

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

| | | | | | | | | |
|--|--|--------------|--|----------------|--|-------------------------|--|------------------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX | | PROVIDER NO: | | PERIOD | | INTERMEDIARY USE ONLY | | DATE RECEIVED: |
| COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | | 16-0057 | | FROM 7/ 1/2007 | | --AUDITED --DESK REVIEW | | / / |
| | | | | TO 6/30/2008 | | --INITIAL --REOPENED | | INTERMEDIARY NO: |
| | | | | | | --FINAL 1-MCR CODE | | |
| | | | | | | 00 - # OF REOPENINGS | | |

ELECTRONICALLY FILED COST REPORT DATE: 12/ 1/2008 TIME 15: 43

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:
 GREAT RIVER MEDICAL CENTER 16-0057
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

| | TITLE V | A | TITLE XVIII | B | TITLE XIX | |
|-----|--------------------|---|----------------|--------|--------------|--|
| | 1 | 2 | 3 | 4 | 5 | |
| 1 | HOSPITAL | 0 | 478,538 | -1,449 | 0 | |
| 2 | SUBPROVIDER | 0 | 7,143 | 0 | 0 | |
| 5 | HOSPITAL-BASED SNF | 0 | 0 | 0 | 0 | |
| 6 | HOSPITAL-BASED NF | 0 | 0 | 0 | 0 | |
| 7 | HOSPITAL-BASED HHA | 0 | -1 | 0 | 0 | |
| 100 | TOTAL | 0 | 485,680 | -1,449 | 0 | |

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

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

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

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-11, 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 NHCMP 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 |
| 48.00 SUBPROVIDER | 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: 586,126
 PAID LOSSES: 84,140
 AND/OR SELF INSURANCE: 0

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

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS DATE Y OR N LIMIT Y OR N FEES
 IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 0. 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. Y Y
 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). N 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). O

MULTI CAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTI CAMPUS? 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 WAGE INDEX INFORMATION

| PART II - WAGE DATA | AMOUNT REPORTED 1 | RECLASS OF SALARIES 2 | ADJUSTED SALARIES 3 | PAID HOURS RELATED TO SALARY 4 | AVERAGE HOURLY WAGE 5 | DATA SOURCE 6 |
|--|----------------------|--------------------------|------------------------|-----------------------------------|--------------------------|------------------|
| SALARIES | | | | | | |
| 1 TOTAL SALARY | 56,424,938 | | 56,424,938 | 2,616,749.80 | 21.56 | |
| 2 NON-PHYSICIAN ANESTHETIST PART A | | | | | | |
| 3 NON-PHYSICIAN ANESTHETIST PART B | | | | | | |
| 4 PHYSICIAN - PART A | | | | | | |
| 4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS) | | | | | | |
| 5 PHYSICIAN - PART B | 318,254 | | 318,254 | 5,219.00 | 60.98 | |
| 5.01 NON-PHYSICIAN - PART B | | | | | | |
| 6 INTERNS & RESIDENTS (APPRVD) | | | | | | |
| 6.01 CONTRACT SERVICES, I&R | | | | | | |
| 7 HOME OFFICE PERSONNEL | | | | | | |
| 8 SNF | 973,138 | | 973,138 | 45,492.50 | 21.39 | |
| 8.01 EXCLUDED AREA SALARIES | 7,060,794 | 73,412 | 7,134,206 | 389,429.10 | 18.32 | |
| OTHER WAGES & RELATED COSTS | | | | | | |
| 9 CONTRACT LABOR: | 335,654 | | 335,654 | 5,349.30 | 62.75 | |
| 9.01 PHARMACY SERVICES UNDER CONTRACT | | | | | | |
| 9.02 LABORATORY SERVICES UNDER CONTRACT | | | | | | |
| 9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT | | | | | | |
| 10 CONTRACT LABOR: PHYS PART A | 314,158 | | 314,158 | 2,836.00 | 110.78 | |
| 10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS) | | | | | | |
| 11 HOME OFFICE SALARIES & WAGE RELATED COSTS | 1,971,638 | | 1,971,638 | 17,786.00 | 110.85 | |
| 12 HOME OFFICE: PHYS PART A | | | | | | |
| 12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS) | | | | | | |
| WAGE RELATED COSTS | | | | | | |
| 13 WAGE-RELATED COSTS (CORE) | 14,753,900 | | 14,753,900 | | | CMS 339 |
| 14 WAGE-RELATED COSTS (OTHER) | | | | | | CMS 339 |
| 15 EXCLUDED AREAS | 2,465,676 | | 2,465,676 | | | CMS 339 |
| 16 NON-PHYS ANESTHETIST PART A | | | | | | CMS 339 |
| 17 NON-PHYS ANESTHETIST PART B | | | | | | CMS 339 |
| 18 PHYSICIAN PART A | | | | | | CMS 339 |
| 18.01 PART A TEACHING PHYSICIANS | | | | | | CMS 339 |
| 19 PHYSICIAN PART B | 97,675 | | 97,675 | | | CMS 339 |
| 19.01 WAGE-RELATD COSTS (RHC/FOHC) | | | | | | CMS 339 |
| 20 INTERNS & RESIDENTS (APPRVD) | | | | | | CMS 339 |
| OVERHEAD COSTS - DIRECT SALARIES | | | | | | |
| 21 EMPLOYEE BENEFITS | 547,708 | | 547,708 | 21,401.30 | 25.59 | |
| 22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT | 4,053,444 | -73,412 | 3,980,032 | 54,385.30 | 73.18 | |
| 22.01 | | | | | | |
| 23 MAINTENANCE & REPAIRS | | | | | | |
| 24 OPERATION OF PLANT | 2,382,264 | | 2,382,264 | 100,234.50 | 23.77 | |
| 25 LAUNDRY & LINEN SERVICE | 341,052 | | 341,052 | 26,124.30 | 13.05 | |
| 26 HOUSEKEEPING | 1,306,501 | | 1,306,501 | 103,936.30 | 12.57 | |
| 26.01 HOUSEKEEPING UNDER CONTRACT | | | | | | |
| 27 DIETARY | 1,279,754 | | 1,279,754 | 95,560.00 | 13.39 | |
| 27.01 DIETARY UNDER CONTRACT | | | | | | |
| 28 CAFETERIA | | | | | | |
| 29 MAINTENANCE OF PERSONNEL | | | | | | |
| 30 NURSING ADMINISTRATION | 1,900,690 | | 1,900,690 | 67,899.70 | 27.99 | |
| 31 CENTRAL SERVICE AND SUPPLY | 1,364,977 | | 1,364,977 | 91,566.00 | 14.91 | |
| 32 PHARMACY | 1,550,843 | | 1,550,843 | 47,136.60 | 32.90 | |
| 33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY | 1,526,194 | | 1,526,194 | 79,481.00 | 19.20 | |
| 34 SOCIAL SERVICE | 435,935 | | 435,935 | 19,547.90 | 22.30 | |
| 35 OTHER GENERAL SERVICE | | | | | | |
| PART III - HOSPITAL WAGE INDEX SUMMARY | | | | | | |
| 1 NET SALARIES | 56,106,684 | | 56,106,684 | 2,611,530.80 | 21.48 | |
| 2 EXCLUDED AREA SALARIES | 8,033,932 | 73,412 | 8,107,344 | 434,921.60 | 18.64 | |
| 3 SUBTOTAL SALARIES | 48,072,752 | -73,412 | 47,999,340 | 2,176,609.20 | 22.05 | |
| 4 SUBTOTAL OTHER WAGES & RELATED COSTS | 2,621,450 | | 2,621,450 | 25,971.30 | 100.94 | |
| 5 SUBTOTAL WAGE-RELATED COSTS | 14,753,900 | | 14,753,900 | | 30.74 | |
| 6 TOTAL | 65,448,102 | -73,412 | 65,374,690 | 2,202,580.50 | 29.68 | |
| 7 NET SALARIES | | | | | | |
| 8 EXCLUDED AREA SALARIES | | | | | | |
| 9 SUBTOTAL SALARIES | | | | | | |
| 10 SUBTOTAL OTHER WAGES & RELATED COSTS | | | | | | |
| 11 SUBTOTAL WAGE-RELATED COSTS | | | | | | |
| 12 TOTAL | | | | | | |
| 13 TOTAL OVERHEAD COSTS | 16,689,362 | -73,412 | 16,615,950 | 707,272.90 | 23.49 | |

HHA 1

| | TITLE V 1 | TITLE XVII 2 | TITLE XIX 3 | OTHER 4 |
|-----------------------------|--------------|-----------------|----------------|------------|
| 1 HOME HEALTH AIDE HOURS | 0 | 3,661 | 0 | 4,157 |
| 2 UNDUPLICATED CENSUS COUNT | | 820.00 | 268.00 | 242.00 |
| | TOTAL 5 | | | |

| | |
|-----------------------------|----------|
| 1 HOME HEALTH AIDE HOURS | 7,818 |
| 2 UNDUPLICATED CENSUS COUNT | 1,330.00 |

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) | .60 | | .60 |
| 5 OTHER ADMINISTRATIVE PERSONEL | 4.06 | | 4.06 |
| 6 DIRECTING NURSING SERVICE | 11.72 | | 11.72 |
| 7 NURSING SUPERVISOR | .60 | | .60 |
| 8 PHYSICAL THERAPY SERVICE | 2.17 | | 2.17 |
| 9 PHYSICAL THERAPY SUPERVISOR | | | |
| 10 OCCUPATIONAL THERAPY SERVICE | .48 | | .48 |
| 11 OCCUPATIONAL THERAPY SUPERVISOR | | | |
| 12 SPEECH PATHOLOGY SERVICE | .16 | | .16 |
| 13 SPEECH PATHOLOGY SUPERVISOR | | | |
| 14 MEDICAL SOCIAL SERVICE | | | |
| 15 MEDICAL SOCIAL SERVICE SUPERVISOR | | | |
| 16 HOME HEALTH AIDE | 15.00 | | 15.00 |
| 17 HOME HEALTH AIDE SUPERVISOR | | | |
| 18 | | | |
| HOME HEALTH AGENCY MSA CODES | 1 | 1.01 | |
| 19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD? | 0 | 1 | |
| 20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE). | | 99916 | |

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

| | FULL EPIISODES | | LUPA EPIISODES 3 | PEP ONLY EPIISODES 4 |
|---|--------------------------|-----------------------|------------------------|----------------------------|
| | WITHOUT OUTLIERS 1 | WITH OUTLIERS 2 | | |
| 21 SKILLED NURSING VISITS | 614 | 0 | 18 | 24 |
| 22 SKILLED NURSING VISIT CHARGES | 80,892 | 0 | 2,356 | 3,096 |
| 23 PHYSICAL THERAPY VISITS | 452 | 0 | 6 | 12 |
| 24 PHYSICAL THERAPY VISIT CHARGES | 60,788 | 0 | 806 | 1,588 |
| 25 OCCUPATIONAL THERAPY VISITS | 70 | 0 | 1 | 7 |
| 26 OCCUPATIONAL THERAPY VISIT CHARGES | 10,354 | 0 | 142 | 1,012 |
| 27 SPEECH PATHOLOGY VISITS | 5 | 0 | 0 | 0 |
| 28 SPEECH PATHOLOGY VISIT CHARGES | 755 | 0 | 0 | 0 |
| 29 MEDICAL SOCIAL SERVICE VISITS | 3 | 0 | 0 | 0 |
| 30 MEDICAL SOCIAL SERVICE VISIT CHARGES | 542 | 0 | 0 | 0 |
| 31 HOME HEALTH AIDE VISITS | 746 | 0 | 0 | 12 |
| 32 HOME HEALTH AIDE VISIT CHARGES | 56,920 | 0 | 0 | 904 |
| 33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31) | 1,890 | 0 | 25 | 55 |
| 34 OTHER CHARGES | 0 | 0 | 0 | 0 |
| 35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34) | 210,251 | 0 | 3,304 | 6,600 |
| 36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER) | 112 | 0 | 7 | 3 |
| 37 TOTAL NUMBER OF OUTLIER EPIISODES | 0 | 0 | 0 | 0 |
| 38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES | 4,636 | 0 | 0 | 0 |

HHA 1

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

| | SCIC WITHIN A PEP 5 | SCIC ONLY EPIISODES 6 | TOTAL (COLS. 1-6) 7 |
|---|---------------------------|-----------------------------|---------------------------|
| 21 SKILLED NURSING VISITS | 0 | 0 | 656 |
| 22 SKILLED NURSING VISIT CHARGES | 0 | 0 | 86,344 |
| 23 PHYSICAL THERAPY VISITS | 0 | 0 | 470 |
| 24 PHYSICAL THERAPY VISIT CHARGES | 0 | 0 | 63,182 |
| 25 OCCUPATIONAL THERAPY VISITS | 0 | 0 | 78 |
| 26 OCCUPATIONAL THERAPY VISIT CHARGES | 0 | 0 | 11,508 |
| 27 SPEECH PATHOLOGY VISITS | 0 | 0 | 5 |
| 28 SPEECH PATHOLOGY VISIT CHARGES | 0 | 0 | 755 |
| 29 MEDICAL SOCIAL SERVICE VISITS | 0 | 0 | 3 |
| 30 MEDICAL SOCIAL SERVICE VISIT CHARGES | 0 | 0 | 542 |
| 31 HOME HEALTH AIDE VISITS | 0 | 0 | 758 |
| 32 HOME HEALTH AIDE VISIT CHARGES | 0 | 0 | 57,824 |
| 33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31) | 0 | 0 | 1,970 |
| 34 OTHER CHARGES | 0 | 0 | 0 |
| 35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34) | 0 | 0 | 220,155 |
| 36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER) | 0 | 0 | 122 |
| 37 TOTAL NUMBER OF OUTLIER EPIISODES | 0 | 0 | 0 |
| 38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES | 0 | 0 | 4,636 |

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 16-0057
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 12/1/2008
WORKSHEET S-7

| GROUP(1) | M3PI REVENUE CODE | SERVICES PRIOR TO 10/1 RATE | 10/1 DAYS | SERVICES ON/AFTER 10/1 RATE | 10/1 DAYS | SRVCS 4/1/01 TO 9/30/01 RATE | 4.03 DAYS |
|----------|-------------------|-----------------------------|-----------|-----------------------------|-----------|------------------------------|-----------|
| 1 | 2 | 3 | 3.01 | 4 | 4.01 | 4.02 | 4.03 |
| 1 | RUC | | | | | | |
| 2 | RUB | | | | | | |
| 3 | RUA | | | | | | |
| 3.01 | RUX | | | | | | |
| 3.02 | RUL | | | | | | |
| 4 | RVC | | | | | | |
| 5 | RVB | | | | | | |
| 6 | RVA | | | | | | |
| 6.01 | RVX | | | | | | |
| 6.02 | RVL | | | | | | |
| 7 | RHC | | 4 | | | | |
| 8 | RHB | | 19 | | | | |
| 9 | RHA | | 18 | | | | |
| 9.01 | RHX | | | | | | |
| 9.02 | RHL | | | | | | |
| 10 | RMC | | 19 | | | | |
| 11 | RMB | | 68 | | | | |
| 12 | RMA | | 17 | | | | |
| 12.01 | RMX | | 900 | | | | |
| 12.02 | RML | | 1,335 | | | | |
| 13 | RLB | | | | | | |
| 14 | RLA | | | | | | |
| 14.01 | RLX | | | | | | |
| 15 | SE3 | | 370 | | | | |
| 16 | SE2 | | 301 | | | | |
| 17 | SE1 | | | | | | |
| 18 | SSC | | | | | | |
| 19 | SSB | | | | | | |
| 20 | SSA | | 98 | | | | |
| 21 | CC2 | | | | | | |
| 22 | CC1 | | | | | | |
| 23 | CB2 | | | | | | |
| 24 | CB1 | | | | | | |
| 25 | CA2 | | 4 | | | | |
| 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 | | 1 | | | | |
| 41 | PB2 | | | | | | |
| 42 | PB1 | | 3 | | | | |
| 43 | PA2 | | | | | | |
| 44 | PA1 | | | | | | |
| 45 | Default | | | | | | |
| 46 | TOTAL | | 3,157 | | | | |

(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): 0.8682
 Wage Index Factor (after 10/01) : 0.8566
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 16
 SNF CBSA Code : 99916

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

| | | |
|--------------|---------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 16-0057 | FROM 7/1/2007 | 12/1/2008 |
| | TO 6/30/2008 | WORKSHEET S-7 |

| | GROUP(1) 1 | M3PI REVENUE CODE 2 | HIGH COST(2) | SWING BED SNF | TOTAL 5 |
|--------|---------------|---------------------------|-------------------|---------------|------------|
| | | | RUGs DAYS 4.05 | DAYS 4.06 | |
| 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): 0.8682
 Wage Index Factor (after 10/01) : 0.8566
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 16
 SNF CBSA Code : 99916

DESCRIPTION

| | | |
|--------------------------------|---|------------|
| UNCOMPENSATED CARE INFORMATION | | |
| 1 | DO YOU HAVE A WRITTEN CHARITY CARE POLICY? | |
| 2 | ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04 | |
| 2.01 | IS IT AT THE TIME OF ADMISSION? | |
| 2.02 | IS IT AT THE TIME OF FIRST BILLING? | |
| 2.03 | IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE? | |
| 2.04 | | |
| 3 | ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS? | |
| 4 | ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA? | |
| 5 | ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY? | |
| 6 | ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA? | |
| 7 | ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA? | |
| 8 | DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01 | |
| 8.01 | DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES? | |
| 9 | IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04 | |
| 9.01 | IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY? | |
| 9.02 | IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT? | |
| 9.03 | IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION? | |
| 9.04 | IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT? | |
| 10 | IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF? | |
| 11 | IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04 | |
| 11.01 | IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL? | |
| 11.02 | IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL? | |
| 11.03 | IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL? | |
| 11.04 | IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL? | |
| 12 | ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE? | |
| 13 | IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES? | |
| 14 | IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02 | |
| 14.01 | DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE? | |
| 14.02 | WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING? | |
| 15 | DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS? | |
| 16 | ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE? | |
| UNCOMPENSATED CARE REVENUES | | |
| 17 | REVENUE FROM UNCOMPENSATED CARE | |
| 17.01 | GROSS MEDICAID REVENUES | 26,383,883 |
| 18 | REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS | |
| 19 | REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS) | |
| 20 | RESTRICTED GRANTS | |
| 21 | NON-RESTRICTED GRANTS | |
| 22 | TOTAL GROSS UNCOMPENSATED CARE REVENUES | 26,383,883 |
| UNCOMPENSATED CARE COST | | |
| 23 | TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS | |
| 24 | COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) | .429498 |
| 25 | TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24) | |
| 26 | TOTAL SCHIP CHARGES FROM YOUR RECORDS | |
| 27 | TOTAL SCHIP COST, (LINE 24 * LINE 26) | |

DESCRIPTION

| | | |
|----|--|------------|
| 28 | TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS | 26,383,883 |
| 29 | TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28) | 11,331,825 |
| 30 | OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS | 10,002,182 |
| 31 | UNCOMPENSATED CARE COST (LINE 24 * LINE 30) | 4,295,917 |
| 32 | TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29) | 11,331,825 |

