 | 645,605 | 5,891 | | 2,335 |

| | -----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 | 9 | 10 | 11 |
| 1 SKILLED NURSING | 1,065 | | 167,194 | 150,900 | 318,094 |
| 2 PHYSICAL THERAPY | 404 | | 42,582 | 26,466 | 69,048 |
| 3 OCCUPATIONAL THERAPY | 200 | | 8,950 | 13,984 | 22,934 |
| 4 SPEECH PATHOLOGY | 29 | | 2,852 | 3,446 | 6,298 |
| 5 MEDICAL SOCIAL SERVICES | 31 | | 127 | 328 | 455 |
| 6 HOME HEALTH AIDE SERVICES | 283 | | 24,020 | 19,935 | 43,955 |
| 7 TOTAL | 2,012 | | 245,725 | 215,059 | 460,784 |

| LIMITATION COST COMPUTATION | PROGRAM COST LIMITS | | | | | PROGRAM VISITS |
|--------------------------------|---------------------|---|---|---|---|----------------|
| | 1 | 2 | 3 | 4 | 5 | PART A |
| PATIENT SERVICES | | | | | | 6 |
| 8 SKILLED NURSING | 1960 | | | | | |
| 9 PHYSICAL THERAPY | 1960 | | | | | |
| 10 OCCUPATIONAL THERAPY | 1960 | | | | | |
| 11 SPEECH PATHOLOGY | 1960 | | | | | |
| 12 MEDICAL SOCIAL SERVICES | 1960 | | | | | |
| 13 HOME HEALTH AIDE SERVICE | 1960 | | | | | |
| 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 | 9 | 10 | 11 |
| 8 SKILLED NURSING | | | | | |
| 9 PHYSICAL THERAPY | | | | | |
| 10 OCCUPATIONAL THERAPY | | | | | |
| 11 SPEECH PATHOLOGY | | | | | |
| 12 MEDICAL SOCIAL SERVICES | | | | | |
| 13 HOME HEALTH AIDE SERVICE | | | | | |
| 14 TOTAL | | | | | |

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
 I 14-1319 I FROM 6/ 1/2007 I WORKSHEET H-6
 I HHA NO: I TO 5/31/2008 I PARTS I II & III
 I 14-7450 I 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) 1 | SHARED ANCILLARY COSTS (FROM PART II) 2 | TOTAL HHA COSTS 3 | TOTAL CHARGES 4 | RATIO 5 | PROGRAM COVERED CHARGES PART A 6 |
|---|-------------------------------------|---|---|-------------------|-----------------|---------|----------------------------------|
| 15 COST OF MEDICAL SUPPLIES | 8.00 | | 2,382 | 2,382 | 8,000 | .297750 | 60 |
| 16 COST OF DRUGS | 9.00 | | | | | | |
| 16.20 COST OF DRUGS | 9.20 | | | | | | |

| | PROGRAM COVERED CHARGES -PART B- | | COST OF SERVICES -PART B- | |
|-----------------------------|-----------------------------------|-------------------------------|-----------------------------------|--------------------------------|
| | NOT SUBJECT TO DEDUCT & COINSUR 7 | SUBJECT TO DEDUCT & COINSUR 8 | NOT SUBJECT TO DEDUCT & COINSUR 9 | SUBJECT TO DEDUCT & COINSUR 10 |
| 15 COST OF MEDICAL SUPPLIES | 135 | | 18 | 40 |
| 16 COST OF DRUGS | | | | |
| 16.20 COST OF DRUGS | | | | |

PER BENEFICIARY COST LIMITATION:

| | MSA NUMBER 1 | AMOUNT 2 |
|--|--------------|----------|
| 162 PROGRAM UNDUP CENSUS FROM WKST S-4 | 1960 | |
| 17 PER BENE COST LIMITATION (FRM FI) | 1960 | |
| 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 1 | TOTAL HHA CHARGES 2 | HHA SHARED ANCILLARY COSTS 3 | TRANSFER TO PART I AS INDICATED 4 |
|---------------------------------------|-------------------------|------------------------|---------------------|------------------------------|-----------------------------------|
| 1 PHYSICAL THERAPY | 50 | .401286 | 178,178 | 71,500 | COL 2, LN 2 |
| 2 OCCUPATIONAL THERAPY | 51 | .406445 | 58,865 | 23,925 | COL 2, LN 3 |
| 3 SPEECH PATHOLOGY | 52 | .824804 | 8,665 | 7,147 | COL 2, LN 4 |
| 4 MEDICAL SUPPLIES CHARGED TO PATIENT | 55 | .297710 | 8,000 | 2,382 | COL 2, LN 15 |
| 5 DRUGS CHARGED TO PATIENTS | 56 | .236078 | | | COL 2, LN 16 |