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 16-0057
II PERIOD:
I FROM 7/ 1/2007
I TO 6/30/2008 II PREPARED 12/ 1/2008
I WORKSHEET A
I

| COST CENTER | COST CENTER DESCRIPTION | SALARIES | OTHER | TOTAL | RECLASS- IFICATIONS | RECLASSIFIED TRIAL BALANCE |
|-------------|---|-----------|------------|------------|------------------------|-------------------------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | GENERAL SERVICE COST CNTR | | | | | |
| 1 0100 | OLD CAP REL COSTS-BLDG & FIXT | | | | | |
| 1.01 0101 | OLD CAP BLDG - KLEIN | | 253,442 | 253,442 | 2,779 | 256,221 |
| 1.02 0102 | OLD CAP BLDG - CANCER CENTER | | 3,148 | 3,148 | 1,426 | 4,574 |
| 2 0200 | OLD CAP REL COSTS-MVBLE EQUIP | | | | | |
| 3 0300 | NEW CAP REL COSTS-BLDG & FIXT | | | | | |
| 3.02 0302 | NEW CRC BLDG - REHAB | | | | | |
| 3.03 0303 | NEW CRC BLDG - LAUNDRY | | | 72,203 | 505 | 72,708 |
| 3.04 0304 | NEW CRC BLDG - GRMC | | 5,055,216 | 5,055,216 | 102,883 | 5,158,099 |
| 3.05 0305 | NEW CRC BLDG - MERCY | | | | | |
| 3.06 0306 | NEW CRC BLDG - EASTMAN | | | | | |
| 3.07 0301 | NEW CRC BLDG - HHA/HOSPICE | | | 189,969 | | 189,969 |
| 4 0400 | NEW CAP REL COSTS-MVBLE EQUIP | | | 6,883,253 | 53,861 | 6,937,114 |
| 5 0500 | EMPLOYEE BENEFITS | 547,708 | 1,495,469 | 2,043,177 | -3,540 | 2,039,637 |
| 6.03 0612 | NONPATIENT TELEPHONES LD | 184,064 | 184,709 | 368,773 | -39,014 | 329,759 |
| 6.05 0620 | DATA PROCESSING | 1,274,542 | 876,945 | 2,151,487 | | 2,151,487 |
| 6.06 0630 | PURCHASING, RECEIVING AND STORES | 271,834 | 341,207 | 613,041 | | 613,041 |
| 6.07 0640 | ADMINITTING | 748,450 | 257,738 | 1,006,188 | | 1,006,188 |
| 6.08 0614 | BUSINESS OFFICE | 575,180 | 746,992 | 1,322,172 | | 1,322,172 |
| 6.09 0660 | OTHER ADMINSTRATIVE AND GENERAL | 999,374 | 15,478,254 | 16,477,628 | -818,544 | 15,659,084 |
| 7 0700 | MAINTENANCE & REPAIRS | | | | | |
| 7.01 0701 | UTILITIES - EASTMAN | | | | | |
| 7.02 0702 | UTILITIES - MERCY | | | | | |
| 7.03 0703 | UTILITIES - KLEIN | | 152,947 | 152,947 | | 152,947 |
| 7.04 0704 | UTILITIES - CANCER | | 21,442 | 21,442 | | 21,442 |
| 7.05 0705 | UTILITIES - REHAB | | | | | |
| 7.06 0706 | UTILITIES - LAUNDRY | | 153,869 | 153,869 | | 153,869 |
| 7.07 0707 | UTILITIES - HHA/HOSPICE | | | | 18,173 | 18,173 |
| 8 0800 | OPERATION OF PLANT | 2,226,696 | 2,890,212 | 5,116,908 | | 5,116,908 |
| 8.01 0801 | OPERATION OF PLANT KLEIN | 155,568 | 122,443 | 278,011 | | 278,011 |
| 8.02 0802 | OPERATION OF PLANT REHAB | | | | | |
| 8.04 0804 | OPERATION OF PLANT EASTMAN | | | | | |
| 8.05 0805 | OPERATION OF PLANT MERCY | | | | | |
| 8.06 0803 | OPERATION OF PLANT HHA/HOSPICE | | | | 9,907 | 9,907 |
| 9 0900 | LAUNDRY & LINEN SERVICE | 341,052 | 455,936 | 796,988 | | 796,988 |
| 10 1000 | HOUSEKEEPING | 1,306,501 | 676,049 | 1,982,550 | | 1,982,550 |
| 10.01 1001 | HOUSEKEEPING-KLEIN | | 100,462 | 100,462 | | 100,462 |
| 10.04 1004 | HOUSEKEEPING-REHAB | | | | | |
| 10.05 1005 | HOUSEKEEPING-EASTMAN | | | | | |
| 10.06 1006 | HOUSEKEEPING-MERCY | | | | | |
| 11 1100 | DIETARY | 1,279,754 | 1,574,846 | 2,854,600 | | 2,854,600 |
| 11.01 1101 | DIETARY - KLEIN | | 458,555 | 458,555 | | 458,555 |
| 12 1200 | CAFETERIA | | | | | |
| 14 1400 | NURSING ADMINISTRATION | 1,900,690 | 858,074 | 2,758,764 | -125 | 2,758,639 |
| 14.01 1401 | NURSING ADMINISTRATION-KLEIN | | | | | |
| 15 1500 | CENTRAL SERVICES & SUPPLY | 1,364,977 | 705,931 | 2,070,908 | | 2,070,908 |
| 16 1600 | PHARMACY | 1,550,843 | 419,332 | 1,970,175 | | 1,970,175 |
| 17 1700 | MEDICAL RECORDS & LIBRARY | 1,526,194 | 1,018,338 | 2,544,532 | | 2,544,532 |
| 18 1800 | SOCIAL SERVICE | 435,935 | 110,968 | 546,903 | | 546,903 |
| 18.01 1801 | RECREATION THERAPY GRMC | | | | | |
| 18.02 1802 | RECREATION THERAPY KLEIN INPAT ROUTINE SRVC CNTRS | | 82,701 | 82,701 | | 82,701 |
| 25 2500 | ADULTS & PEDIATRICS | 9,395,492 | 3,401,016 | 12,796,508 | | 12,796,508 |
| 26 2600 | INTENSIVE CARE UNIT | 1,604,666 | 670,712 | 2,275,378 | | 2,275,378 |
| 31 3100 | SUBPROVIDER | 556,197 | 211,754 | 767,951 | -737 | 767,214 |
| 33 3300 | NURSERY | 364,546 | 102,753 | 467,299 | | 467,299 |
| 34 3400 | SKILLED NURSING FACILITY | 973,138 | 343,995 | 1,317,133 | | 1,317,133 |
| 35 3500 | NURSING FACILITY | 3,593,142 | 1,090,665 | 4,683,807 | | 4,683,807 |
| 37 3700 | OPERATING ROOM | 4,973,194 | 10,497,080 | 15,470,274 | -4,300,731 | 11,169,543 |
| 39 3900 | DELIVERY ROOM & LABOR ROOM | | | | | |
| 41 4100 | RADIOLOGY-DIAGNOSTIC | 3,336,139 | 3,197,117 | 6,533,256 | -15,786 | 6,517,470 |
| 44 4400 | LABORATORY | 2,306,134 | 3,430,508 | 5,736,642 | | 5,736,642 |
| 49 4900 | RESPIRATORY THERAPY | 1,079,698 | 361,957 | 1,441,655 | | 1,441,655 |
| 50 5000 | PHYSICAL THERAPY | 480,966 | 203,279 | 684,245 | -42,488 | 641,757 |
| 51 5100 | OCCUPATIONAL THERAPY | 294,619 | 95,235 | 389,854 | | 389,854 |
| 52 5200 | SPEECH PATHOLOGY | 164,427 | 46,679 | 211,106 | | 211,106 |
| 53 5300 | ELECTROCARDIOLOGY | 1,151,179 | 2,945,013 | 4,096,192 | -2,011,205 | 2,084,987 |
| 55 5500 | MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | 1,819,740 | 1,819,740 |
| 55.01 5502 | DEVICES AND IMPLANTS | | | | 4,531,050 | 4,531,050 |
| 56 5600 | DRUGS CHARGED TO PATIENTS | | 3,598,109 | 3,598,109 | | 3,598,109 |
| 58 5800 | ASC (NON-DISTINCT PART) | | | | | |
| 59 3950 | AUDIOLOGY | 126,277 | 159,140 | 285,417 | -1,144 | 284,273 |
| 59.01 3951 | CARDIAC REHAB | | | | | |
| 59.02 3952 | WORKFITNESS | | | | | |
| 59.03 3953 | PSYCH/PSYCHOLOGICAL | | | | | |
| 59.04 3954 | EMG & EEG | 316,212 | 133,430 | 449,642 | | 449,642 |
| 59.05 3955 | O/P REHAB SERVICES | 1,608,319 | 551,079 | 2,159,398 | -21,330 | 2,138,068 |
| 59.06 3956 | O/P DEPENDENCY SERVICES | 202,955 | 72,007 | 274,962 | | 274,962 |
| 59.07 3957 | SPORTS FITNESS | 455,825 | 231,460 | 687,285 | -10,870 | 676,415 |
| 59.08 3958 | LIFE CENTER | 747,930 | 1,235,276 | 1,983,206 | -16,327 | 1,966,879 |
| 59.09 3020 | RECREATIONAL THERAPY OUTPAT SERVICE COST CNTRS | 54,338 | 16,081 | 70,419 | | 70,419 |
| 61 6100 | EMERGENCY | 3,038,728 | 3,668,430 | 6,707,158 | -5,274 | 6,701,884 |
| 62 6200 | OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS | | | | | |
| 71 7100 | HOME HEALTH AGENCY | 1,608,730 | 683,783 | 2,292,513 | -28,080 | 2,264,433 |

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 16-0057
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 12/1/2008
WORKSHEET A

| COST CENTER | COST CENTER DESCRIPTION | SALARIES 1 | OTHER 2 | TOTAL 3 | RECLASS- IFICATIONS 4 | RECLASSIFIED TRIAL BALANCE 5 |
|-------------|--|---------------|------------|-------------|-----------------------------|------------------------------------|
| | OTHER REIMBURS COST CNTRS | | | | | |
| | SPEC PURPOSE COST CENTERS | | | | | |
| 88 | 8800 INTEREST EXPENSE | | 3,366,543 | 3,366,543 | | 3,366,543 |
| 90 | 9000 OTHER CAPITAL RELATED COSTS | | | | | |
| 93 | 9300 HOSPICE | 1,018,480 | 871,783 | 1,890,263 | | 1,890,263 |
| 95 | SUBTOTALS | 56,140,693 | 82,825,534 | 138,966,227 | -774,871 | 138,191,356 |
| | NONREIMBURS COST CENTERS | | | | | |
| 96 | 9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | | | |
| 96.01 | 9601 MEALS ON WHEELS | | | | | |
| 96.02 | 9602 OVERNIGHT ROOM | | | | | |
| 96.03 | 9603 SALES TO OUTSIDE ORGANIZATIONS | | 10,695 | 10,695 | | 10,695 |
| 97 | 9700 RESEARCH | | | | | |
| 98 | 9800 PHYSICIANS' PRIVATE OFFICES | | | | | |
| 98.01 | 9801 WELLNESS PROGRAM | 25,697 | 12,519 | 38,216 | | 38,216 |
| 98.02 | 9802 EMPLOYEE WELLNESS PROGRAM | | | | | |
| 98.03 | 9803 ADVERTISING | | | | 735,857 | 735,857 |
| 98.04 | 9804 PARKING RAMP | | | | | |
| 98.05 | 9805 PHYSICIANS' PRIVATE OFFICES | | | | | |
| 98.06 | 9806 RENAL DIALYSIS | | | | | |
| 98.07 | 9807 IDLE SPACE | | | | | |
| 98.08 | 9808 AMERICAN PROSTHETICS | | | | | |
| 98.09 | 9809 OUTREACH REHAB | 258,548 | 88,835 | 347,383 | | 347,383 |
| 98.10 | 9810 DAY CARE DEPT | | | | | |
| 98.11 | 9811 GRMC HELICOPTER HANGER | | | | | |
| 98.12 | 9812 SWITCHBOARD | | | | 39,014 | 39,014 |
| 99 | 9900 NONPAID WORKERS | | | | | |
| 100 | 7950 OTHER NONREIMBURSABLE COST CENTERS | | | | | |
| 101 | TOTAL | 56,424,938 | 82,937,583 | 139,362,521 | -0- | 139,362,521 |

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 16-0057
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 1/2008
WORKSHEET A

| COST CENTER | COST CENTER DESCRIPTION | ADJUSTMENTS | NET EXPENSES FOR ALLOC |
|-------------|--------------------------------------|-------------|------------------------|
| | | 6 | 7 |
| | GENERAL SERVICE COST CNTR | | |
| 1 0100 | OLD CAP REL COSTS-BLDG & FIXT | | |
| 1.01 0101 | OLD CAP BLDG - KLEIN | | 256,221 |
| 1.02 0102 | OLD CAP BLDG - CANCER CENTER | | 4,574 |
| 2 0200 | OLD CAP REL COSTS-MVBLE EQUIP | | |
| 3 0300 | NEW CAP REL COSTS-BLDG & FIXT | | |
| 3.02 0302 | NEW CRC BLDG - REHAB | 305,694 | 305,694 |
| 3.03 0303 | NEW CRC BLDG - LAUNDRY | | 72,708 |
| 3.04 0304 | NEW CRC BLDG - GRMC | 568,114 | 5,726,213 |
| 3.05 0305 | NEW CRC BLDG - MERCY | 364,137 | 364,137 |
| 3.06 0306 | NEW CRC BLDG - EASTMAN | 590,845 | 590,845 |
| 3.07 0301 | NEW CRC BLDG - HHA/HOSPICE | | 189,969 |
| 4 0400 | NEW CAP REL COSTS-MVBLE EQUIP | -25,216 | 6,911,898 |
| 5 0500 | EMPLOYEE BENEFITS | 169,857 | 2,209,494 |
| 6.03 0612 | NONPATIENT TELEPHONES LD | -23,675 | 306,084 |
| 6.05 0620 | DATA PROCESSING | -59,863 | 2,091,624 |
| 6.06 0630 | PURCHASING, RECEIVING AND STORES | -34,653 | 578,388 |
| 6.07 0640 | ADMINITTING | -223 | 1,005,965 |
| 6.08 0614 | BUSINESS OFFICE | | 1,322,172 |
| 6.09 0660 | OTHER ADMINISTRATIVE AND GENERAL | -10,270,753 | 5,388,331 |
| 7 0700 | MAINTENANCE & REPAIRS | | |
| 7.01 0701 | UTILITIES - EASTMAN | 94,153 | 94,153 |
| 7.02 0702 | UTILITIES - MERCY | 71,469 | 71,469 |
| 7.03 0703 | UTILITIES - KLEIN | | 152,947 |
| 7.04 0704 | UTILITIES - CANCER | -6,127 | 15,315 |
| 7.05 0705 | UTILITIES - REHAB | 57,092 | 57,092 |
| 7.06 0706 | UTILITIES - LAUNDRY | | 153,869 |
| 7.07 0707 | UTILITIES - HHA/HOSPICE | | 18,173 |
| 8 0800 | OPERATION OF PLANT | -85,005 | 5,031,903 |
| 8.01 0801 | OPERATION OF PLANT KLEIN | | 278,011 |
| 8.02 0802 | OPERATION OF PLANT REHAB | 100,640 | 100,640 |
| 8.04 0804 | OPERATION OF PLANT EASTMAN | 75,985 | 75,985 |
| 8.05 0805 | OPERATION OF PLANT MERCY | 66,760 | 66,760 |
| 8.06 0803 | OPERATION OF PLANT HHA/HOSPICE | | 9,907 |
| 9 0900 | LAUNDRY & LINEN SERVICE | | 796,988 |
| 10 1000 | HOUSEKEEPING | -26,123 | 1,956,427 |
| 10.01 1001 | HOUSEKEEPING-KLEIN | | 100,462 |
| 10.04 1004 | HOUSEKEEPING-REHAB | | |
| 10.05 1005 | HOUSEKEEPING-EASTMAN | | |
| 10.06 1006 | HOUSEKEEPING-MERCY | | |
| 11 1100 | DIETARY | -834,599 | 2,020,001 |
| 11.01 1101 | DIETARY - KLEIN | -32,987 | 425,568 |
| 12 1200 | CAFETERIA | | |
| 14 1400 | NURSING ADMINISTRATION | 223,714 | 2,982,353 |
| 14.01 1401 | NURSING ADMINISTRATION-KLEIN | 111,960 | 111,960 |
| 15 1500 | CENTRAL SERVICES & SUPPLY | -90,381 | 1,980,527 |
| 16 1600 | PHARMACY | -19,250 | 1,950,925 |
| 17 1700 | MEDICAL RECORDS & LIBRARY | -22,253 | 2,522,279 |
| 18 1800 | SOCIAL SERVICE | | 546,903 |
| 18.01 1801 | RECREATION THERAPY GRMC | | |
| 18.02 1802 | RECREATION THERAPY KLEIN | | 82,701 |
| | INPAT ROUTINE SRVC CNTRS | | |
| 25 2500 | ADULTS & PEDIATRICS | -2,454 | 12,794,054 |
| 26 2600 | INTENSIVE CARE UNIT | | 2,275,378 |
| 31 3100 | SUBPROVIDER | -1,644 | 765,570 |
| 33 3300 | NURSERY | -488 | 466,811 |
| 34 3400 | SKILLED NURSING FACILITY | -275 | 1,316,858 |
| 35 3500 | NURSING FACILITY | | 4,683,807 |
| | ANCILLARY SRVC COST CNTRS | | |
| 37 3700 | OPERATING ROOM | -16,620 | 11,152,923 |
| 39 3900 | DELIVERY ROOM & LABOR ROOM | | |
| 41 4100 | RADIOLOGY-DIAGNOSTIC | -7,119 | 6,510,351 |
| 44 4400 | LABORATORY | -18,638 | 5,718,004 |
| 49 4900 | RESPIRATORY THERAPY | | 1,441,655 |
| 50 5000 | PHYSICAL THERAPY | | 641,757 |
| 51 5100 | OCCUPATIONAL THERAPY | | 389,854 |
| 52 5200 | SPEECH PATHOLOGY | | 211,106 |
| 53 5300 | ELECTROCARDIOLOGY | | 2,084,987 |
| 55 5500 | MEDICAL SUPPLIES CHARGED TO PATIENTS | | 1,819,740 |
| 55.01 5502 | DEVICES AND IMPLANTS | | 4,531,050 |
| 56 5600 | DRUGS CHARGED TO PATIENTS | | 3,598,109 |
| 58 5800 | ASC (NON-DISTINCT PART) | | |
| 59 3950 | AUDIOLOGY | | 284,273 |
| 59.01 3951 | CARDIAC REHAB | | |
| 59.02 3952 | WORKFITNESS | | |
| 59.03 3953 | PSYCH/PSYCHOLOGICAL | | |
| 59.04 3954 | EMG & EEG | | 449,642 |
| 59.05 3955 | O/P REHAB SERVICES | -19,008 | 2,119,060 |
| 59.06 3956 | O/P DEPENDENCY SERVICES | -5,640 | 269,322 |
| 59.07 3957 | SPORTS FITNESS | -35,308 | 641,107 |
| 59.08 3958 | LIFE CENTER | -739,177 | 1,227,702 |
| 59.09 3020 | RECREATIONAL THERAPY | | 70,419 |
| | OUTPAT SERVICE COST CNTRS | | |
| 61 6100 | EMERGENCY | -2,591,062 | 4,110,822 |
| 62 6200 | OBSERVATION BEDS (NON-DISTINCT PART) | | |
| | OTHER REIMBURS COST CNTRS | | |
| 71 7100 | HOME HEALTH AGENCY | | 2,264,433 |

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 16-0057
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 12/1/2008
WORKSHEET A

| COST CENTER | COST CENTER DESCRIPTION | ADJUSTMENTS | NET EXPENSES FOR ALLOC |
|-------------|--|-------------|------------------------|
| | OTHER REIMBURS COST CNTRS | 6 | 7 |
| | SPEC PURPOSE COST CENTERS | | |
| 88 | 8800 INTEREST EXPENSE | -3,366,543 | -0- |
| 90 | 9000 OTHER CAPITAL RELATED COSTS | | -0- |
| 93 | 9300 HOSPICE | | 1,890,263 |
| 95 | SUBTOTALS | -15,534,664 | 122,656,692 |
| | NONREIMBURS COST CENTERS | | |
| 96 | 9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | |
| 96.01 | 9601 MEALS ON WHEELS | | |
| 96.02 | 9602 OVERNIGHT ROOM | | |
| 96.03 | 9603 SALES TO OUTSIDE ORGANIZATIONS | | 10,695 |
| 97 | 9700 RESEARCH | | |
| 98 | 9800 PHYSICIANS' PRIVATE OFFICES | | |
| 98.01 | 9801 WELLNESS PROGRAM | | 38,216 |
| 98.02 | 9802 EMPLOYEE WELLNESS PROGRAM | | |
| 98.03 | 9803 ADVERTISING | | 735,857 |
| 98.04 | 9804 PARKING RAMP | | |
| 98.05 | 9805 PHYSICIANS' PRIVATE OFFICES | | |
| 98.06 | 9806 RENAL DIALYSIS | | |
| 98.07 | 9807 IDLE SPACE | | |
| 98.08 | 9808 AMERICAN PROSTHETICS | | |
| 98.09 | 9809 OUTREACH REHAB | | 347,383 |
| 98.10 | 9810 DAY CARE DEPT | | |
| 98.11 | 9811 GRMC HELICOPTER HANGER | | |
| 98.12 | 9812 SWITCHBOARD | | 39,014 |
| 99 | 9900 NONPAID WORKERS | | |
| 100 | 7950 OTHER NONREIMBURSABLE COST CENTERS | | |
| 101 | TOTAL | -15,534,664 | 123,827,857 |

COST CENTERS USED IN COST REPORT

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/1/2008
 NOT A CMS WORKSHEET

| LINE NO. | COST CENTER DESCRIPTION | CMS CODE | STANDARD LABEL FOR NON-STANDARD CODES |
|----------|--|----------|---------------------------------------|
| | GENERAL SERVICE COST | | |
| 1 | OLD CAP REL COSTS-BLDG & FIXT | 0100 | |
| 1.01 | OLD CAP BLDG - KLEIN | 0101 | OLD CAP REL COSTS-BLDG & FIXT |
| 1.02 | OLD CAP BLDG - CANCER CENTER | 0102 | OLD CAP REL COSTS-BLDG & FIXT |
| 2 | OLD CAP REL COSTS-MVBLE EQUIP | 0200 | |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 0300 | |
| 3.02 | NEW CRC BLDG - REHAB | 0302 | NEW CAP REL COSTS-BLDG & FIXT |
| 3.03 | NEW CRC BLDG - LAUNDRY | 0303 | NEW CAP REL COSTS-BLDG & FIXT |
| 3.04 | NEW CRC BLDG - GRMC | 0304 | NEW CAP REL COSTS-BLDG & FIXT |
| 3.05 | NEW CRC BLDG - MERCY | 0305 | NEW CAP REL COSTS-BLDG & FIXT |
| 3.06 | NEW CRC BLDG - EASTMAN | 0306 | NEW CAP REL COSTS-BLDG & FIXT |
| 3.07 | NEW CRC BLDG - HHA/HOSPICE | 0301 | NEW CAP REL COSTS-BLDG & FIXT |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 0400 | |
| 5 | EMPLOYEE BENEFITS | 0500 | |
| 6.03 | NONPATIENT TELEPHONES LD | 0612 | NONPATIENT TELEPHONES |
| 6.05 | DATA PROCESSING | 0620 | DATA PROCESSING |
| 6.06 | PURCHASING, RECEIVING AND STORES | 0630 | PURCHASING, RECEIVING AND STORES |
| 6.07 | ADMINISTRATION | 0640 | ADMINISTRATION |
| 6.08 | BUSINESS OFFICE | 0614 | NONPATIENT TELEPHONES |
| 6.09 | OTHER ADMINISTRATIVE AND GENERAL | 0660 | OTHER ADMINISTRATIVE AND GENERAL |
| 7 | MAINTENANCE & REPAIRS | 0700 | |
| 7.01 | UTILITIES - EASTMAN | 0701 | MAINTENANCE & REPAIRS |
| 7.02 | UTILITIES - MERCY | 0702 | MAINTENANCE & REPAIRS |
| 7.03 | UTILITIES - KLEIN | 0703 | MAINTENANCE & REPAIRS |
| 7.04 | UTILITIES - CANCER | 0704 | MAINTENANCE & REPAIRS |
| 7.05 | UTILITIES - REHAB | 0705 | MAINTENANCE & REPAIRS |
| 7.06 | UTILITIES - LAUNDRY | 0706 | MAINTENANCE & REPAIRS |
| 7.07 | UTILITIES - HHA/HOSPICE | 0707 | MAINTENANCE & REPAIRS |
| 8 | OPERATION OF PLANT | 0800 | |
| 8.01 | OPERATION OF PLANT KLEIN | 0801 | OPERATION OF PLANT |
| 8.02 | OPERATION OF PLANT REHAB | 0802 | OPERATION OF PLANT |
| 8.04 | OPERATION OF PLANT EASTMAN | 0804 | OPERATION OF PLANT |
| 8.05 | OPERATION OF PLANT MERCY | 0805 | OPERATION OF PLANT |
| 8.06 | OPERATION OF PLANT HHA/HOSPICE | 0803 | OPERATION OF PLANT |
| 9 | LAUNDRY & LINEN SERVICE | 0900 | |
| 10 | HOUSEKEEPING | 1000 | |
| 10.01 | HOUSEKEEPING-KLEIN | 1001 | HOUSEKEEPING |
| 10.04 | HOUSEKEEPING-REHAB | 1004 | HOUSEKEEPING |
| 10.05 | HOUSEKEEPING-EASTMAN | 1005 | HOUSEKEEPING |
| 10.06 | HOUSEKEEPING-MERCY | 1006 | HOUSEKEEPING |
| 11 | DIETARY | 1100 | |
| 11.01 | DIETARY - KLEIN | 1101 | DIETARY |
| 12 | CAFETERIA | 1200 | |
| 14 | NURSING ADMINISTRATION | 1400 | |
| 14.01 | NURSING ADMINISTRATION-KLEIN | 1401 | NURSING ADMINISTRATION |
| 15 | CENTRAL SERVICES & SUPPLY | 1500 | |
| 16 | PHARMACY | 1600 | |
| 17 | MEDICAL RECORDS & LIBRARY | 1700 | |
| 18 | SOCIAL SERVICE | 1800 | |
| 18.01 | RECREATION THERAPY GRMC | 1801 | SOCIAL SERVICE |
| 18.02 | RECREATION THERAPY KLEIN | 1802 | SOCIAL SERVICE |
| | INPAT ROUTINE SRVC | | |
| 25 | ADULTS & PEDIATRICS | 2500 | |
| 26 | INTENSIVE CARE UNIT | 2600 | |
| 31 | SUBPROVIDER | 3100 | |
| 33 | NURSERY | 3300 | |
| 34 | SKILLED NURSING FACILITY | 3400 | |
| 35 | NURSING FACILITY | 3500 | |
| | ANCILLARY SRVC COST | | |
| 37 | OPERATING ROOM | 3700 | |
| 39 | DELIVERY ROOM & LABOR ROOM | 3900 | |
| 41 | RADIOLOGY-DIAGNOSTIC | 4100 | |
| 44 | LABORATORY | 4400 | |
| 49 | RESPIRATORY THERAPY | 4900 | |
| 50 | PHYSICAL THERAPY | 5000 | |
| 51 | OCCUPATIONAL THERAPY | 5100 | |
| 52 | SPEECH PATHOLOGY | 5200 | |
| 53 | ELECTROCARDIOLOGY | 5300 | |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 5500 | |
| 55.01 | DEVICES AND IMPLANTS | 5502 | MEDICAL SUPPLIES CHARGED TO PATIENTS |
| 56 | DRUGS CHARGED TO PATIENTS | 5600 | |
| 58 | ASC (NON-DIAGNOSTIC PART) | 5800 | |
| 59 | AUDIOLOGY | 3950 | OTHER ANCILLARY SERVICE COST CENTERS |
| 59.01 | CARDIAC REHAB | 3951 | OTHER ANCILLARY SERVICE COST CENTERS |
| 59.02 | WORKFITNESS | 3952 | OTHER ANCILLARY SERVICE COST CENTERS |
| 59.03 | PSYCH/PSYCHOLOGICAL | 3953 | OTHER ANCILLARY SERVICE COST CENTERS |
| 59.04 | EMG & EEG | 3954 | OTHER ANCILLARY SERVICE COST CENTERS |
| 59.05 | O/P REHAB SERVICES | 3955 | OTHER ANCILLARY SERVICE COST CENTERS |
| 59.06 | O/P DEPENDENCY SERVICES | 3956 | OTHER ANCILLARY SERVICE COST CENTERS |
| 59.07 | SPORTS FITNESS | 3957 | OTHER ANCILLARY SERVICE COST CENTERS |
| 59.08 | LIFE CENTER | 3958 | OTHER ANCILLARY SERVICE COST CENTERS |
| 59.09 | RECREATIONAL THERAPY | 3020 | ACUPUNCTURE |
| | OUTPAT SERVICE COST | | |
| 61 | EMERGENCY | 6100 | |
| 62 | OBSERVATION BEDS (NON-DIAGNOSTIC PART) | 6200 | |
| | OTHER REIMBURS COST | | |
| 71 | HOME HEALTH AGENCY | 7100 | |

COST CENTERS USED IN COST REPORT

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/1/2008
 NOT A CMS WORKSHEET

| LINE NO. | COST CENTER DESCRIPTION | CMS CODE | STANDARD LABEL FOR NON-STANDARD CODES |
|----------|-------------------------------------|----------|---------------------------------------|
| | OTHER REIMBURS COST | | |
| | SPEC PURPOSE COST CE | | |
| 88 | INTEREST EXPENSE | 8800 | |
| 90 | OTHER CAPITAL RELATED COSTS | 9000 | |
| 93 | HOSPICE | 9300 | |
| 95 | SUBTOTALS | 0000 | |
| | NONREIMBURS COST CEN | | |
| 96 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 9600 | |
| 96.01 | MEALS ON WHEELS | 9601 | GIFT, FLOWER, COFFEE SHOP & CANTEEN |
| 96.02 | OVERNIGHT ROOM | 9602 | GIFT, FLOWER, COFFEE SHOP & CANTEEN |
| 96.03 | SALES TO OUTSIDE ORGANIZATIONS | 9603 | GIFT, FLOWER, COFFEE SHOP & CANTEEN |
| 97 | RESEARCH | 9700 | |
| 98 | PHYSICIANS' PRIVATE OFFICES | 9800 | |
| 98.01 | WELLNESS PROGRAM | 9801 | PHYSICIANS' PRIVATE OFFICES |
| 98.02 | EMPLOYEE WELLNESS PROGRAM | 9802 | PHYSICIANS' PRIVATE OFFICES |
| 98.03 | ADVERTISING | 9803 | PHYSICIANS' PRIVATE OFFICES |
| 98.04 | PARKING RAMP | 9804 | PHYSICIANS' PRIVATE OFFICES |
| 98.05 | PHYSICIANS' PRIVATE OFFICES | 9805 | PHYSICIANS' PRIVATE OFFICES |
| 98.06 | RENAL DIALYSIS | 9806 | PHYSICIANS' PRIVATE OFFICES |
| 98.07 | IDLE SPACE | 9807 | PHYSICIANS' PRIVATE OFFICES |
| 98.08 | AMERICAN PROSTHETICS | 9808 | PHYSICIANS' PRIVATE OFFICES |
| 98.09 | OUTREACH REHAB | 9809 | PHYSICIANS' PRIVATE OFFICES |
| 98.10 | DAY CARE DEPT | 9810 | PHYSICIANS' PRIVATE OFFICES |
| 98.11 | GRMC HELICOPTER HANGER | 9811 | PHYSICIANS' PRIVATE OFFICES |
| 98.12 | SWITCHBOARD | 9812 | PHYSICIANS' PRIVATE OFFICES |
| 99 | NONPAID WORKERS | 9900 | |
| 100 | OTHER NONREIMBURSABLE COST CENTERS | 7950 | OTHER NONREIMBURSABLE COST CENTERS |
| 101 | TOTAL | 0000 | |

RECLASSIFICATIONS

PROVIDER NO:
160057

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 1/2008
WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION | INCREASE | | | | |
|---------------------------------|-------------|--------------------------------------|-----------------|-------------|------------|
| | CODE (1) | COST CENTER 2 | LINE NO 3 | SALARY 4 | OTHER 5 |
| 1 ADVERTISING | A | ADVERTISING | 98.03 | 42,397 | 693,460 |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |
| 14 SWITCHBOARD EXPENSE | B | SWITCHBOARD | 98.12 | 31,015 | 7,999 |
| 15 INSURANCE | C | OTHER CAPITAL RELATED COSTS | 90 | | 161,454 |
| 16 BILLABLE SUPPLIES | D | MEDICAL SUPPLIES CHARGED TO PATIENTS | 55 | | 1,819,740 |
| 17 | | | | | |
| 18 | | | | | |
| 19 | | | | | |
| 20 DEVICES AND IMPLANTS | E | DEVICES AND IMPLANTS | 55.01 | | 4,531,050 |
| 21 | | | | | |
| 22 | | | | | |
| 23 | | | | | |
| 24 HOSPICE UTILITIES | G | UTILITIES - HHA/HOSPICE | 7.07 | | 18,173 |
| 25 HOSPICE PLANT OPS | H | OPERATION OF PLANT HHA/HOSPICE | 8.06 | | 9,907 |
| 36 TOTAL RECLASSIFICATIONS | | | | 73,412 | 7,241,783 |

(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:
160057

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 1/2008
WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION | CODE (1) | COST CENTER 6 | DECREASE | | SALARY 8 | OTHER 9 | A-7 REF 10 |
|---------------------------------|-------------|----------------------------------|-----------|--|-------------|------------|------------------|
| | | | LINE 7 | | | | |
| 1 ADVERTISING | A | OTHER ADMINISTRATIVE AND GENERAL | 6.09 | | 42,397 | | |
| 2 | | EMPLOYEE BENEFITS | 5 | | | 918 | |
| 3 | | OTHER ADMINISTRATIVE AND GENERAL | 6.09 | | | 614,693 | |
| 4 | | NURSING ADMINISTRATION | 14 | | | 125 | |
| 5 | | SUBPROVIDER | 31 | | | 737 | |
| 6 | | OPERATING ROOM | 37 | | | 269 | |
| 7 | | RADIOLOGY-DIAGNOSTIC | 41 | | | 10,067 | |
| 8 | | ELECTROCARDIOLOGY | 53 | | | 14,358 | |
| 9 | | AUDIOLOGY | 59 | | | 1,144 | |
| 10 | | O/P REHAB SERVICES | 59.05 | | | 21,330 | |
| 11 | | SPORTS FITNESS | 59.07 | | | 10,870 | |
| 12 | | LIFE CENTER | 59.08 | | | 16,327 | |
| 13 | | EMPLOYEE BENEFITS | 5 | | | 2,622 | |
| 14 SWITCHBOARD EXPENSE | B | NONPATIENT TELEPHONES LD | 6.03 | | 31,015 | 7,999 | |
| 15 INSURANCE | C | OTHER ADMINISTRATIVE AND GENERAL | 6.09 | | | 161,454 | |
| 16 BILLABLE SUPPLIES | D | OPERATING ROOM | 37 | | | 1,017,961 | |
| 17 | | RADIOLOGY-DIAGNOSTIC | 41 | | | 5,125 | |
| 18 | | ELECTROCARDIOLOGY | 53 | | | 791,380 | |
| 19 | | EMERGENCY | 61 | | | 5,274 | |
| 20 DEVICES AND IMPLANTS | E | OPERATING ROOM | 37 | | | 3,282,501 | |
| 21 | | RADIOLOGY-DIAGNOSTIC | 41 | | | 594 | |
| 22 | | PHYSICAL THERAPY | 50 | | | 42,488 | |
| 23 | | ELECTROCARDIOLOGY | 53 | | | 1,205,467 | |
| 24 HOSPICE UTILITIES | G | HOME HEALTH AGENCY | 71 | | | 18,173 | |
| 25 HOSPICE PLANT OPS | H | HOME HEALTH AGENCY | 71 | | | 9,907 | |
| 36 TOTAL RECLASSIFICATIONS | | | | | 73,412 | 7,241,783 | |

(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:
160057

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 1/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : ADVERTISING

| ----- INCREASE ----- | | |
|------------------------------------|-------------|---------|
| LINE | COST CENTER | AMOUNT |
| 1.00 | ADVERTISING | 735,857 |
| 2.00 | | 0 |
| 3.00 | | 0 |
| 4.00 | | 0 |
| 5.00 | | 0 |
| 6.00 | | 0 |
| 7.00 | | 0 |
| 8.00 | | 0 |
| 9.00 | | 0 |
| 10.00 | | 0 |
| 11.00 | | 0 |
| 12.00 | | 0 |
| 13.00 | | 0 |
| TOTAL RECLASSIFICATIONS FOR CODE A | | 735,857 |

| ----- DECREASE ----- | | |
|------------------------------------|-------|---------|
| COST CENTER | LINE | AMOUNT |
| OTHER ADMINISTRATIVE AND GENERAL | 6.09 | 42,397 |
| EMPLOYEE BENEFITS | 5 | 918 |
| OTHER ADMINISTRATIVE AND GENERAL | 6.09 | 614,693 |
| NURSING ADMINISTRATION | 14 | 125 |
| SUBPROVIDER | 31 | 737 |
| OPERATING ROOM | 37 | 269 |
| RADIOLOGY-DIAGNOSTIC | 41 | 10,067 |
| ELECTROCARDIOLOGY | 53 | 14,358 |
| AUDIOLOGY | 59 | 1,144 |
| O/P REHAB SERVICES | 59.05 | 21,330 |
| SPORTS FITNESS | 59.07 | 10,870 |
| LIFE CENTER | 59.08 | 16,327 |
| EMPLOYEE BENEFITS | 5 | 2,622 |
| TOTAL RECLASSIFICATIONS FOR CODE A | | 735,857 |

RECLASS CODE: B
EXPLANATION : SWITCHBOARD EXPENSE

| ----- INCREASE ----- | | |
|------------------------------------|-------------|--------|
| LINE | COST CENTER | AMOUNT |
| 1.00 | SWITCHBOARD | 39,014 |
| TOTAL RECLASSIFICATIONS FOR CODE B | | 39,014 |

| ----- DECREASE ----- | | |
|------------------------------------|------|--------|
| COST CENTER | LINE | AMOUNT |
| NONPATIENT TELEPHONES LD | 6.03 | 39,014 |
| TOTAL RECLASSIFICATIONS FOR CODE B | | 39,014 |

RECLASS CODE: C
EXPLANATION : INSURANCE

| ----- INCREASE ----- | | |
|------------------------------------|-----------------------------|---------|
| LINE | COST CENTER | AMOUNT |
| 1.00 | OTHER CAPITAL RELATED COSTS | 161,454 |
| TOTAL RECLASSIFICATIONS FOR CODE C | | 161,454 |

| ----- DECREASE ----- | | |
|------------------------------------|------|---------|
| COST CENTER | LINE | AMOUNT |
| OTHER ADMINISTRATIVE AND GENERAL | 6.09 | 161,454 |
| TOTAL RECLASSIFICATIONS FOR CODE C | | 161,454 |

RECLASS CODE: D
EXPLANATION : BILLABLE SUPPLIES

| ----- INCREASE ----- | | |
|------------------------------------|--------------------------------|-----------|
| LINE | COST CENTER | AMOUNT |
| 1.00 | MEDICAL SUPPLIES CHARGED TO PA | 1,819,740 |
| 2.00 | | 0 |
| 3.00 | | 0 |
| 4.00 | | 0 |
| TOTAL RECLASSIFICATIONS FOR CODE D | | 1,819,740 |

| ----- DECREASE ----- | | |
|------------------------------------|------|-----------|
| COST CENTER | LINE | AMOUNT |
| OPERATING ROOM | 37 | 1,017,961 |
| RADIOLOGY-DIAGNOSTIC | 41 | 5,125 |
| ELECTROCARDIOLOGY | 53 | 791,380 |
| EMERGENCY | 61 | 5,274 |
| TOTAL RECLASSIFICATIONS FOR CODE D | | 1,819,740 |

RECLASS CODE: E
EXPLANATION : DEVICES AND IMPLANTS

| ----- INCREASE ----- | | |
|------------------------------------|----------------------|-----------|
| LINE | COST CENTER | AMOUNT |
| 1.00 | DEVICES AND IMPLANTS | 4,531,050 |
| 2.00 | | 0 |
| 3.00 | | 0 |
| 4.00 | | 0 |
| TOTAL RECLASSIFICATIONS FOR CODE E | | 4,531,050 |

| ----- DECREASE ----- | | |
|------------------------------------|------|-----------|
| COST CENTER | LINE | AMOUNT |
| OPERATING ROOM | 37 | 3,282,501 |
| RADIOLOGY-DIAGNOSTIC | 41 | 594 |
| PHYSICAL THERAPY | 50 | 42,488 |
| ELECTROCARDIOLOGY | 53 | 1,205,467 |
| TOTAL RECLASSIFICATIONS FOR CODE E | | 4,531,050 |

RECLASS CODE: G
EXPLANATION : HOSPICE UTILITIES

| ----- INCREASE ----- | | |
|------------------------------------|-------------------------|--------|
| LINE | COST CENTER | AMOUNT |
| 1.00 | UTILITIES - HHA/HOSPICE | 18,173 |
| TOTAL RECLASSIFICATIONS FOR CODE G | | 18,173 |

| ----- DECREASE ----- | | |
|------------------------------------|------|--------|
| COST CENTER | LINE | AMOUNT |
| HOME HEALTH AGENCY | 71 | 18,173 |
| TOTAL RECLASSIFICATIONS FOR CODE G | | 18,173 |

RECLASS CODE: H
EXPLANATION : HOSPICE PLANT OPS

| ----- INCREASE ----- | | |
|------------------------------------|--------------------------------|--------|
| LINE | COST CENTER | AMOUNT |
| 1.00 | OPERATION OF PLANT HHA/HOSPICE | 9,907 |
| TOTAL RECLASSIFICATIONS FOR CODE H | | 9,907 |

| ----- DECREASE ----- | | |
|------------------------------------|------|--------|
| COST CENTER | LINE | AMOUNT |
| HOME HEALTH AGENCY | 71 | 9,907 |
| TOTAL RECLASSIFICATIONS FOR CODE H | | 9,907 |

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

| | DESCRIPTION | BEGINNING BALANCES 1 | ACQUISITIONS | | TOTAL 4 | DISPOSALS AND RETIREMENTS 5 | ENDING BALANCE 6 | FULLY DEPRECIATED ASSETS 7 |
|---|----------------------|----------------------------|----------------|---------------|------------|--------------------------------------|------------------------|-------------------------------------|
| | | | PURCHASES 2 | DONATION 3 | | | | |
| 1 | LAND | 60,000 | | | | | 60,000 | |
| 2 | LAND IMPROVEMENTS | 22,703 | | | | | 22,703 | |
| 3 | BUILDINGS & FIXTURE | 2,092,448 | | | | | 2,092,448 | |
| 4 | BUILDING IMPROVEMENT | | | | | | | |
| 5 | FIXED EQUIPMENT | 1,174,739 | | | | | 1,174,739 | |
| 6 | MOVABLE EQUIPMENT | 896,168 | | | | | 896,168 | |
| 7 | SUBTOTAL | 4,246,058 | | | | | 4,246,058 | |
| 8 | RECONCILING ITEMS | | | | | | | |
| 9 | TOTAL | 4,246,058 | | | | | 4,246,058 | |

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

| | DESCRIPTION | BEGINNING BALANCES 1 | ACQUISITIONS | | TOTAL 4 | DISPOSALS AND RETIREMENTS 5 | ENDING BALANCE 6 | FULLY DEPRECIATED ASSETS 7 |
|---|----------------------|----------------------------|----------------|---------------|------------|--------------------------------------|------------------------|-------------------------------------|
| | | | PURCHASES 2 | DONATION 3 | | | | |
| 1 | LAND | 5,291,356 | | | | | 5,291,356 | |
| 2 | LAND IMPROVEMENTS | 6,020,421 | 717,232 | | 717,232 | | 6,737,653 | |
| 3 | BUILDINGS & FIXTURE | 91,567,734 | 2,838,763 | | 2,838,763 | | 94,406,497 | |
| 4 | BUILDING IMPROVEMENT | | | | | | | |
| 5 | FIXED EQUIPMENT | 49,487,899 | 1,573,698 | | 1,573,698 | | 51,061,597 | |
| 6 | MOVABLE EQUIPMENT | 69,589,649 | 5,721,062 | | 5,721,062 | 186,248 | 75,124,463 | |
| 7 | SUBTOTAL | 221,957,059 | 10,850,755 | | 10,850,755 | 186,248 | 232,621,566 | |
| 8 | RECONCILING ITEMS | | | | | | | |
| 9 | TOTAL | 221,957,059 | 10,850,755 | | 10,850,755 | 186,248 | 232,621,566 | |