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

| | FROM PART I, COL 5 | COST PER VISIT 2 | PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE | | PROGRAM COSTS | | PROG VISITS ON OR AFTER 5 |
|----------------------------|--------------------|------------------|--|------------------------|----------------|------------------------|---------------------------|
| | | | PRIOR 1/1/1998 | 1/1/1998 TO 12/31/1998 | PRIOR 1/1/1998 | 1/1/1998 TO 12/31/1998 | |
| 1 PHYSICAL THERAPY | 1 | 65.51 | 2.01 | 3 | 3.01 | 4 | 5 |
| 2 OCCUPATIONAL THERAPY | 3 | 69.92 | | | | | |
| 3 SPEECH PATHOLOGY | 4 | 118.82 | | | | | |
| 4 TOTAL (SUM OF LINES 1-3) | | | | | | | |

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
 I 14-1319 I FROM 6/ 1/2007 I WORKSHEET H-7
 I HHA NO: I TO 5/31/2008 I PARTS I & II
 I 14-7450 I I

TITLE XVIII

HHA 1

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

| | PART A | PART B NOT SUBJECT TO DED & COINS | PART B SUBJECT TO DED & COINS |
|--|---------|---|-------------------------------------|
| | 1 | 2 | 3 |
| 1 REASONABLE COST OF SERVICES | | | |
| 2 TOTAL CHARGES | 265,755 | 236,789 | |
| CUSTOMARY CHARGES | | | |
| 3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | | | |
| 4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B) | | | |
| 5 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000) | | | |
| 6 TOTAL CUSTOMARY CHARGES | 265,755 | 236,789 | |
| 7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST | 265,755 | 236,789 | |
| 8 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | | |
| 9 PRIMARY PAYOR AMOUNTS | | | |

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

| | PART A SERVICES 1 | PART B SERVICES 2 |
|---|-------------------------|-------------------------|
| 10 TOTAL REASONABLE COST | | |
| 10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS | 272,330 | 240,002 |
| 10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS | 8,345 | 2,755 |
| 10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES | 2,588 | 3,456 |
| 10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES | | 318 |
| 10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE | | |
| 10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES | | 3,297 |
| 10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS | 1,744 | 546 |
| 10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES | | |
| 10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE | | |
| 10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES | 1,870 | |
| 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 | 286,877 | 250,374 |
| 13 EXCESS REASONABLE COST | | |
| 14 SUBTOTAL | 286,877 | 250,374 |
| 15 COINSURANCE BILLED TO PROGRAM PATIENTS | | |
| 16 NET COST | 286,877 | 250,374 |
| 17 REIMBURSABLE BAD DEBTS | | |
| 17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | | |
| 18 TOTAL COSTS - CURRENT COST REPORTING PERIOD | 286,877 | 250,374 |
| 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 | 286,877 | 250,374 |
| 23 SEQUESTRATION ADJUSTMENT | | |
| 24 SUBTOTAL | 286,877 | 250,374 |
| 25 INTERIM PAYMENTS | 286,877 | 250,374 |
| 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-II SECTION 115.2 | | |

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

I PROVIDER NO: I PERIOD: I PREPARED 10/29/2008
I 14-1319 I FROM 6/ 1/2007 I WORKSHEET H-8
I HHA NO: I TO 5/31/2008 I
I 14-7450 I I

TITLE XVIII

HHA 1

Table with columns: DESCRIPTION, P A R T A AMOUNT, P A R T B AMOUNT. Rows include: 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER, 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT, 4 TOTAL INTERIM PAYMENTS, 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT, 6 DBTERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1), 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.