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

| | | COMPUTATION OF RATIOS | | | ALLOCATION OF OTHER CAPITAL | | | TOTAL |
|------|----------------------|-----------------------|--------------------------|-------------|-----------------------------|---------|-----------------------------|---------|
| | | GROSS ASSETS | CAPITALIZED GROSS ASSETS | RATIO | INSURANCE | TAXES | OTHER CAPITAL RELATED COSTS | |
| * | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1 | OLD CAP REL COSTS-BL | | | | | | | |
| 1 01 | OLD CAP BLDG - KLEIN | 4,076,804 | | 4,076,804 | .017211 | 2,779 | | 2,779 |
| 1 02 | OLD CAP BLDG - CANCE | 2,092,448 | | 2,092,448 | .008834 | 1,426 | | 1,426 |
| 2 | OLD CAP REL COSTS-MV | | | | | | | |
| 3 | NEW CAP REL COSTS-BL | | | | | | | |
| 3 02 | NEW CRC BLDG - REHAB | | | | | | | |
| 3 03 | NEW CRC BLDG - LAUND | 741,027 | | 741,027 | .003128 | 505 | | 505 |
| 3 04 | NEW CRC BLDG - GRMC | 150,939,106 | | 150,939,106 | .637230 | 102,883 | | 102,883 |
| 3 05 | NEW CRC BLDG - MERCY | | | | | | | |
| 3 06 | NEW CRC BLDG - EASTM | | | | | | | |
| 3 07 | NEW CRC BLDG - HHA/H | | | | | | | |
| 4 | NEW CAP REL COSTS-MV | 79,018,239 | | 79,018,239 | .333597 | 53,861 | | 53,861 |
| 5 | TOTAL | 236,867,624 | | 236,867,624 | 1.000000 | 161,454 | | 161,454 |

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

| | | DEPRECIATION | LEASE | INTEREST | INSURANCE | TAXES | OTHER CAPITAL RELATED COST | TOTAL (1) |
|------|----------------------|--------------|-------|----------|-----------|-------|----------------------------|------------|
| * | | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 1 | OLD CAP REL COSTS-BL | | | | | | | |
| 1 01 | OLD CAP BLDG - KLEIN | 253,442 | | | 2,779 | | | 256,221 |
| 1 02 | OLD CAP BLDG - CANCE | 3,148 | | | 1,426 | | | 4,574 |
| 2 | OLD CAP REL COSTS-MV | | | | | | | |
| 3 | NEW CAP REL COSTS-BL | | | | | | | |
| 3 02 | NEW CRC BLDG - REHAB | 305,694 | | | | | | 305,694 |
| 3 03 | NEW CRC BLDG - LAUND | 72,203 | | | 505 | | | 72,708 |
| 3 04 | NEW CRC BLDG - GRMC | 5,703,308 | | -79,978 | 102,883 | | | 5,726,213 |
| 3 05 | NEW CRC BLDG - MERCY | 364,137 | | | | | | 364,137 |
| 3 06 | NEW CRC BLDG - EASTM | 590,845 | | | | | | 590,845 |
| 3 07 | NEW CRC BLDG - HHA/H | 189,969 | | | | | | 189,969 |
| 4 | NEW CAP REL COSTS-MV | 6,858,037 | | | 53,861 | | | 6,911,898 |
| 5 | TOTAL | 14,340,783 | | -79,978 | 161,454 | | | 14,422,259 |

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

| | | DEPRECIATION | LEASE | INTEREST | INSURANCE | TAXES | OTHER CAPITAL RELATED COST | TOTAL (1) |
|------|----------------------|--------------|-------|----------|-----------|-------|----------------------------|------------|
| * | | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 1 | OLD CAP REL COSTS-BL | | | | | | | |
| 1 01 | OLD CAP BLDG - KLEIN | 253,442 | | | | | | 253,442 |
| 1 02 | OLD CAP BLDG - CANCE | 3,148 | | | | | | 3,148 |
| 2 | OLD CAP REL COSTS-MV | | | | | | | |
| 3 | NEW CAP REL COSTS-BL | | | | | | | |
| 3 02 | NEW CRC BLDG - REHAB | | | | | | | |
| 3 03 | NEW CRC BLDG - LAUND | 72,203 | | | | | | 72,203 |
| 3 04 | NEW CRC BLDG - GRMC | 5,055,216 | | | | | | 5,055,216 |
| 3 05 | NEW CRC BLDG - MERCY | | | | | | | |
| 3 06 | NEW CRC BLDG - EASTM | | | | | | | |
| 3 07 | NEW CRC BLDG - HHA/H | 189,969 | | | | | | 189,969 |
| 4 | NEW CAP REL COSTS-MV | 6,883,253 | | | | | | 6,883,253 |
| 5 | TOTAL | 12,457,231 | | | | | | 12,457,231 |

* 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

| 1 | DESCRIPTION (1) | (2) BASIS/CODE 1 | AMOUNT 2 | EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED | | LINE NO 4 | WKST. A-7 REF. 5 |
|-------|--|------------------------|-------------|--|--|--------------|---------------------------|
| | | | | COST CENTER 3 | | | |
| 1 | INVST INCOME-OLD BLDGS AND FIXTURES | | | OLD CAP REL COSTS-BLDG & | | 1 | |
| 2 | INVESTMENT INCOME-OLD MOVABLE EQUIP | | | OLD CAP REL COSTS-MVBLE E | | 2 | |
| 3 | INVST INCOME-NEW BLDGS AND FIXTURES | | | NEW CAP REL COSTS-BLDG & | | 3 | |
| 4 | INVESTMENT INCOME-NEW MOVABLE EQUIP | | | NEW CAP REL COSTS-MVBLE E | | 4 | |
| 5 | INVESTMENT INCOME-OTHER | | | | | | |
| 6 | TRADE, QUANTITY AND TIME DISCOUNTS | B | -26,881 | PURCHASING, RECEIVING AND | | 6.06 | |
| 7 | REFUNDS AND REBATES OF EXPENSES | | | | | | |
| 8 | RENTAL OF PRVIDER SPACE BY SUPPLIERS | | | | | | |
| 9 | TELEPHONE SERVICES | | | | | | |
| 10 | TELEVISION AND RADIO SERVICE | | | | | | |
| 11 | PARKING LOT | | | | | | |
| 12 | PROVIDER BASED PHYSICIAN ADJUSTMENT | A-8-2 | -3,262,991 | | | | |
| 13 | SALE OF SCRAP, WASTE, ETC. | | | | | | |
| 14 | RELATED ORGANIZATION TRANSACTIONS | A-8-1 | -771,624 | | | | |
| 15 | LAUNDRY AND LINEN SERVICE | | | | | | |
| 16 | CAFETERIA--EMPLOYEES AND GUESTS | B | -743,557 | DIETARY | | 11 | |
| 17 | RENTAL OF QTRS TO EMPLOYEE AND OTHRS | | | | | | |
| 18 | SALE OF MED AND SURG SUPPLIES | | | | | | |
| 19 | SALE OF DRUGS TO OTHER THAN PATIENTS | B | -19,250 | PHARMACY | | 16 | |
| 20 | SALE OF MEDICAL RECORDS & ABSTRACTS | B | -3,149 | MEDICAL RECORDS & LIBRARY | | 17 | |
| 21 | NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.) | | | | | | |
| 22 | VENDING MACHINES | | | | | | |
| 23 | INCOME FROM IMPOSITION OF INTEREST | | | | | | |
| 24 | INTRST EXP ON MEDICARE OVERPAYMENTS | | | | | | |
| 25 | ADJUSTMENT FOR RESPIRATORY THERAPY | A-8-3/A-8-4 | | RESPIRATORY THERAPY | | 49 | |
| 26 | ADJUSTMENT FOR PHYSICAL THERAPY | A-8-3/A-8-4 | | PHYSICAL THERAPY | | 50 | |
| 27 | ADJUSTMENT FOR HHA PHYSICAL THERAPY | A-8-3 | | | | | |
| 28 | UTILIZATION REVIEW-PHYSIAN COMP | | | **COST CENTER DELETED** | | 89 | |
| 29 | DEPRECIATION-OLD BLDGS AND FIXTURES | | | OLD CAP REL COSTS-BLDG & | | 1 | |
| 30 | DEPRECIATION-OLD MOVABLE EQUIP | | | OLD CAP REL COSTS-MVBLE E | | 2 | |
| 31 | DEPRECIATION-NEW BLDGS AND FIXTURES | | | NEW CAP REL COSTS-BLDG & | | 3 | |
| 32 | DEPRECIATION-NEW MOVABLE EQUIP | | | NEW CAP REL COSTS-MVBLE E | | 4 | |
| 33 | NON-PHYSICIAN ANESTHETIST | | | **COST CENTER DELETED** | | 20 | |
| 34 | PHYSICIANS' ASSISTANT | | | | | | |
| 35 | ADJUSTMENT FOR OCCUPATIONAL THERAPY | A-8-4 | | OCCUPATIONAL THERAPY | | 51 | |
| 36 | ADJUSTMENT FOR SPEECH PATHOLOGY | A-8-4 | | SPEECH PATHOLOGY | | 52 | |
| 37 | NCRC - REHABILITATION CENTER | A | 305,694 | NEW CRC BLDG - REHAB | | 3.02 | 9 |
| 38 | DIALYSIS DEPRECIATION | A | -57,700 | NEW CRC BLDG - GRMC | | 3.04 | 9 |
| 39 | GRMC - MERCY | A | 364,137 | NEW CRC BLDG - MERCY | | 3.05 | 9 |
| 40 | GRMC - EASTMAN | A | 590,845 | NEW CRC BLDG - EASTMAN | | 3.06 | 9 |
| 41 | REMOVE MARKUP ON HMES TRANSACTIONS | A | -90,381 | CENTRAL SERVICES & SUPPLY | | 15 | |
| 42 | AHA DUES MEMBERSHIP - LOBBY EXPENSES | A | -24,633 | OTHER ADMINISTRATIVE AND | | 6.09 | |
| 43 | BAD DEBTS | A | -7,192,199 | OTHER ADMINISTRATIVE AND | | 6.09 | |
| 44 | OFFSET RENTAL COSTS - PETERSON - OTH | A | -74,276 | OPERATION OF PLANT | | 8 | |
| 45 | OFFSET RENTAL DEPR - OTHERS | A | -131,080 | NEW CRC BLDG - GRMC | | 3.04 | 9 |
| 46 | OFFSET RENTAL DEPR - OTHERS | A | -10,951 | NEW CAP REL COSTS-MVBLE E | | 4 | 9 |
| 47 | OFFSET RENTAL COSTS TO HCR | A | -510,795 | OTHER ADMINISTRATIVE AND | | 6.09 | |
| 48 | INTEREST EXPENSE | A | -3,366,543 | INTEREST EXPENSE | | 88 | |
| 49 | SPOUSAL TRAVEL | A | -515 | OTHER ADMINISTRATIVE AND | | 6.09 | |
| 49.01 | PHONE COST OFFSET | A | -23,675 | NONPATIENT TELEPHONES LD | | 6.03 | |
| 49.02 | CAPITALIZED COSTS | A | 63,900 | NEW CRC BLDG - GRMC | | 3.04 | 9 |
| 49.03 | PHYSICIAN COSTS | A | -772,814 | OTHER ADMINISTRATIVE AND | | 6.09 | |
| 49.04 | ALCOHOL | A | -1,800 | OTHER ADMINISTRATIVE AND | | 6.09 | |
| 49.05 | ADMINISTRATIVE COST REDUCTIONS | A | -346,329 | OTHER ADMINISTRATIVE AND | | 6.09 | |
| 49.06 | TV DEPRECIATION EXPENSE | A | -14,265 | NEW CAP REL COSTS-MVBLE E | | 4 | 9 |
| 49.07 | REHAB PLANT OP OTHER | A | 100,640 | OPERATION OF PLANT REHAB | | 8.02 | |
| 49.08 | REHAB UTILITIES | A | 57,092 | UTILITIES - REHAB | | 7.05 | |
| 49.09 | EASTMAN PLANT OP OTHER | A | 75,985 | OPERATION OF PLANT EASTMA | | 8.04 | |
| 49.10 | EASTMAN UTILITIES | A | 94,153 | UTILITIES - EASTMAN | | 7.01 | |
| 49.11 | MERCY PLANT OP OTHER | A | 66,760 | OPERATION OF PLANT MERCY | | 8.05 | |
| 49.12 | MERCY UTILITIES | A | 71,469 | UTILITIES - MERCY | | 7.02 | |
| 49.13 | CAPITALIZED INTEREST ON UNNEC BORROW | A | -79,978 | NEW CRC BLDG - GRMC | | 3.04 | 11 |
| 49.14 | USEFUL LIFE ADJUSTMENTS | A | 772,972 | NEW CRC BLDG - GRMC | | 3.04 | 9 |
| 49.15 | AMORTIZATION OF BOND COSTS | A | -120,435 | OTHER ADMINISTRATIVE AND | | 6.09 | |
| 49.16 | DEFERRED COMP LIABILITY | A | 171,160 | EMPLOYEE BENEFITS | | 5 | |
| 49.17 | UNEMPLOYMENT PAYABLE ADJUSTMENT | A | 200 | OTHER ADMINISTRATIVE AND | | 6.09 | |
| 49.18 | HR NON-OPERATING REVENUE | B | -1,303 | EMPLOYEE BENEFITS | | 5 | |
| 49.19 | IS MISC REVENUE | B | -59,863 | DATA PROCESSING | | 6.05 | |
| 49.20 | GRMC ACCOUNTING MISC NON-OPERATING R | B | -100 | OTHER ADMINISTRATIVE AND | | 6.09 | |
| 49.21 | GRMC G/L ON ASSET DISP | B | -9,417 | OTHER ADMINISTRATIVE AND | | 6.09 | |
| 49.22 | GRMC ADMIN RENTAL INCOME | B | -14,177 | OTHER ADMINISTRATIVE AND | | 6.09 | |
| 49.23 | GRMC ADMIN MISC NON-OPERATING REV | B | -143,038 | OTHER ADMINISTRATIVE AND | | 6.09 | |
| 49.24 | GRMC VOLUNTEER SERVICES REV | B | -36,027 | OTHER ADMINISTRATIVE AND | | 6.09 | |
| 49.25 | GRMC ADMIN LOSS ON BOND DEFEAS | B | -2,159 | OTHER ADMINISTRATIVE AND | | 6.09 | |
| 49.26 | GRMC VOLUNTEER SERVICES MISC REV | B | -1,035 | OTHER ADMINISTRATIVE AND | | 6.09 | |
| 49.27 | GRMC CANCER CENTER RENTAL INCOME | B | -6,127 | UTILITIES - CANCER | | 7.04 | |
| 49.28 | GRMC PLANT OPS MISC NON-OPERATING RE | B | -1,080 | OPERATION OF PLANT | | 8 | |
| 49.29 | GRMC PLANT OPS REVENUE MISC | B | -9,314 | OPERATION OF PLANT | | 8 | |
| 49.30 | GRMC PLANT OPS REV SUPPLIES | B | -335 | OPERATION OF PLANT | | 8 | |
| 49.31 | GRMC ENVIR SERVICES REVENUE WASTE BO | B | -5,716 | HOUSEKEEPING | | 10 | |
| 49.32 | GRMC ENVIR SERVICES REVENUE MISC | B | -19,207 | HOUSEKEEPING | | 10 | |
| 49.33 | GRMC ENVIR SERVICES G/L ON DISP ASSE | B | -1,200 | HOUSEKEEPING | | 10 | |
| 49.34 | GRMC NUTRITION SERVICES MOW | B | -90,722 | DIETARY | | 11 | |
| 49.35 | GRMC NUTRITION SERVICES POP | B | -320 | DIETARY | | 11 | |

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 16-0057
 PERIOD: FROM 7/ 1/2007 TO 6/30/2008
 PREPARED 12/ 1/2008
 WORKSHEET A-8

| DESCRIPTION (1) | (2) BASIS/CODE | AMOUNT | EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED | | WKST. A-7 REF. 5 |
|--|-------------------|-------------|--|---------|---------------------------|
| | | | COST CENTER | LINE NO | |
| | 1 | 2 | 3 | 4 | 5 |
| 49.36 KLN NUTRITION SERV REVENUE CAFETERIA | B | -32,987 | DIETARY - KLEIN | 11.01 | |
| 49.37 GRMC CORPORATE EDUCATION REV MISC | B | -1,934 | NURSING ADMINISTRATION | 14 | |
| 49.38 GRMC CORPORATE EDUCATION REV SAFE KI | B | -15 | NURSING ADMINISTRATION | 14 | |
| 49.39 GRMC CORPORATE EDUCATION INT/DIVIDEN | B | -7,174 | NURSING ADMINISTRATION | 14 | |
| 49.40 GRMC COMMUNITY EDUCATION REV MISC | B | -4,870 | NURSING ADMINISTRATION | 14 | |
| 49.41 GRMC Q/I & P/I REVIEW GRANT FUNDS RE | B | -19,104 | MEDICAL RECORDS & LIBRARY | 17 | |
| 49.42 GRMC WFC - PEDS & SWING KID KARE | B | -354 | ADULTS & PEDIATRICS | 25 | |
| 49.43 GRMC WFC - NURSERY REV MISC | B | -488 | NURSERY | 33 | |
| 49.44 GRMC SURGICAL SERV MISC NON-OPER REV | B | -1,800 | OPERATING ROOM | 37 | |
| 49.45 GRMC LAB ADMIN MISC NON-OPER REV | B | -1,830 | LABORATORY | 44 | |
| 49.46 GRMC COMP REHAB IP MISC NON-OPER REV | B | -698 | O/P REHAB SERVICES | 59.05 | |
| 49.47 GRMC PHY REHAB P.T. - OP REV - OB RE | B | -440 | O/P REHAB SERVICES | 59.05 | |
| 49.48 GRMC PHY REHAB PAIN MGMT RENTAL INC | B | -3,900 | O/P REHAB SERVICES | 59.05 | |
| 49.49 GRMC PHY REHAB P.T. - OP REV MISC | B | -220 | O/P REHAB SERVICES | 59.05 | |
| 49.50 GRMC ADDICTION SERVICES REV. MISC | B | -1,640 | O/P DEPENDENCY SERVICES | 59.06 | |
| 49.51 GRMC HEALTH FITNESS REV. MISC | B | -34,948 | SPORTS FITNESS | 59.07 | |
| 49.52 GRMC HEALTH FITNESS REV - OB REHAB T | B | -360 | SPORTS FITNESS | 59.07 | |
| 49.53 GRMC BUSINESS HEALTH REV. MISC | B | -90 | LIFE CENTER | 59.08 | |
| 49.54 GRMC PHY REHAB WOUND REV - OB REHAB | B | -3,735 | LIFE CENTER | 59.08 | |
| 49.55 KLEIN MISCELLANEOUS REVENUE | B | -223 | ADMINITTING | 6.07 | |
| 49.56 INSPECTIONS & APPEALS | A | -3,900 | OTHER ADMINISTRATIVE AND | 6.09 | |
| 49.57 SUPERIOR AMBULANCE | B | -102,000 | EMERGENCY | 61 | |
| 50 TOTAL (SUM OF LINES 1 THRU 49) | | -15,534,664 | | | |

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

| LINE NO. | COST CENTER | EXPENSE ITEMS | AMOUNT OF ALLOWABLE COST | AMOUNT | NET* ADJUSTMENTS | WKSHT A-7 COL. REF. | |
|----------|-------------|---------------------------|--------------------------|-----------|------------------|---------------------|--|
| 1 | 2 | 3 | 4 | 5 | 6 | | |
| 1 | 37 | OPERATING ROOM | LI THOTRI PTER | 59,280 | 74,100 | -14,820 | |
| 2 | 6 6 | PURCHASING, RECEIVING AND | PURCHASING | 7,773 | 15,545 | -7,772 | |
| 3 | 6 9 | OTHER ADMINISTRATIVE AND | ADMIN | 18,405 | 20,450 | -2,045 | |
| 4 | 41 | RADIOLOGY-DIAGNOSTIC | MRI | 28,477 | 35,596 | -7,119 | |
| 4.01 | 14 | NURSING ADMINISTRATION | NURSING ADMINISTRATION | 237,707 | | 237,707 | |
| 4.02 | 14 1 | NURSING ADMINISTRATION-KL | NURSING ADMIN - KLEIN | 111,960 | | 111,960 | |
| 4.03 | 6 9 | OTHER ADMINISTRATIVE AND | ADMIN & GENERAL | 1,992,053 | 3,081,588 | -1,089,535 | |
| 5 | TOTALS | | | 2,455,655 | 3,227,279 | -771,624 | |

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

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

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

| SYMBOL (1) | NAME | PERCENTAGE OF OWNERSHIP | RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME | PERCENTAGE OF OWNERSHIP | TYPE OF BUSINESS |
|------------|------|-------------------------|---|-------------------------|------------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | C | GRMC | 0.00 | HEALTH ENTERPRISES | 0.00 |
| 2 | C | GRMC | 100.00 | MCMS | 100.00 |
| 3 | | | 0.00 | | 0.00 |
| 4 | | | 0.00 | | 0.00 |
| 5 | | | 0.00 | | 0.00 |

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/1/2008
 WORKSHEET A-8-2
 GROUP 1

| WKSHT A LINE NO. | COST CENTER/ PHYSICIAN IDENTIFIER | TOTAL REMUN- ERATION | PROFES- SIONAL COMPONENT | PROVIDER COMPONENT | RCE AMOUNT | PHYSICIAN/ PROVIDER COMPONENT HOURS | UNADJUSTED RCE LIMIT | 5 PERCENT OF UNADJUSTED RCE LIMIT |
|---------------------|---|----------------------------|--------------------------------|-----------------------|---------------|--|-------------------------|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1 44 | GRMC LAB ADMIN SPECIALIST | 272,908 | | 272,908 | 208,000 | 2,561 | 256,100 | 12,805 |
| 2 59 | 5 GRMC COMP REHAB - IP SPEC | 41,250 | | 41,250 | 208,000 | 275 | 27,500 | 1,375 |
| 3 31 | GRMC IP REHAB SPECIALIST | 1,644 | 1,644 | | | | | |
| 4 34 | GRMC TCU/SNF SPECIALIST F | 275 | 275 | | | | | |
| 5 25 | GRMC BEHAVIORAL HEALTH SP | 2,100 | 2,100 | | | | | |
| 6 61 | GRMC ETC PROF SERVICES SP | 2,122,278 | 2,122,278 | | | | | |
| 7 61 | GRMC ETC PROF SERV SPEC F | 366,784 | 366,784 | | | | | |
| 8 59 | 6 GRMC ADDITION SERV SPEC | 4,000 | 4,000 | | | | | |
| 9 59 | 8 GRMC PHY REHAB WOUND SPEC | 514,608 | 514,608 | | | | | |
| 10 59 | 8 GRMC BUSINESS HEALTH SPEC | 220,744 | 220,744 | | | | | |
| 11 | | | | | | | | |
| 12 | | | | | | | | |
| 13 | | | | | | | | |
| 14 | | | | | | | | |
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| 28 | | | | | | | | |
| 29 | | | | | | | | |
| 30 | | | | | | | | |
| 101 | TOTAL | 3,546,591 | 3,232,433 | 314,158 | | 2,836 | 283,600 | 14,180 |

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/1/2008
 WORKSHEET A-8-2
 GROUP 1

| WKSHT A LINE NO. | COST CENTER/ PHYSICIAN IDENTIFIER | COST OF MEMBERSHIPS & CONTINUING EDUCATION | PROVIDER COMPONENT SHARE OF COL 12 | PHYSICIAN COST OF MALPRACTICE INSURANCE | PROVIDER COMPONENT SHARE OF COL 14 | ADJUSTED RCE LIMIT | RCE DIS- ALLOWANCE | ADJUSTMENT |
|---------------------|---|---|---|--|---|--------------------------|--------------------------|------------|
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 1 44 | GRMC LAB ADMIN SPECIALIST | | | | | 256,100 | 16,808 | 16,808 |
| 2 59 | 5 GRMC COMP REHAB - IP SPEC | | | | | 27,500 | 13,750 | 13,750 |
| 3 31 | GRMC IP REHAB SPECIALIST | | | | | | | 1,644 |
| 4 34 | GRMC TCU/SNF SPECIALIST F | | | | | | | 275 |
| 5 25 | GRMC BEHAVIORAL HEALTH SP | | | | | | | 2,100 |
| 6 61 | GRMC ETC PROF SERVICES SP | | | | | | | 2,122,278 |
| 7 61 | GRMC ETC PROF SERV SPEC F | | | | | | | 366,784 |
| 8 59 | 6 GRMC ADDITION SERV SPEC | | | | | | | 4,000 |
| 9 59 | 8 GRMC PHY REHAB WOUND SPEC | | | | | | | 514,608 |
| 10 59 | 8 GRMC BUSINESS HEALTH SPEC | | | | | | | 220,744 |
| 11 | | | | | | | | |
| 12 | | | | | | | | |
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| 29 | | | | | | | | |
| 30 | | | | | | | | |
| 101 | TOTAL | | | | | 283,600 | 30,558 | 3,262,991 |

COST ALLOCATION STATISTICS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/1/2008
 NOT A CMS WORKSHEET

| LINE NO. | COST CENTER DESCRIPTION | STATISTICS CODE | STATISTICS DESCRIPTION | |
|----------|----------------------------------|-----------------|------------------------|-------------|
| | GENERAL SERVICE COST | | | |
| 1 | OLD CAP REL COSTS-BLDG & FIXT | 1 | SQUARE FEET | NOT ENTERED |
| 1.01 | OLD CAP BLDG - KLEIN | 2 | SQUARE FEET | ENTERED |
| 1.02 | OLD CAP BLDG - CANCER CENTER | 3 | SQUARE FEET | ENTERED |
| 2 | OLD CAP REL COSTS-MVBLE EQUIP | 4 | DOLLAR VALUE | ENTERED |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 5 | SQUARE FEET | NOT ENTERED |
| 3.02 | NEW CRC BLDG - REHAB | 6 | SQUARE FEET | ENTERED |
| 3.03 | NEW CRC BLDG - LAUNDRY | 7 | SQUARE FEET | ENTERED |
| 3.04 | NEW CRC BLDG - GRMC | 8 | SQUARE FEET | ENTERED |
| 3.05 | NEW CRC BLDG - MERCY | 9 | SQUARE FEET | ENTERED |
| 3.06 | NEW CRC BLDG - EASTMAN | 10 | SQUARE FEET | ENTERED |
| 3.07 | NEW CRC BLDG - HHA/HOSPICE | 47 | SQUARE FEET | ENTERED |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 4 | DOLLAR VALUE | ENTERED |
| 5 | EMPLOYEE BENEFITS | 12 | FTES | ENTERED |
| 6.03 | NONPATIENT TELEPHONES LD | 14 | PHONES | ENTERED |
| 6.05 | DATA PROCESSING | -15 | ACCUM. COST | NOT ENTERED |
| 6.06 | PURCHASING, RECEIVING AND STORES | 16 | PURCHASES | ENTERED |
| 6.07 | ADMITTING | 17 | CHARGES | ENTERED |
| 6.08 | BUSINESS OFFICE | 18 | CHARGES | ENTERED |
| 6.09 | OTHER ADMINISTRATIVE AND GENERAL | -19 | ACCUM. COST | NOT ENTERED |
| 7 | MAINTENANCE & REPAIRS | 20 | SQUARE FEET | NOT ENTERED |
| 7.01 | UTILITIES - EASTMAN | 21 | SQUARE FEET | ENTERED |
| 7.02 | UTILITIES - MERCY | 22 | SQUARE FEET | ENTERED |
| 7.03 | UTILITIES - KLEIN | 2 | SQUARE FEET | ENTERED |
| 7.04 | UTILITIES - CANCER | 3 | SQUARE FEET | ENTERED |
| 7.05 | UTILITIES - REHAB | 23 | SQUARE FEET | ENTERED |
| 7.06 | UTILITIES - LAUNDRY | 7 | SQUARE FEET | ENTERED |
| 7.07 | UTILITIES - HHA/HOSPICE | 47 | SQUARE FEET | ENTERED |
| 8 | OPERATION OF PLANT | 24 | SQUARE FEET | ENTERED |
| 8.01 | OPERATION OF PLANT KLEIN | 2 | SQUARE FEET | ENTERED |
| 8.02 | OPERATION OF PLANT REHAB | 23 | SQUARE FEET | ENTERED |
| 8.04 | OPERATION OF PLANT EASTMAN | 21 | SQUARE FEET | ENTERED |
| 8.05 | OPERATION OF PLANT MERCY | 22 | SQUARE FEET | ENTERED |
| 8.06 | OPERATION OF PLANT HHA/HOSPICE | 47 | SQUARE FEET | ENTERED |
| 9 | LAUNDRY & LINEN SERVICE | 25 | POUNDS OF LAUNDRY | ENTERED |
| 10 | HOUSEKEEPING | 26 | HOURS OF SERVICE | ENTERED |
| 10.01 | HOUSEKEEPING-KLEIN | 27 | HOURS OF SERVICE | ENTERED |
| 10.04 | HOUSEKEEPING-REHAB | 23 | SQUARE FEET | ENTERED |
| 10.05 | HOUSEKEEPING-EASTMAN | 21 | SQUARE FEET | ENTERED |
| 10.06 | HOUSEKEEPING-MERCY | 22 | SQUARE FEET | ENTERED |
| 11 | DIETARY | 28 | MEALS SERVED | ENTERED |
| 11.01 | DIETARY - KLEIN | 40 | MEALS SERVED | ENTERED |
| 12 | CAFETERIA | 12 | FTES | ENTERED |
| 14 | NURSING ADMINISTRATION | 31 | DIRECT NRSING HRS | ENTERED |
| 14.01 | NURSING ADMINISTRATION-KLEIN | 27 | HOURS OF SERVICE | ENTERED |
| 15 | CENTRAL SERVICES & SUPPLY | 16 | PURCHASES | ENTERED |
| 16 | PHARMACY | 33 | COSTED REQUIS. | ENTERED |
| 17 | MEDICAL RECORDS & LIBRARY | 18 | CHARGES | ENTERED |
| 18 | SOCIAL SERVICE | 35 | TIME SPENT | ENTERED |
| 18.01 | RECREATION THERAPY GRMC | 36 | TIME SPENT | ENTERED |
| 18.02 | RECREATION THERAPY KLEIN | 27 | HOURS OF SERVICE | ENTERED |

| COST CENTER DESCRIPTION | NET EXPENSES FOR COST ALLOCATION | OLD CAP REL C OSTS-BLDG & | OLD CAP BLDG - KLEIN | OLD CAP BLDG - CANCER CEN | OLD CAP REL C OSTS-MVBLE E | NEW CAP REL C OSTS-BLDG & | NEW CRC BLDG - REHAB |
|-----------------------------------|----------------------------------|---------------------------|----------------------|---------------------------|----------------------------|---------------------------|----------------------|
| | 0 | 1 | 1.01 | 1.02 | 2 | 3 | 3.02 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 001 01 OLD CAP BLDG - KLEIN | 256,221 | | 256,221 | | | | |
| 001 02 OLD CAP BLDG - CANCER CEN | 4,574 | | | 4,574 | | | |
| 002 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 003 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 003 02 NEW CRC BLDG - REHAB | 305,694 | | | | | | 305,694 |
| 003 03 NEW CRC BLDG - LAUNDRY | 72,708 | | | | | | |
| 003 04 NEW CRC BLDG - GRMC | 5,726,213 | | | | | | |
| 003 05 NEW CRC BLDG - MERCY | 364,137 | | | | | | |
| 003 06 NEW CRC BLDG - EASTMAN | 590,845 | | | | | | |
| 003 07 NEW CRC BLDG - HHA/HOSPICE | 189,969 | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | 6,911,898 | | | | | | |
| 005 EMPLOYEE BENEFITS | 2,209,494 | | | | | | |
| 006 03 NONPATIENT TELEPHONES LD | 306,084 | | | | | | |
| 006 05 DATA PROCESSING | 2,091,624 | | | | | | |
| 006 06 PURCHASING, RECEIVING AND | 578,388 | | | | | | |
| 006 07 ADMINITTING | 1,005,965 | | | | | | |
| 006 08 BUSINESS OFFICE | 1,322,172 | | | | | | |
| 006 09 OTHER ADMINISTRATIVE AND | 5,388,331 | | | | | | 91,290 |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 007 01 UTILITIES - EASTMAN | 94,153 | | | | | | |
| 007 02 UTILITIES - MERCY | 71,469 | | | | | | |
| 007 03 UTILITIES - KLEIN | 152,947 | | | | | | |
| 007 04 UTILITIES - CANCER | 15,315 | | | | | | |
| 007 05 UTILITIES - REHAB | 57,092 | | | | | | |
| 007 06 UTILITIES - LAUNDRY | 153,869 | | | | | | |
| 007 07 UTILITIES - HHA/HOSPICE | 18,173 | | | | | | |
| 008 OPERATION OF PLANT | 5,031,903 | | | | | | |
| 008 01 OPERATION OF PLANT KLEIN | 278,011 | | | | | | |
| 008 02 OPERATION OF PLANT REHAB | 100,640 | | | | | | |
| 008 04 OPERATION OF PLANT EASTMA | 75,985 | | | | | | |
| 008 05 OPERATION OF PLANT MERCY | 66,760 | | | | | | |
| 008 06 OPERATION OF PLANT HHA/HO | 9,907 | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | 796,988 | | | | | | |
| 010 HOUSEKEEPING | 1,956,427 | | | | | | |
| 010 01 HOUSEKEEPING-KLEIN | 100,462 | | | | | | |
| 010 04 HOUSEKEEPING-REHAB | | | | | | | |
| 010 05 HOUSEKEEPING-EASTMAN | | | | | | | |
| 010 06 HOUSEKEEPING-MERCY | | | | | | | |
| 011 DIETARY | 2,020,001 | | | | | | |
| 011 01 DIETARY - KLEIN | 425,568 | | | | | | |
| 012 CAFETERIA | | | | | | | |
| 014 NURSING ADMINISTRATION | 2,982,353 | | | | | | |
| 014 01 NURSING ADMINISTRATION-KL | 111,960 | | | | | | |
| 015 CENTRAL SERVICES & SUPPLY | 1,980,527 | | | | | | |
| 016 PHARMACY | 1,950,925 | | | | | | |
| 017 MEDICAL RECORDS & LIBRARY | 2,522,279 | | | | | | |
| 018 SOCIAL SERVICE | 546,903 | | | | | | |
| 018 01 RECREATION THERAPY GRMC | | | | | | | |
| 018 02 RECREATION THERAPY KLEIN | 82,701 | | | | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | 12,794,054 | | | | | | |
| 026 INTENSIVE CARE UNIT | 2,275,378 | | | | | | |
| 031 SUBPROVIDER | 765,570 | | | | | | |
| 033 NURSERY | 466,811 | | | | | | |
| 034 SKILLED NURSING FACILITY | 1,316,858 | | | | | | |
| 035 NURSING FACILITY | 4,683,807 | | 256,221 | | | | |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | 11,152,923 | | | | | | |
| 039 DELIVERY ROOM & LABOR ROO | | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | 6,510,351 | | | 4,574 | | | |
| 044 LABORATORY | 5,718,004 | | | | | | |
| 049 RESPIRATORY THERAPY | 1,441,655 | | | | | | |
| 050 PHYSICAL THERAPY | 641,757 | | | | | | |
| 051 OCCUPATIONAL THERAPY | 389,854 | | | | | | |
| 052 SPEECH PATHOLOGY | 211,106 | | | | | | |
| 053 ELECTROCARDIOLOGY | 2,084,987 | | | | | | |
| 055 MEDICAL SUPPLIES CHARGED | 1,819,740 | | | | | | |
| 055 01 DEVICES AND IMPLANTS | 4,531,050 | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | 3,598,109 | | | | | | |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 059 AUDIOLOGY | 284,273 | | | | | | |
| 059 01 CARDIAC REHAB | | | | | | | |
| 059 02 WORKFITNESS | | | | | | | |
| 059 03 PSYCH/PSYCHOLOGICAL | | | | | | | |
| 059 04 EMG & EEG | 449,642 | | | | | | |
| 059 05 O/P REHAB SERVICES | 2,119,060 | | | | | | 84,254 |
| 059 06 O/P DEPENDENCY SERVICES | 269,322 | | | | | | |
| 059 07 SPORTS FITNESS | 641,107 | | | | | | 27,583 |
| 059 08 LIFE CENTER | 1,227,702 | | | | | | 35,447 |
| 059 09 RECREATIONAL THERAPY | 70,419 | | | | | | |
| 061 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 EMERGENCY | 4,110,822 | | | | | | |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |

| COST CENTER DESCRIPTION | NET EXPENSES FOR COST ALLOCATION | OLD CAP REL C OSTS-BLDG & - KLEIN | OLD CAP BLDG - CANCER CEN | OLD CAP REL C NEW CAP REL C OSTS-BLDG & - REHAB |
|----------------------------------|----------------------------------|-----------------------------------|---------------------------|---|
| | 0 | 1 | 1.01 | 1.02 2 3 3.02 |
| 071 OUTPAT SERVICE COST CNTRS | | | | |
| 071 OTHER REIMBURS COST CNTRS | | | | |
| 071 HOME HEALTH AGENCY | 2,264,433 | | | |
| 093 SPEC PURPOSE COST CENTERS | | | | |
| 093 HOSPICE | 1,890,263 | | | |
| 095 SUBTOTALS | 122,656,692 | | 256,221 | 4,574 238,574 |
| 096 NONREIMBURS COST CENTERS | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | | | |
| 096 01 MEALS ON WHEELS | | | | |
| 096 02 OVERNIGHT ROOM | | | | |
| 096 03 SALES TO OUTSIDE ORGANIZA | 10,695 | | | |
| 097 RESEARCH | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | 60,154 |
| 098 01 WELLNESS PROGRAM | 38,216 | | | |
| 098 02 EMPLOYEE WELLNESS PROGRAM | | | | |
| 098 03 ADVERTISING | 735,857 | | | |
| 098 04 PARKING RAMP | | | | |
| 098 05 PHYSICIANS' PRIVATE OFFIC | | | | |
| 098 06 RENAL DIALYSIS | | | | |
| 098 07 IDLE SPACE | | | | |
| 098 08 AMERICAN PROSTHETICS | | | | 6,966 |
| 098 09 OUTREACH REHAB | 347,383 | | | |
| 098 10 DAY CARE DEPT | | | | |
| 098 11 GRMC HELICOPTER HANGER | | | | |
| 098 12 SWITCHBOARD | 39,014 | | | |
| 099 NONPAID WORKERS | | | | |
| 100 OTHER NONREIMBURSABLE COS | | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | |
| 102 NEGATIVE COST CENTER | | | | |
| 103 TOTAL | 123,827,857 | | 256,221 | 4,574 305,694 |

| COST CENTER DESCRIPTION | NEW CRC BLDG - LAUNDRY | NEW CRC BLDG - GRMC | NEW CRC BLDG - MERCY | NEW CRC BLDG - EASTMAN | NEW CRC BLDG - HHA/HOSPIC | NEW CAP REL C OSTS-MVBLE E | EMPLOYEE BENEFITS |
|----------------------------------|------------------------|---------------------|----------------------|------------------------|---------------------------|----------------------------|-------------------|
| | 3.03 | 3.04 | 3.05 | 3.06 | 3.07 | 4 | 5 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 001 01 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 001 02 OLD CAP BLDG - KLEIN | | | | | | | |
| 002 02 OLD CAP BLDG - CANCER CEN | | | | | | | |
| 002 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 003 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 003 02 NEW CRC BLDG - REHAB | | | | | | | |
| 003 03 NEW CRC BLDG - LAUNDRY | 72,708 | | | | | | |
| 003 04 NEW CRC BLDG - GRMC | | 5,726,213 | | | | | |
| 003 05 NEW CRC BLDG - MERCY | | | 364,137 | | | | |
| 003 06 NEW CRC BLDG - EASTMAN | | | | 590,845 | | | |
| 003 07 NEW CRC BLDG - HHA/HOSPIC | | | | | 189,969 | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | 6,911,898 | |
| 005 EMPLOYEE BENEFITS | | 38,426 | | | | 31,820 | 2,279,740 |
| 006 03 NONPATIENT TELEPHONES LD | | | | | | | 13,337 |
| 006 05 DATA PROCESSING | | 96,013 | 5,199 | | | 691,633 | 42,204 |
| 006 06 PURCHASING, RECEIVING AND | | 220,129 | | | | 62,108 | 10,414 |
| 006 07 ADMINITTING | | 38,671 | | | | 27 | 47,685 |
| 006 08 BUSINESS OFFICE | | 44,271 | | | | 577 | 28,684 |
| 006 09 OTHER ADMINISTRATIVE AND | | 264,558 | 38,805 | 20,125 | | 40,817 | 47,685 |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 007 01 UTILITIES - EASTMAN | | | | | | | |
| 007 02 UTILITIES - MERCY | | | | | | | |
| 007 03 UTILITIES - KLEIN | | | | | | | |
| 007 04 UTILITIES - CANCER | | | | | | | |
| 007 05 UTILITIES - REHAB | | | | | | | |
| 007 06 UTILITIES - LAUNDRY | | | | | | | |
| 007 07 UTILITIES - HHA/HOSPICE | | | | | | | |
| 008 OPERATION OF PLANT | | 154,685 | | | | 461,483 | 88,062 |
| 008 01 OPERATION OF PLANT KLEIN | | | | | | 19,120 | 5,846 |
| 008 02 OPERATION OF PLANT REHAB | | | | | | | |
| 008 04 OPERATION OF PLANT EASTMA | | | | | | | |
| 008 05 OPERATION OF PLANT MERCY | | | | | | | |
| 008 06 OPERATION OF PLANT HHA/HO | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | 72,708 | | | | | 58,373 | 23,020 |
| 010 HOUSEKEEPING | | | | | | 27,380 | 91,350 |
| 010 01 HOUSEKEEPING-KLEIN | | | | | | | 12,972 |
| 010 04 HOUSEKEEPING-REHAB | | | | | | | |
| 010 05 HOUSEKEEPING-EASTMAN | | | | | | | |
| 010 06 HOUSEKEEPING-MERCY | | | | | | | |
| 011 DIETARY | | 247,339 | | | | 119,440 | 83,860 |
| 011 01 DIETARY - KLEIN | | | | | | | 32,703 |
| 012 CAFETERIA | | | | | | | |
| 014 NURSING ADMINISTRATION | | 76,818 | 5,199 | | | 303,980 | 59,560 |
| 014 01 NURSING ADMINISTRATION-KL | | | | | | | |
| 015 CENTRAL SERVICES & SUPPLY | | 177,836 | | | | 80,876 | 80,388 |
| 016 PHARMACY | | 50,675 | | | | 86,514 | 41,473 |
| 017 MEDICAL RECORDS & LIBRARY | | | | | | 40,370 | 69,792 |
| 018 SOCIAL SERVICE | | 137,327 | | | | | 17,174 |
| 018 01 RECREATION THERAPY GRMC | | | | | | | |
| 018 02 RECREATION THERAPY KLEIN | | | | | | 1,154 | 13,520 |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRCS | | 627,263 | 376 | | | 217,592 | 363,393 |
| 026 INTENSIVE CARE UNIT | | 179,323 | 376 | | | 81,038 | 54,445 |
| 031 SUBPROVIDER | | 269,370 | | | | 19,600 | 21,011 |
| 033 NURSERY | | | | | | 3,822 | 9,683 |
| 034 SKILLED NURSING FACILITY | | 129,908 | 376 | | | 45,053 | 40,011 |
| 035 NURSING FACILITY | | | | | | 79,578 | 150,180 |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | | 1,525,841 | 376 | | | 1,448,669 | 173,748 |
| 039 DELIVERY ROOM & LABOR ROO | | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | | 478,912 | | | | 1,818,481 | 124,602 |
| 044 LABORATORY | | 183,138 | 1,155 | | | 228,413 | 96,466 |
| 049 RESPIRATORY THERAPY | | 64,219 | | | | 122,670 | 43,848 |
| 050 PHYSICAL THERAPY | | | | | | 1,549 | 18,818 |
| 051 OCCUPATIONAL THERAPY | | | | | | 59 | 10,414 |
| 052 SPEECH PATHOLOGY | | | | | | | 4,385 |
| 053 ELECTROCARDIOLOGY | | 231,188 | | | | 618,583 | 32,886 |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | | |
| 055 01 DEVICES AND IMPLANTS | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | | | | | | | |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 059 AUDIOLOGY | | | | | | 12,903 | 3,654 |
| 059 01 CARDIAC REHAB | | | | | | | |
| 059 02 WORKFITNESS | | | | | | | |
| 059 03 PSYCH/PSYCHOLOGICAL | | | | | | | |
| 059 04 EMG & EEG | | 40,806 | | | | 22,492 | 11,876 |
| 059 05 O/P REHAB SERVICES | | | | | | 13,709 | 53,166 |
| 059 06 O/P DEPENDENCY SERVICES | | 63,519 | | | | 972 | 8,039 |
| 059 07 SPORTS FITNESS | | | | | | 5,440 | 18,635 |
| 059 08 LIFE CENTER | | | 462 | | | 46,235 | 24,116 |
| 059 09 RECREATIONAL THERAPY | | | | | | | 2,192 |
| 061 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 EMERGENCY | | 234,985 | | | | 48,977 | 97,380 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |

| COST CENTER DESCRIPTION | NEW CRC BLDG - LAUNDRY | NEW CRC BLDG - GRMC | NEW CRC BLDG - MERCY | NEW CRC BLDG - EASTMAN | NEW CRC BLDG - HHA/HOSPIC | NEW CAP REL C OSTS-MVBLE | EMPLOYEE BENEFITS |
|----------------------------------|------------------------|---------------------|----------------------|------------------------|---------------------------|--------------------------|-------------------|
| | 3.03 | 3.04 | 3.05 | 3.06 | 3.07 | 4 | 5 |
| 071 OUTPAT SERVICE COST CNTRS | | | | | | | |
| OTHER REIMBURS COST CNTRS | | | | | | | |
| HOME HEALTH AGENCY | | | | | 97,138 | 2,298 | 63,580 |
| SPEC PURPOSE COST CENTERS | | | | | | | |
| 093 HOSPICE | | | | | 92,831 | 45,903 | 35,992 |
| 095 SUBTOTALS | 72,708 | 5,575,220 | 52,324 | 20,125 | 189,969 | 6,909,708 | 2,272,249 |
| NONREIMBURS COST CENTERS | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | 35,014 | | | | | |
| 096 01 MEALS ON WHEELS | | | | | | | |
| 096 02 OVERNIGHT ROOM | | | | | | | |
| 096 03 SALES TO OUTSIDE ORGANIZA | | | | | | 2,190 | |
| 097 RESEARCH | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | 310,831 | 570,720 | | | |
| 098 01 WELLNESS PROGRAM | | | | | | | 914 |
| 098 02 EMPLOYEE WELLNESS PROGRAM | | | | | | | |
| 098 03 ADVERTISING | | 76,818 | 982 | | | | |
| 098 04 PARKING RAMP | | | | | | | |
| 098 05 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 098 06 RENAL DIALYSIS | | | | | | | |
| 098 07 IDLE SPACE | | | | | | | |
| 098 08 AMERICAN PROSTHETICS | | | | | | | |
| 098 09 OUTREACH REHAB | | | | | | | 6,577 |
| 098 10 DAY CARE DEPT | | | | | | | |
| 098 11 GRMC HELICOPTER HANGER | | | | | | | |
| 098 12 SWITCHBOARD | | | | | | | |
| 099 NONPAID WORKERS | | | | | | | |
| 100 OTHER NONREIMBURSABLE COS | | 39,161 | | | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 72,708 | 5,726,213 | 364,137 | 590,845 | 189,969 | 6,911,898 | 2,279,740 |

| COST CENTER DESCRIPTION | NONPATIENT TELEPHONES LD | SUBTOTAL | DATA PROCESSING | PURCHASING, RECEIVING AND | ADMINISTRATIVE | BUSINESS OFFICE | SUBTOTAL |
|-----------------------------------|--------------------------|------------|-----------------|---------------------------|----------------|-----------------|------------|
| | 6.03 | 6a.03 | 6.05 | 6.06 | 6.07 | 6.08 | 6a.08 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 001 01 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 001 02 OLD CAP BLDG - KLEIN | | | | | | | |
| 002 02 OLD CAP BLDG - CANCER CEN | | | | | | | |
| 002 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 003 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 003 02 NEW CRC BLDG - REHAB | | | | | | | |
| 003 03 NEW CRC BLDG - LAUNDRY | | | | | | | |
| 003 04 NEW CRC BLDG - GRMC | | | | | | | |
| 003 05 NEW CRC BLDG - MERCY | | | | | | | |
| 003 06 NEW CRC BLDG - EASTMAN | | | | | | | |
| 003 07 NEW CRC BLDG - HHA/HOSPICE | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 03 NONPATIENT TELEPHONES LD | 319,421 | | | | | | |
| 006 05 DATA PROCESSING | 7,068 | 2,933,741 | 2,933,741 | | | | |
| 006 06 PURCHASING, RECEIVING AND | 7,237 | 878,276 | 21,313 | 899,589 | | | |
| 006 07 ADMINISTRATIVE | 13,127 | 1,105,475 | 26,827 | 3,672 | 1,135,974 | | |
| 006 08 BUSINESS OFFICE | 5,385 | 1,401,089 | 34,000 | 1,381 | | 1,436,470 | |
| 006 09 OTHER ADMINISTRATIVE AND | 14,137 | 5,905,748 | 143,315 | 2,371 | | | 6,051,434 |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 007 01 UTILITIES - EASTMAN | | 94,153 | 2,285 | | | | 96,438 |
| 007 02 UTILITIES - MERCY | | 71,469 | 1,734 | | | | 73,203 |
| 007 03 UTILITIES - KLEIN | | 152,947 | 3,712 | | | | 156,659 |
| 007 04 UTILITIES - CANCER | | 15,315 | 372 | | 2 | | 15,689 |
| 007 05 UTILITIES - REHAB | | 57,092 | 1,385 | | | | 58,477 |
| 007 06 UTILITIES - LAUNDRY | | 153,869 | 3,734 | | | | 157,603 |
| 007 07 UTILITIES - HHA/HOSPICE | | 18,173 | 441 | | | | 18,614 |
| 008 OPERATION OF PLANT | 37,699 | 5,773,832 | 140,114 | 371 | | | 5,914,317 |
| 008 01 OPERATION OF PLANT KLEIN | | 302,977 | 7,352 | | 7 | | 310,336 |
| 008 02 OPERATION OF PLANT REHAB | | 100,640 | 2,442 | | | | 103,082 |
| 008 04 OPERATION OF PLANT EASTMA | | 75,985 | 1,844 | | | | 77,829 |
| 008 05 OPERATION OF PLANT MERCY | | 66,760 | 1,620 | | | | 68,380 |
| 008 06 OPERATION OF PLANT HHA/HO | | 9,907 | 240 | | | | 10,147 |
| 009 LAUNDRY & LINEN SERVICE | | 951,089 | 23,080 | 1,215 | | | 975,384 |
| 010 HOUSEKEEPING | 1,346 | 2,076,503 | 50,390 | 2,439 | | | 2,129,332 |
| 010 01 HOUSEKEEPING-KLEIN | | 113,434 | 2,753 | 58 | | | 116,245 |
| 010 04 HOUSEKEEPING-REHAB | | | | | | | |
| 010 05 HOUSEKEEPING-EASTMAN | | | | | | | |
| 010 06 HOUSEKEEPING-MERCY | | | | | | | |
| 011 DIETARY | 5,385 | 2,476,025 | 60,086 | 490 | 3 | 4 | 2,536,608 |
| 011 01 DIETARY - KLEIN | | 458,271 | 11,121 | 280 | | | 469,672 |
| 012 CAFETERIA | | | | | | | |
| 014 NURSING ADMINISTRATION | 12,790 | 3,440,700 | 83,495 | 820 | 35 | 43 | 3,525,093 |
| 014 01 NURSING ADMINISTRATION-KL | | 111,960 | 2,717 | | | | 114,677 |
| 015 CENTRAL SERVICES & SUPPLY | 337 | 2,319,964 | 56,299 | 22,180 | 1 | 1 | 2,398,445 |
| 016 PHARMACY | 2,524 | 2,132,111 | 51,740 | 8,461 | 95,372 | 118,106 | 2,405,790 |
| 017 MEDICAL RECORDS & LIBRARY | 20,700 | 2,653,141 | 64,384 | 1,171 | | | 2,718,696 |
| 018 SOCIAL SERVICE | 2,861 | 704,265 | 17,090 | 183 | | | 721,538 |
| 018 01 RECREATION THERAPY GRMC | | | | | | | |
| 018 02 RECREATION THERAPY KLEIN | | 97,375 | 2,363 | 2 | | | 99,740 |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | 31,639 | 14,034,317 | 340,571 | 97,263 | 121,284 | 150,194 | 14,743,629 |
| 026 INTENSIVE CARE UNIT | 4,881 | 2,595,441 | 62,984 | 38,480 | 21,083 | 26,109 | 2,744,097 |
| 031 SUBPROVIDER | 841 | 1,076,392 | 26,121 | 3,487 | 6,848 | 8,481 | 1,121,329 |
| 033 NURSERY | | 480,316 | 11,656 | 2,695 | 5,327 | 6,597 | 506,591 |
| 034 SKILLED NURSING FACILITY | 6,732 | 1,538,938 | 37,345 | 10,882 | 10,673 | 13,217 | 1,611,055 |
| 035 NURSING FACILITY | | 5,169,786 | 125,455 | 10,322 | | 29,802 | 5,335,365 |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | 21,878 | 14,323,435 | 347,590 | 417,246 | 232,937 | 288,376 | 15,609,584 |
| 039 DELIVERY ROOM & LABOR ROO | | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | 18,176 | 8,955,096 | 217,313 | 19,075 | 180,487 | 223,509 | 9,595,480 |
| 044 LABORATORY | 10,602 | 6,237,778 | 151,372 | 27,478 | 104,128 | 128,949 | 6,649,705 |
| 049 RESPIRATORY THERAPY | 1,683 | 1,674,075 | 40,625 | 2,811 | 37,301 | 46,192 | 1,801,004 |
| 050 PHYSICAL THERAPY | 6,395 | 668,519 | 16,223 | 211 | 6,074 | 7,521 | 698,548 |
| 051 OCCUPATIONAL THERAPY | | 400,327 | 9,715 | | 3,987 | 4,937 | 418,966 |
| 052 SPEECH PATHOLOGY | | 215,491 | 5,229 | | 1,461 | 1,809 | 223,990 |
| 053 ELECTROCARDIOLOGY | 8,583 | 2,976,227 | 72,224 | 148,764 | 75,463 | 93,451 | 3,366,129 |
| 055 MEDICAL SUPPLIES CHARGED | | 1,819,740 | 44,160 | | 17,357 | 21,494 | 1,902,751 |
| 055 01 DEVICES AND IMPLANTS | | 4,531,050 | 109,955 | | 45,385 | 56,203 | 4,742,593 |
| 056 DRUGS CHARGED TO PATIENTS | | 3,598,109 | 87,315 | | | | 3,685,424 |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 059 AUDIOLOGY | | 300,830 | 7,300 | 15 | 1,789 | 2,216 | 312,150 |
| 059 01 CARDIAC REHAB | | | | | | | |
| 059 02 WORKFITNESS | | | | | | | |
| 059 03 PSYCH/PSYCHOLOGICAL | | | | | | | |
| 059 04 EMG & EEG | 2,188 | 527,004 | 12,789 | 248 | 9,330 | 11,554 | 560,925 |
| 059 05 O/P REHAB SERVICES | 21,037 | 2,291,226 | 55,601 | 4,410 | 15,434 | 19,113 | 2,385,784 |
| 059 06 O/P DEPENDENCY SERVICES | 1,010 | 342,862 | 8,320 | 111 | 1,080 | 1,338 | 353,711 |
| 059 07 SPORTS FITNESS | | 692,765 | 16,811 | 82 | 1,967 | 2,435 | 714,060 |
| 059 08 LIFE CENTER | | 1,333,962 | 32,371 | 5,552 | 26,413 | 32,709 | 1,431,007 |
| 059 09 RECREATIONAL THERAPY | | 72,611 | 1,762 | | 484 | 600 | 75,457 |
| 061 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 EMERGENCY | 12,117 | 4,504,281 | 109,305 | 57,270 | 93,539 | 115,836 | 4,880,231 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/1/2008
 WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | NONPATIENT TELEPHONES LD | SUBTOTAL | DATA PROCESSING | PURCHASING, RECEIVING AND | ADMINISTRATIVE | BUSINESS OFFICE | SUBTOTAL |
|-----------------------------------|--------------------------|-------------|-----------------|---------------------------|----------------|-----------------|-------------|
| | 6.03 | 6a.03 | 6.05 | 6.06 | 6.07 | 6.08 | 6a.08 |
| 071 OUTPAT SERVICE COST CNTRS | | | | | | | |
| OTHER REIMBURS COST CNTRS | | | | | | | |
| HOME HEALTH AGENCY | 7,741 | 2,435,190 | 59,095 | 2,921 | 9,033 | 11,187 | 2,517,426 |
| SPEC PURPOSE COST CENTERS | | | | | | | |
| 093 HOSPICE | 1,851 | 2,066,840 | 50,156 | 2,864 | 9,828 | 12,170 | 2,141,858 |
| 095 SUBTOTALS | 287,950 | 121,514,894 | 2,877,611 | 897,290 | 1,134,103 | 1,434,153 | 121,452,277 |
| NONREIMBURS COST CENTERS | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | 35,014 | 850 | | | | 35,864 |
| 096 01 MEALS ON WHEELS | | | | | | | |
| 096 02 OVERNIGHT ROOM | | | | | | | |
| 096 03 SALES TO OUTSIDE ORGANIZA | | 12,885 | 313 | 1,314 | | | 14,512 |
| 097 RESEARCH | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFICE | 21,205 | 962,910 | 23,367 | 812 | | | 987,089 |
| 098 01 WELLNESS PROGRAM | | 39,130 | 950 | | 190 | 236 | 40,506 |
| 098 02 EMPLOYEE WELLNESS PROGRAM | | | | | | | |
| 098 03 ADVERTISING | | 813,657 | 19,745 | | | | 833,402 |
| 098 04 PARKING RAMP | | | | | | | |
| 098 05 PHYSICIANS' PRIVATE OFFICE | | | | | | | |
| 098 06 RENAL DIALYSIS | | | | | | | |
| 098 07 IDLE SPACE | | | | | | | |
| 098 08 AMERICAN PROSTHETICS | | 6,966 | 169 | | | | 7,135 |
| 098 09 OUTREACH REHAB | | 353,960 | 8,590 | | 1,681 | 2,081 | 366,312 |
| 098 10 DAY CARE DEPT | | | | | | | |
| 098 11 GRMC HELICOPTER HANGER | | | | | | | |
| 098 12 SWITCHBOARD | | 39,014 | 947 | | | | 39,961 |
| 099 NONPAID WORKERS | | | | | | | |
| 100 OTHER NONREIMBURSABLE COS | 10,266 | 49,427 | 1,199 | 173 | | | 50,799 |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 319,421 | 123,827,857 | 2,933,741 | 899,589 | 1,135,974 | 1,436,470 | 123,827,857 |

| COST CENTER DESCRIPTION | OTHER ADMINISTRATIVE AND | MAINTENANCE & REPAIRS | UTILITIES - EASTMAN | UTILITIES - MERCY | UTILITIES - KLEIN | UTILITIES - CANCER | UTILITIES - REHAB |
|-----------------------------------|--------------------------|-----------------------|---------------------|-------------------|-------------------|--------------------|-------------------|
| | 6.09 | 7 | 7.01 | 7.02 | 7.03 | 7.04 | 7.05 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 001 01 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 001 02 OLD CAP BLDG - KLEIN | | | | | | | |
| 002 02 OLD CAP BLDG - CANCER CEN | | | | | | | |
| 002 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 003 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 003 02 NEW CRC BLDG - REHAB | | | | | | | |
| 003 03 NEW CRC BLDG - LAUNDRY | | | | | | | |
| 003 04 NEW CRC BLDG - GRMC | | | | | | | |
| 003 05 NEW CRC BLDG - MERCY | | | | | | | |
| 003 06 NEW CRC BLDG - EASTMAN | | | | | | | |
| 003 07 NEW CRC BLDG - HHA/HOSPICE | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 03 NONPATIENT TELEPHONES LD | | | | | | | |
| 006 05 DATA PROCESSING | | | | | | | |
| 006 06 PURCHASING, RECEIVING AND | | | | | | | |
| 006 07 ADMINITTING | | | | | | | |
| 006 08 BUSINESS OFFICE | | | | | | | |
| 006 09 OTHER ADMINISTRATIVE AND | 6,051,434 | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 007 01 UTILITIES - EASTMAN | 4,955 | | 101,393 | | | | |
| 007 02 UTILITIES - MERCY | 3,761 | | | 76,964 | | | |
| 007 03 UTILITIES - KLEIN | 8,049 | | | | 164,708 | | |
| 007 04 UTILITIES - CANCER | 806 | | | | | 16,495 | |
| 007 05 UTILITIES - REHAB | 3,005 | | | | | | 61,482 |
| 007 06 UTILITIES - LAUNDRY | 8,098 | | | | | | |
| 007 07 UTILITIES - HHA/HOSPICE | 956 | | | | | | |
| 008 OPERATION OF PLANT | 303,884 | | | | | | |
| 008 01 OPERATION OF PLANT KLEIN | 15,945 | | | | | | |
| 008 02 OPERATION OF PLANT REHAB | 5,296 | | | | | | |
| 008 04 OPERATION OF PLANT EASTMA | 3,999 | | | | | | |
| 008 05 OPERATION OF PLANT MERCY | 3,513 | | | | | | |
| 008 06 OPERATION OF PLANT HHA/HO | 521 | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | 50,116 | | | | | | |
| 010 HOUSEKEEPING | 109,407 | | | | | | |
| 010 01 HOUSEKEEPING-KLEIN | 5,973 | | | | | | |
| 010 04 HOUSEKEEPING-REHAB | | | | | | | |
| 010 05 HOUSEKEEPING-EASTMAN | | | | | | | |
| 010 06 HOUSEKEEPING-MERCY | | | | | | | |
| 011 DIETARY | 130,333 | | | | | | |
| 011 01 DIETARY - KLEIN | 24,132 | | | | | | |
| 012 CAFETERIA | | | | | | | |
| 014 NURSING ADMINISTRATION | 181,123 | | | 1,250 | | | |
| 014 01 NURSING ADMINISTRATION-KL | 5,892 | | | | | | |
| 015 CENTRAL SERVICES & SUPPLY | 123,235 | | | | | | |
| 016 PHARMACY | 123,612 | | | | | | |
| 017 MEDICAL RECORDS & LIBRARY | 139,689 | | | | | | |
| 018 SOCIAL SERVICE | 37,073 | | | | | | |
| 018 01 RECREATION THERAPY GRMC | | | | | | | |
| 018 02 RECREATION THERAPY KLEIN | 5,125 | | | | | | |
| INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | 757,542 | | | 90 | | | |
| 026 INTENSIVE CARE UNIT | 140,994 | | | 90 | | | |
| 031 SUBPROVIDER | 57,615 | | | | | | |
| 033 NURSERY | 26,029 | | | | | | |
| 034 SKILLED NURSING FACILITY | 82,778 | | | 90 | | | |
| 035 NURSING FACILITY | 274,136 | | | | 164,708 | | |
| ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | 802,003 | | | 90 | | | |
| 039 DELIVERY ROOM & LABOR ROO | | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | 493,025 | | | | | 16,495 | |
| 044 LABORATORY | 341,668 | | | 278 | | | |
| 049 RESPIRATORY THERAPY | 92,537 | | | | | | |
| 050 PHYSICAL THERAPY | 35,892 | | | | | | |
| 051 OCCUPATIONAL THERAPY | 21,527 | | | | | | |
| 052 SPEECH PATHOLOGY | 11,509 | | | | | | |
| 053 ELECTROCARDIOLOGY | 172,955 | | | | | | |
| 055 MEDICAL SUPPLIES CHARGED | 97,765 | | | | | | |
| 055 01 DEVICES AND IMPLANTS | 243,679 | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | 189,361 | | | | | | |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 059 AUDIOLOGY | 16,039 | | | | | | |
| 059 01 CARDIAC REHAB | | | | | | | |
| 059 02 WORKFITNESS | | | | | | | |
| 059 03 PSYCH/PSYCHOLOGICAL | | | | | | | |
| 059 04 EMG & EEG | 28,821 | | | | | | |
| 059 05 O/P REHAB SERVICES | 122,584 | | | | | | 24,159 |
| 059 06 O/P DEPENDENCY SERVICES | 18,174 | | | | | | |
| 059 07 SPORTS FITNESS | 36,689 | | | | | | 7,910 |
| 059 08 LIFE CENTER | 73,527 | | | 111 | | | 10,165 |
| 059 09 RECREATIONAL THERAPY | 3,877 | | | | | | |
| OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 EMERGENCY | 250,751 | | | | | | |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |

| COST CENTER DESCRIPTION | OTHER ADMINISTRATIVE AND | MAINTENANCE & REPAIRS | UTILITIES - ASTMAN | UTILITIES - MERCY | UTILITIES - MLEIN | UTILITIES - KANCER | UTILITIES - CEHAB | UTILITIES - R |
|----------------------------------|--------------------------|-----------------------|--------------------|-------------------|-------------------|--------------------|-------------------|---------------|
| | 6.09 | 7 | 7.01 | 7.02 | 7.03 | 7.04 | 7.05 | |
| 071 OUTPAT SERVICE COST CNTRS | | | | | | | | |
| 071 OTHER REIMBURS COST CNTRS | | | | | | | | |
| 071 HOME HEALTH AGENCY | 129,348 | | | | | | | |
| 093 SPEC PURPOSE COST CENTERS | | | | | | | | |
| 093 HOSPICE | 110,051 | | | | | | | |
| 095 SUBTOTALS | 5,929,374 | | | 1,999 | 164,708 | 16,495 | 42,234 | |
| 096 NONREIMBURS COST CENTERS | | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | 1,843 | | | | | | | |
| 096 01 MEALS ON WHEELS | | | | | | | | |
| 096 02 OVERNIGHT ROOM | | | | | | | | |
| 096 03 SALES TO OUTSIDE ORGANIZA | 746 | | | | | | | |
| 097 RESEARCH | | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | 50,718 | | 101,393 | 74,729 | | | 17,250 | |
| 098 01 WELLNESS PROGRAM | 2,081 | | | | | | | |
| 098 02 EMPLOYEE WELLNESS PROGRAM | | | | | | | | |
| 098 03 ADVERTISING | 42,821 | | | 236 | | | | |
| 098 04 PARKING RAMP | | | | | | | | |
| 098 05 PHYSICIANS' PRIVATE OFFIC | | | | | | | | |
| 098 06 RENAL DIALYSIS | | | | | | | | |
| 098 07 IDLE SPACE | | | | | | | | |
| 098 08 AMERICAN PROSTHETICS | 367 | | | | | | 1,998 | |
| 098 09 OUTREACH REHAB | 18,821 | | | | | | | |
| 098 10 DAY CARE DEPT | | | | | | | | |
| 098 11 GRMC HELICOPTER HANGER | | | | | | | | |
| 098 12 SWITCHBOARD | 2,053 | | | | | | | |
| 099 NONPAID WORKERS | | | | | | | | |
| 100 OTHER NONREIMBURSABLE COS | 2,610 | | | | | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | | |
| 103 TOTAL | 6,051,434 | | 101,393 | 76,964 | 164,708 | 16,495 | 61,482 | |

| Health Financial Systems | | MCRIF32 | FOR GREAT RIVER MEDICAL CENTER | | IN LIEU OF FORM CMS-2552-96(9/1997)CONTD | | | | |
|---|----|----------------------------|--------------------------------|---------------|--|--------------|--------------|--------------|--------------|
| COST ALLOCATION - GENERAL SERVICE COSTS | | | UTILITIES - L | UTILITIES - H | OPERATION OF | OPERATION OF | OPERATION OF | OPERATION OF | OPERATION OF |
| COST CENTER DESCRIPTION | | | AUNDRY | HA/HOSPICE | PLANT | PLANT KLEIN | PLANT REHAB | PLANT EASTMA | PLANT MERCY |
| | | | 7.06 | 7.07 | 8 | 8.01 | 8.02 | 8.04 | 8.05 |
| 001 | | GENERAL SERVICE COST CNTR | | | | | | | |
| 001 | 01 | OLD CAP REL COSTS-BLDG & | | | | | | | |
| 001 | 02 | OLD CAP BLDG - KLEIN | | | | | | | |
| 002 | | OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 003 | | NEW CAP REL COSTS-BLDG & | | | | | | | |
| 003 | 02 | NEW CRC BLDG - REHAB | | | | | | | |
| 003 | 03 | NEW CRC BLDG - LAUNDRY | | | | | | | |
| 003 | 04 | NEW CRC BLDG - GRMC | | | | | | | |
| 003 | 05 | NEW CRC BLDG - MERCY | | | | | | | |
| 003 | 06 | NEW CRC BLDG - EASTMAN | | | | | | | |
| 003 | 07 | NEW CRC BLDG - HHA/HOSPICE | | | | | | | |
| 004 | | NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 | | EMPLOYEE BENEFITS | | | | | | | |
| 006 | 03 | NONPATIENT TELEPHONES LD | | | | | | | |
| 006 | 05 | DATA PROCESSING | | | | | | | |
| 006 | 06 | PURCHASING, RECEIVING AND | | | | | | | |
| 006 | 07 | ADMINISTRATIVE | | | | | | | |
| 006 | 08 | BUSINESS OFFICE | | | | | | | |
| 006 | 09 | OTHER ADMINISTRATIVE AND | | | | | | | |
| 007 | | MAINTENANCE & REPAIRS | | | | | | | |
| 007 | 01 | UTILITIES - EASTMAN | | | | | | | |
| 007 | 02 | UTILITIES - MERCY | | | | | | | |
| 007 | 03 | UTILITIES - KLEIN | | | | | | | |
| 007 | 04 | UTILITIES - CANCER | | | | | | | |
| 007 | 05 | UTILITIES - REHAB | | | | | | | |
| 007 | 06 | UTILITIES - LAUNDRY | 165,701 | | | | | | |
| 007 | 07 | UTILITIES - HHA/HOSPICE | | 19,570 | | | | | |
| 008 | | OPERATION OF PLANT | | | 6,218,201 | | | | |
| 008 | 01 | OPERATION OF PLANT KLEIN | | | | 326,281 | | | |
| 008 | 02 | OPERATION OF PLANT REHAB | | | | | 108,378 | | |
| 008 | 04 | OPERATION OF PLANT EASTMA | | | | | | 81,828 | |
| 008 | 05 | OPERATION OF PLANT MERCY | | | | | | | 71,893 |
| 008 | 06 | OPERATION OF PLANT HHA/HO | | | | | | | |
| 009 | | LAUNDRY & LINEN SERVICE | 165,701 | | 99,840 | | | | |
| 010 | | HOUSEKEEPING | | | | | | | |
| 010 | 01 | HOUSEKEEPING-KLEIN | | | | | | | |
| 010 | 04 | HOUSEKEEPING-REHAB | | | | | | | |
| 010 | 05 | HOUSEKEEPING-EASTMAN | | | | | | | |
| 010 | 06 | HOUSEKEEPING-MERCY | | | | | | | |
| 011 | | DIETARY | | | 310,776 | | | | |
| 011 | 01 | DIETARY - KLEIN | | | | | | | |
| 012 | | CAFETERIA | | | | | | | |
| 014 | | NURSING ADMINISTRATION | | | 96,520 | | | | 1,168 |
| 014 | 01 | NURSING ADMINISTRATION-KL | | | | | | | |
| 015 | | CENTRAL SERVICES & SUPPLY | | | 223,446 | | | | |
| 016 | | PHARMACY | | | 63,672 | | | | |
| 017 | | MEDICAL RECORDS & LIBRARY | | | 172,548 | | | | |
| 018 | | SOCIAL SERVICE | | | | | | | |
| 018 | 01 | RECREATION THERAPY GRMC | | | | | | | |
| 018 | 02 | RECREATION THERAPY KLEIN | | | | | | | |
| 025 | | INPAT ROUTINE SRVC CNTRS | | | 788,142 | | | | 84 |
| 026 | | ADULTS & PEDIATRICS | | | 225,315 | | | | 84 |
| 031 | | INTENSIVE CARE UNIT | | | 338,457 | | | | |
| 033 | | SUBPROVIDER | | | | | | | |
| 034 | | NURSERY | | | | | | | |
| 034 | | SKILLED NURSING FACILITY | | | 163,226 | | | | 84 |
| 035 | | NURSING FACILITY | | | | 326,281 | | | |
| 037 | | ANCILLARY SRVC COST CNTRS | | | | | | | |
| 039 | | OPERATING ROOM | | | 1,917,180 | | | | 84 |
| 041 | | DELIVERY ROOM & LABOR ROO | | | | | | | |
| 044 | | RADIOLOGY-DIAGNOSTIC | | | 601,742 | | | | |
| 049 | | LABORATORY | | | 230,108 | | | | 259 |
| 050 | | RESPIRATORY THERAPY | | | 80,690 | | | | |
| 051 | | PHYSICAL THERAPY | | | | | | | |
| 052 | | OCCUPATIONAL THERAPY | | | | | | | |
| 053 | | SPEECH PATHOLOGY | | | 290,483 | | | | |
| 055 | | ELECTROCARDIOLOGY | | | | | | | |
| 055 | 01 | MEDICAL SUPPLIES CHARGED | | | | | | | |
| 056 | | DEVICES AND IMPLANTS | | | | | | | |
| 058 | | DRUGS CHARGED TO PATIENTS | | | | | | | |
| 059 | | ASC (NON-DISTINCT PART) | | | | | | | |
| 059 | | AUDIOLOGY | | | | | | | |
| 059 | 01 | CARDIAC REHAB | | | | | | | |
| 059 | 02 | WORKFITNESS | | | | | | | |
| 059 | 03 | PSYCH/PSYCHOLOGICAL | | | | | | | |
| 059 | 04 | EMG & EEG | | | 51,272 | | | | |
| 059 | 05 | O/P REHAB SERVICES | | | | | 42,589 | | |
| 059 | 06 | O/P DEPENDENCY SERVICES | | | 79,810 | | | | |
| 059 | 07 | SPORTS FITNESS | | | | | 13,943 | | |
| 059 | 08 | LIFE CENTER | | | | | 17,918 | | 104 |
| 059 | 09 | RECREATIONAL THERAPY | | | | | | | |
| 061 | | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 | | EMERGENCY | | | 295,254 | | | | |
| 062 | | OBSERVATION BEDS (NON-DI | | | | | | | |

| COST CENTER DESCRIPTION | UTILITIES - LAUNDRY | UTILITIES - HA/HOSPICE | OPERATION OF PLANT | OPERATION OF PLANT KLEIN | OPERATION OF PLANT REHAB | OPERATION OF PLANT EASTMA | OPERATION OF PLANT MERCY |
|----------------------------------|---------------------|------------------------|--------------------|--------------------------|--------------------------|---------------------------|--------------------------|
| | 7.06 | 7.07 | 8 | 8.01 | 8.02 | 8.04 | 8.05 |
| 071 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 071 OTHER REIMBURS COST CNTRS | | | | | | | |
| 071 HOME HEALTH AGENCY | | 10,007 | | | | | |
| 093 SPEC PURPOSE COST CENTERS | | | | | | | |
| 093 HOSPICE | | 9,563 | | | | | |
| 095 SUBTOTALS | 165,701 | 19,570 | 6,028,481 | 326,281 | 74,450 | | 1,867 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | | 43,995 | | | | |
| 096 01 MEALS ON WHEELS | | | | | | | |
| 096 02 OVERNIGHT ROOM | | | | | | | |
| 096 03 SALES TO OUTSIDE ORGANIZA | | | | | | | |
| 097 RESEARCH | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | | 30,407 | 81,828 | 69,805 |
| 098 01 WELLNESS PROGRAM | | | | | | | |
| 098 02 EMPLOYEE WELLNESS PROGRAM | | | | | | | |
| 098 03 ADVERTISING | | | 96,520 | | | | 221 |
| 098 04 PARKING RAMP | | | | | | | |
| 098 05 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 098 06 RENAL DIALYSIS | | | | | | | |
| 098 07 IDLE SPACE | | | | | | | |
| 098 08 AMERICAN PROSTHETICS | | | | | 3,521 | | |
| 098 09 OUTREACH REHAB | | | | | | | |
| 098 10 DAY CARE DEPT | | | | | | | |
| 098 11 GRMC HELICOPTER HANGER | | | | | | | |
| 098 12 SWITCHBOARD | | | | | | | |
| 099 NONPAID WORKERS | | | | | | | |
| 100 OTHER NONREIMBURSABLE COS | | | 49,205 | | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 165,701 | 19,570 | 6,218,201 | 326,281 | 108,378 | 81,828 | 71,893 |

| COST CENTER DESCRIPTION | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | HOUSEKEEPING-KLEIN | HOUSEKEEPING-REHAB | HOUSEKEEPING-EASTMAN | HOUSEKEEPING-MERCY |
|----------------------------------|--------------------|-------------------------|--------------|--------------------|--------------------|----------------------|--------------------|
| | 8.06 | 9 | 10 | 10.01 | 10.04 | 10.05 | 10.06 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 001 01 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 001 02 OLD CAP BLDG - KLEIN | | | | | | | |
| 002 02 OLD CAP BLDG - CANCER CEN | | | | | | | |
| 002 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 003 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 003 02 NEW CRC BLDG - REHAB | | | | | | | |
| 003 03 NEW CRC BLDG - LAUNDRY | | | | | | | |
| 003 04 NEW CRC BLDG - GRMC | | | | | | | |
| 003 05 NEW CRC BLDG - MERCY | | | | | | | |
| 003 06 NEW CRC BLDG - EASTMAN | | | | | | | |
| 003 07 NEW CRC BLDG - HHA/HOSPIC | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 03 NONPATIENT TELEPHONES LD | | | | | | | |
| 006 05 DATA PROCESSING | | | | | | | |
| 006 06 PURCHASING, RECEIVING AND | | | | | | | |
| 006 07 ADMINITTING | | | | | | | |
| 006 08 BUSINESS OFFICE | | | | | | | |
| 006 09 OTHER ADMINISTRATIVE AND | | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 007 01 UTILITIES - EASTMAN | | | | | | | |
| 007 02 UTILITIES - MERCY | | | | | | | |
| 007 03 UTILITIES - KLEIN | | | | | | | |
| 007 04 UTILITIES - CANCER | | | | | | | |
| 007 05 UTILITIES - REHAB | | | | | | | |
| 007 06 UTILITIES - LAUNDRY | | | | | | | |
| 007 07 UTILITIES - HHA/HOSPICE | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 008 01 OPERATION OF PLANT KLEIN | | | | | | | |
| 008 02 OPERATION OF PLANT REHAB | | | | | | | |
| 008 04 OPERATION OF PLANT EASTMA | | | | | | | |
| 008 05 OPERATION OF PLANT MERCY | | | | | | | |
| 008 06 OPERATION OF PLANT HHA/HO | 10,668 | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | 1,291,041 | | | | | |
| 010 HOUSEKEEPING | | 146 | 2,238,885 | | | | |
| 010 01 HOUSEKEEPING-KLEIN | | | | 122,218 | | | |
| 010 04 HOUSEKEEPING-REHAB | | | | | | | |
| 010 05 HOUSEKEEPING-EASTMAN | | | | | | | |
| 010 06 HOUSEKEEPING-MERCY | | | | | | | |
| 011 DIETARY | | | 28,340 | | | | |
| 011 01 DIETARY - KLEIN | | | | | | | |
| 012 CAFETERIA | | | | | | | |
| 014 NURSING ADMINISTRATION | | | 2,547 | | | | |
| 014 01 NURSING ADMINISTRATION-KL | | | | | | | |
| 015 CENTRAL SERVICES & SUPPLY | | 6,889 | 27,895 | | | | |
| 016 PHARMACY | | | 44,421 | | | | |
| 017 MEDICAL RECORDS & LIBRARY | | | 9,553 | | | | |
| 018 SOCIAL SERVICE | | | 7,770 | | | | |
| 018 01 RECREATION THERAPY GRMC | | | | | | | |
| 018 02 RECREATION THERAPY KLEIN | | | | | | | |
| INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | | 324,057 | 845,464 | | | | |
| 026 INTENSIVE CARE UNIT | | 44,016 | 115,590 | | | | |
| 031 SUBPROVIDER | | | 4,776 | | | | |
| 033 NURSERY | | 7,831 | 7,484 | | | | |
| 034 SKILLED NURSING FACILITY | | 103,578 | 325,755 | | | | |
| 035 NURSING FACILITY | | 122,231 | | 122,218 | | | |
| ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | | 214,933 | 318,240 | | | | |
| 039 DELIVERY ROOM & LABOR ROO | | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | | 63,394 | 82,791 | | | | |
| 044 LABORATORY | | 328 | 31,525 | | | | |
| 049 RESPIRATORY THERAPY | | 241 | 8,279 | | | | |
| 050 PHYSICAL THERAPY | | 230 | | | | | |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | | 17,238 | | | | | |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | | |
| 055 01 DEVICES AND IMPLANTS | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | | | | | | | |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 059 AUDIOLOGY | | | | | | | |
| 059 01 CARDIAC REHAB | | | | | | | |
| 059 02 WORKFITNESS | | | | | | | |
| 059 03 PSYCH/PSYCHOLOGICAL | | | | | | | |
| 059 04 EMG & EEG | | 2,835 | | | | | |
| 059 05 O/P REHAB SERVICES | | 33,641 | 156,668 | | | | |
| 059 06 O/P DEPENDENCY SERVICES | | | 10,031 | | | | |
| 059 07 SPORTS FITNESS | | 33,936 | | | | | |
| 059 08 LIFE CENTER | | 1,560 | 34,549 | | | | |
| 059 09 RECREATIONAL THERAPY | | | | | | | |
| 061 OUTPAT SERVICE COST CNTRS | | | | | | | |
| EMERGENCY | | 89,346 | 148,548 | | | | |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |

| COST CENTER DESCRIPTION | OPERATION OF PLANT HHA/HO | LAUNDRY & LIN EN SERVICE | HOUSEKEEPING | HOUSEKEEPING-KLEIN | HOUSEKEEPING-REHAB | HOUSEKEEPING-EASTMAN | HOUSEKEEPING-MERCY |
|----------------------------------|---------------------------|--------------------------|--------------|--------------------|--------------------|----------------------|--------------------|
| | 8.06 | 9 | 10 | 10.01 | 10.04 | 10.05 | 10.06 |
| 071 OUTPAT SERVICE COST CNTRS | | | | | | | |
| OTHER REIMBURS COST CNTRS | | | | | | | |
| HOME HEALTH AGENCY | 5,455 | | 28,659 | | | | |
| SPEC PURPOSE COST CENTERS | | | | | | | |
| 093 HOSPICE | 5,213 | 3,956 | | | | | |
| 095 SUBTOTALS | 10,668 | 1,070,386 | 2,238,885 | 122,218 | | | |
| NONREIMBURS COST CENTERS | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | | | | | | |
| 096 01 MEALS ON WHEELS | | | | | | | |
| 096 02 OVERNIGHT ROOM | | | | | | | |
| 096 03 SALES TO OUTSIDE ORGANIZA | | | | | | | |
| 097 RESEARCH | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 098 01 WELLNESS PROGRAM | | | | | | | |
| 098 02 EMPLOYEE WELLNESS PROGRAM | | | | | | | |
| 098 03 ADVERTISING | | | | | | | |
| 098 04 PARKING RAMP | | | | | | | |
| 098 05 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 098 06 RENAL DIALYSIS | | | | | | | |
| 098 07 IDLE SPACE | | | | | | | |
| 098 08 AMERICAN PROSTHETICS | | | | | | | |
| 098 09 OUTREACH REHAB | | | | | | | |
| 098 10 DAY CARE DEPT | | | | | | | |
| 098 11 GRMC HELICOPTER HANGER | | | | | | | |
| 098 12 SWITCHBOARD | | | | | | | |
| 099 NONPAID WORKERS | | | | | | | |
| 100 OTHER NONREIMBURSABLE COS | | 220,655 | | | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 10,668 | 1,291,041 | 2,238,885 | 122,218 | | | |

| COST CENTER DESCRIPTION | DIETARY | DIETARY - KLEIN | DIETARY - KLEIN CAFETERIA | NURSING ADMINISTRATION | NURSING ADMINISTRATION-KL | CENTRAL SERVICES & SUPPLY | PHARMACY |
|-----------------------------------|-----------|-----------------|---------------------------|------------------------|---------------------------|---------------------------|-----------|
| | 11 | 11.01 | 12 | 14 | 14.01 | 15 | 16 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 001 01 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 001 02 OLD CAP BLDG - KLEIN | | | | | | | |
| 002 02 OLD CAP BLDG - CANCER CEN | | | | | | | |
| 002 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 003 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 003 02 NEW CRC BLDG - REHAB | | | | | | | |
| 003 03 NEW CRC BLDG - LAUNDRY | | | | | | | |
| 003 04 NEW CRC BLDG - GRMC | | | | | | | |
| 003 05 NEW CRC BLDG - MERCY | | | | | | | |
| 003 06 NEW CRC BLDG - EASTMAN | | | | | | | |
| 003 07 NEW CRC BLDG - HHA/HOSPICE | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 03 NONPATIENT TELEPHONES LD | | | | | | | |
| 006 05 DATA PROCESSING | | | | | | | |
| 006 06 PURCHASING, RECEIVING AND | | | | | | | |
| 006 07 ADMINISTRATION | | | | | | | |
| 006 08 BUSINESS OFFICE | | | | | | | |
| 006 09 OTHER ADMINISTRATIVE AND | | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 007 01 UTILITIES - EASTMAN | | | | | | | |
| 007 02 UTILITIES - MERCY | | | | | | | |
| 007 03 UTILITIES - KLEIN | | | | | | | |
| 007 04 UTILITIES - CANCER | | | | | | | |
| 007 05 UTILITIES - REHAB | | | | | | | |
| 007 06 UTILITIES - LAUNDRY | | | | | | | |
| 007 07 UTILITIES - HHA/HOSPICE | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 008 01 OPERATION OF PLANT KLEIN | | | | | | | |
| 008 02 OPERATION OF PLANT REHAB | | | | | | | |
| 008 04 OPERATION OF PLANT EASTMA | | | | | | | |
| 008 05 OPERATION OF PLANT MERCY | | | | | | | |
| 008 06 OPERATION OF PLANT HHA/HO | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | | | | | |
| 010 HOUSEKEEPING | | | | | | | |
| 010 01 HOUSEKEEPING-KLEIN | | | | | | | |
| 010 04 HOUSEKEEPING-REHAB | | | | | | | |
| 010 05 HOUSEKEEPING-EASTMAN | | | | | | | |
| 010 06 HOUSEKEEPING-MERCY | | | | | | | |
| 011 DIETARY | 3,006,057 | | | | | | |
| 011 01 DIETARY - KLEIN | | 493,804 | | | | | |
| 012 CAFETERIA | 1,601,704 | | 1,601,704 | | | | |
| 014 NURSING ADMINISTRATION | | | 54,454 | 3,862,155 | | | |
| 014 01 NURSING ADMINISTRATION-KL | | | | | 120,569 | | |
| 015 CENTRAL SERVICES & SUPPLY | | | 73,496 | 173,390 | | 3,026,796 | |
| 016 PHARMACY | | | 37,917 | | | 29,630 | 2,705,042 |
| 017 MEDICAL RECORDS & LIBRARY | | | 63,808 | 53,137 | | 4,101 | |
| 018 SOCIAL SERVICE | | | 15,701 | 70,403 | | 641 | |
| 018 01 RECREATION THERAPY GRMC | | | | | | | |
| 018 02 RECREATION THERAPY KLEIN | | | 12,361 | | | 7 | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | 931,159 | | 332,232 | 1,490,165 | | 340,618 | 7,259 |
| 026 INTENSIVE CARE UNIT | 58,129 | | 49,777 | 223,123 | | 134,758 | 182 |
| 031 SUBPROVIDER | 58,096 | | 19,209 | 86,002 | | 12,213 | |
| 033 NURSERY | | | 8,853 | 39,632 | | 9,437 | 831 |
| 034 SKILLED NURSING FACILITY | 113,285 | | 36,581 | 163,845 | | 38,108 | 10 |
| 035 NURSING FACILITY | | 493,804 | 137,303 | | 120,569 | 36,149 | 103,069 |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | | | 158,851 | 712,121 | | 1,461,189 | 831,474 |
| 039 DELIVERY ROOM & LABOR ROO | | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | | | 113,918 | | | 66,801 | 203,721 |
| 044 LABORATORY | | | 88,195 | | | 96,228 | 7,046 |
| 049 RESPIRATORY THERAPY | | | 40,089 | | | 9,846 | 1,469 |
| 050 PHYSICAL THERAPY | | | 17,205 | | | 737 | |
| 051 OCCUPATIONAL THERAPY | | | 9,521 | | | 2 | |
| 052 SPEECH PATHOLOGY | | | 4,009 | | | | |
| 053 ELECTROCARDIOLOGY | | | 30,066 | 134,514 | | 520,976 | 649,341 |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | | |
| 055 01 DEVICES AND IMPLANTS | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | | | | | | | |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 059 AUDIOLOGY | | | 3,341 | | | 52 | |
| 059 01 CARDIAC REHAB | | | | | | | |
| 059 02 WORKFITNESS | | | | | | | |
| 059 03 PSYCH/PSYCHOLOGICAL | | | | | | | |
| 059 04 EMG & EEG | | | 10,857 | | | 868 | |
| 059 05 O/P REHAB SERVICES | | | 48,607 | | | 15,443 | 7,947 |
| 059 06 O/P DEPENDENCY SERVICES | | | 7,350 | | | 388 | |
| 059 07 SPORTS FITNESS | | | 17,038 | | | 287 | 66,928 |
| 059 08 LIFE CENTER | | | 22,049 | | | 19,445 | 146,073 |
| 059 09 RECREATIONAL THERAPY | | | 2,004 | | | | |
| 061 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 EMERGENCY | | | 89,030 | 399,088 | | 200,560 | 7,228 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |

| COST CENTER DESCRIPTION | DIETARY | DIETARY - KLE CAFETERIA IN | NURSING ADMINISTRATION | NURSING ADMINISTRATION-KL | CENTRAL SERVICES & SUPPLY | SERVI | PHARMACY |
|----------------------------------|-----------|----------------------------|------------------------|---------------------------|---------------------------|-----------|-----------|
| | 11 | 11.01 | 12 | 14 | 14.01 | 15 | 16 |
| 071 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 071 OTHER REIMBURS COST CNTRS | | | | | | | |
| 071 HOME HEALTH AGENCY | | | 58,128 | 260,554 | | 10,230 | 8,013 |
| 093 SPEC PURPOSE COST CENTERS | | | | | | | |
| 093 HOSPICE | | | 32,906 | 56,181 | | 10,031 | 664,451 |
| 095 SUBTOTALS | 2,762,373 | 493,804 | 1,594,856 | 3,862,155 | 120,569 | 3,018,745 | 2,705,042 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 096 01 GIFT, FLOWER, COFFEE SHOP | | | | | | | |
| 096 01 MEALS ON WHEELS | 243,684 | | | | | | |
| 096 02 OVERNIGHT ROOM | | | | | | | |
| 096 03 SALES TO OUTSIDE ORGANIZA | | | | | | 4,603 | |
| 097 RESEARCH | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | | | 2,844 | |
| 098 01 WELLNESS PROGRAM | | | 835 | | | | |
| 098 02 EMPLOYEE WELLNESS PROGRAM | | | | | | | |
| 098 03 ADVERTISING | | | | | | | |
| 098 04 PARKING RAMP | | | | | | | |
| 098 05 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 098 06 RENAL DIALYSIS | | | | | | | |
| 098 07 IDLE SPACE | | | | | | | |
| 098 08 AMERICAN PROSTHETICS | | | | | | | |
| 098 09 OUTREACH REHAB | | | 6,013 | | | | |
| 098 10 DAY CARE DEPT | | | | | | | |
| 098 11 GRMC HELICOPTER HANGER | | | | | | | |
| 098 12 SWITCHBOARD | | | | | | | |
| 099 NONPAID WORKERS | | | | | | | |
| 100 OTHER NONREIMBURSABLE COS | | | | | | 604 | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 3,006,057 | 493,804 | 1,601,704 | 3,862,155 | 120,569 | 3,026,796 | 2,705,042 |

| COST CENTER DESCRIPTION | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | RECREATION THERAPY GRMC | RECREATION THERAPY KLEIN | SUBTOTAL | I&R COST POST STEP-DOWN ADJ | TOTAL |
|-----------------------------------|---------------------------|----------------|-------------------------|--------------------------|------------|-----------------------------|------------|
| | 17 | 18 | 18.01 | 18.02 | 25 | 26 | 27 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 001 01 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 001 02 OLD CAP BLDG - KLEIN | | | | | | | |
| 002 02 OLD CAP BLDG - CANCER CEN | | | | | | | |
| 002 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 003 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 003 02 NEW CRC BLDG - REHAB | | | | | | | |
| 003 03 NEW CRC BLDG - LAUNDRY | | | | | | | |
| 003 04 NEW CRC BLDG - GRMC | | | | | | | |
| 003 05 NEW CRC BLDG - MERCY | | | | | | | |
| 003 06 NEW CRC BLDG - EASTMAN | | | | | | | |
| 003 07 NEW CRC BLDG - HHA/HOSPICE | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 03 NONPATIENT TELEPHONES LD | | | | | | | |
| 006 05 DATA PROCESSING | | | | | | | |
| 006 06 PURCHASING, RECEIVING AND | | | | | | | |
| 006 07 ADMINITTING | | | | | | | |
| 006 08 BUSINESS OFFICE | | | | | | | |
| 006 09 OTHER ADMINISTRATIVE AND | | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 007 01 UTILITIES - EASTMAN | | | | | | | |
| 007 02 UTILITIES - MERCY | | | | | | | |
| 007 03 UTILITIES - KLEIN | | | | | | | |
| 007 04 UTILITIES - CANCER | | | | | | | |
| 007 05 UTILITIES - REHAB | | | | | | | |
| 007 06 UTILITIES - LAUNDRY | | | | | | | |
| 007 07 UTILITIES - HHA/HOSPICE | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 008 01 OPERATION OF PLANT KLEIN | | | | | | | |
| 008 02 OPERATION OF PLANT REHAB | | | | | | | |
| 008 04 OPERATION OF PLANT EASTMA | | | | | | | |
| 008 05 OPERATION OF PLANT MERCY | | | | | | | |
| 008 06 OPERATION OF PLANT HHA/HO | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | | | | | |
| 010 HOUSEKEEPING | | | | | | | |
| 010 01 HOUSEKEEPING-KLEIN | | | | | | | |
| 010 04 HOUSEKEEPING-REHAB | | | | | | | |
| 010 05 HOUSEKEEPING-EASTMAN | | | | | | | |
| 010 06 HOUSEKEEPING-MERCY | | | | | | | |
| 011 DIETARY | | | | | | | |
| 011 01 DIETARY - KLEIN | | | | | | | |
| 012 CAFETERIA | | | | | | | |
| 014 NURSING ADMINISTRATION | | | | | | | |
| 014 01 NURSING ADMINISTRATION-KL | | | | | | | |
| 015 CENTRAL SERVICES & SUPPLY | | | | | | | |
| 016 PHARMACY | | | | | | | |
| 017 MEDICAL RECORDS & LIBRARY | 3,161,532 | | | | | | |
| 018 SOCIAL SERVICE | | 853,126 | | | | | |
| 018 01 RECREATION THERAPY GRMC | | | | | | | |
| 018 02 RECREATION THERAPY KLEIN | | | | 117,233 | | | |
| INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | 360,186 | 723,011 | | | 21,643,638 | | 21,643,638 |
| 026 INTENSIVE CARE UNIT | 62,612 | 9,312 | | | 3,808,079 | | 3,808,079 |
| 031 SUBPROVIDER | 20,338 | 62,083 | | | 1,780,118 | | 1,780,118 |
| 033 NURSERY | 15,821 | | | | 622,509 | | 622,509 |
| 034 SKILLED NURSING FACILITY | 31,697 | 9,054 | | | 2,679,146 | | 2,679,146 |
| 035 NURSING FACILITY | 71,470 | | | | 7,424,536 | | 7,424,536 |
| ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | 691,588 | | | | 22,717,337 | | 22,717,337 |
| 039 DELIVERY ROOM & LABOR ROO | | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | 536,006 | | | | 11,773,373 | | 11,773,373 |
| 044 LABORATORY | 309,237 | | | | 7,754,577 | | 7,754,577 |
| 049 RESPIRATORY THERAPY | 110,775 | | | | 2,144,930 | | 2,144,930 |
| 050 PHYSICAL THERAPY | 18,037 | | | | 770,649 | | 770,649 |
| 051 OCCUPATIONAL THERAPY | 11,840 | | | | 461,856 | | 461,856 |
| 052 SPEECH PATHOLOGY | 4,339 | | | | 243,847 | | 243,847 |
| 053 ELECTROCARDIOLOGY | 224,108 | 259 | | | 5,406,069 | | 5,406,069 |
| 055 MEDICAL SUPPLIES CHARGED | 51,546 | | | | 2,052,062 | | 2,052,062 |
| 055 01 DEVICES AND IMPLANTS | 134,784 | | | | 5,121,056 | | 5,121,056 |
| 056 DRUGS CHARGED TO PATIENTS | | | | | 3,874,785 | | 3,874,785 |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 059 AUDIOLOGY | 5,314 | | | | 336,896 | | 336,896 |
| 059 01 CARDIAC REHAB | | | | | | | |
| 059 02 WORKFITNESS | | | | | | | |
| 059 03 PSYCH/PSYCHOLOGICAL | | | | | | | |
| 059 04 EMG & EEG | 27,708 | | | | 683,286 | | 683,286 |
| 059 05 O/P REHAB SERVICES | 45,836 | 2,328 | | | 2,885,586 | | 2,885,586 |
| 059 06 O/P DEPENDENCY SERVICES | 3,208 | 5,432 | | | 478,104 | | 478,104 |
| 059 07 SPORTS FITNESS | 5,841 | | | | 896,632 | | 896,632 |
| 059 08 LIFE CENTER | 78,442 | | | | 1,834,950 | | 1,834,950 |
| 059 09 RECREATIONAL THERAPY | 1,438 | | | | 82,776 | | 82,776 |
| 061 EMERGENCY | 277,792 | 41,647 | | | 6,679,475 | | 6,679,475 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |

| COST CENTER DESCRIPTION | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | RECREATION ERAPY GRMC | RECREATION ERAPY KLEIN | SUBTOTAL | I&R COST POST STEP-DOWN ADJ 26 | TOTAL |
|---|---------------------------|----------------|-----------------------|------------------------|-------------|--------------------------------|-------------|
| | 17 | 18 | 18.01 | 18.02 | 25 | | 27 |
| 071 OUTPAT SERVICE COST CNTRS OTHER REIMBURS COST CNTRS HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS | 26,827 | | | | 3,054,647 | | 3,054,647 |
| 093 HOSPICE | 29,186 | | | | 3,063,396 | | 3,063,396 |
| 095 SUBTOTALS | 3,155,976 | 853,126 | | 117,233 | 120,274,315 | | 120,274,315 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 096 01 GIFT, FLOWER, COFFEE SHOP | | | | | 81,702 | | 81,702 |
| 096 02 MEALS ON WHEELS | | | | | 243,684 | | 243,684 |
| 096 03 OVERNIGHT ROOM | | | | | | | |
| 096 03 SALES TO OUTSIDE ORGANIZA | | | | | 19,861 | | 19,861 |
| 097 RESEARCH | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | | 1,416,063 | | 1,416,063 |
| 098 01 WELLNESS PROGRAM | 565 | | | | 43,987 | | 43,987 |
| 098 02 EMPLOYEE WELLNESS PROGRAM | | | | | | | |
| 098 03 ADVERTISING | | | | | 973,200 | | 973,200 |
| 098 04 PARKING RAMP | | | | | | | |
| 098 05 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 098 06 RENAL DIALYSIS | | | | | | | |
| 098 07 IDLE SPACE | | | | | | | |
| 098 08 AMERICAN PROSTHETICS | | | | | 13,021 | | 13,021 |
| 098 09 OUTREACH REHAB | 4,991 | | | | 396,137 | | 396,137 |
| 098 10 DAY CARE DEPT | | | | | | | |
| 098 11 GRMC HELICOPTER HANGER | | | | | | | |
| 098 12 SWITCHBOARD | | | | | 42,014 | | 42,014 |
| 099 NONPAID WORKERS | | | | | | | |
| 100 OTHER NONREIMBURSABLE COS | | | | | 323,873 | | 323,873 |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 3,161,532 | 853,126 | | 117,233 | 123,827,857 | | 123,827,857 |

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/1/2008
 WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | DIR ASSGND OLD CAPITAL REL COSTS | OLD CAP REL C OSTS-BLDG & | OLD CAP BLDG - KLEIN | OLD CAP BLDG - CANCER CEN | OLD CAP REL C NEW CAP REL C OSTS-MVBLE E | NEW CAP REL C OSTS-BLDG & | NEW CRC BLDG - REHAB |
|-----------------------------------|----------------------------------|---------------------------|----------------------|---------------------------|--|---------------------------|----------------------|
| | 0 | 1 | 1.01 | 1.02 | 2 | 3 | 3.02 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 001 01 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 001 02 OLD CAP BLDG - KLEIN | | | | | | | |
| 002 02 OLD CAP BLDG - CANCER CEN | | | | | | | |
| 002 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 003 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 003 02 NEW CRC BLDG - REHAB | | | | | | | |
| 003 03 NEW CRC BLDG - LAUNDRY | | | | | | | |
| 003 04 NEW CRC BLDG - GRMC | | | | | | | |
| 003 05 NEW CRC BLDG - MERCY | | | | | | | |
| 003 06 NEW CRC BLDG - EASTMAN | | | | | | | |
| 003 07 NEW CRC BLDG - HHA/HOSPICE | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 03 NONPATIENT TELEPHONES LD | | | | | | | |
| 006 05 DATA PROCESSING | | | | | | | |
| 006 06 PURCHASING, RECEIVING AND | | | | | | | |
| 006 07 ADMINITTING | | | | | | | |
| 006 08 BUSINESS OFFICE | | | | | | | |
| 006 09 OTHER ADMINISTRATIVE AND | | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 007 01 UTILITIES - EASTMAN | | | | | | | |
| 007 02 UTILITIES - MERCY | | | | | | | |
| 007 03 UTILITIES - KLEIN | | | | | | | |
| 007 04 UTILITIES - CANCER | | | | | | | |
| 007 05 UTILITIES - REHAB | | | | | | | |
| 007 06 UTILITIES - LAUNDRY | | | | | | | |
| 007 07 UTILITIES - HHA/HOSPICE | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 008 01 OPERATION OF PLANT KLEIN | | | | | | | |
| 008 02 OPERATION OF PLANT REHAB | | | | | | | |
| 008 04 OPERATION OF PLANT EASTMA | | | | | | | |
| 008 05 OPERATION OF PLANT MERCY | | | | | | | |
| 008 06 OPERATION OF PLANT HHA/HO | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | | | | | |
| 010 HOUSEKEEPING | | | | | | | |
| 010 01 HOUSEKEEPING-KLEIN | | | | | | | |
| 010 04 HOUSEKEEPING-REHAB | | | | | | | |
| 010 05 HOUSEKEEPING-EASTMAN | | | | | | | |
| 010 06 HOUSEKEEPING-MERCY | | | | | | | |
| 011 DIETARY | | | | | | | |
| 011 01 DIETARY - KLEIN | | | | | | | |
| 012 CAFETERIA | | | | | | | |
| 014 NURSING ADMINISTRATION | | | | | | | |
| 014 01 NURSING ADMINISTRATION-KL | | | | | | | |
| 015 CENTRAL SERVICES & SUPPLY | | | | | | | |
| 016 PHARMACY | | | | | | | |
| 017 MEDICAL RECORDS & LIBRARY | | | | | | | |
| 018 SOCIAL SERVICE | | | | | | | |
| 018 01 RECREATION THERAPY GRMC | | | | | | | |
| 018 02 RECREATION THERAPY KLEIN | | | | | | | |
| INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | | | | | | | |
| 026 INTENSIVE CARE UNIT | | | | | | | |
| 031 SUBPROVIDER | | | | | | | |
| 033 NURSERY | | | | | | | |
| 034 SKILLED NURSING FACILITY | | | | | | | |
| 035 NURSING FACILITY | | | 256,221 | | | | |
| ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | | | | | | | |
| 039 DELIVERY ROOM & LABOR ROO | | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | | | | 4,574 | | | |
| 044 LABORATORY | | | | | | | |
| 049 RESPIRATORY THERAPY | | | | | | | |
| 050 PHYSICAL THERAPY | | | | | | | |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | | | | | | | |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | | |
| 055 01 DEVICES AND IMPLANTS | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | | | | | | | |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 059 AUDIOLOGY | | | | | | | |
| 059 01 CARDIAC REHAB | | | | | | | |
| 059 02 WORKFITNESS | | | | | | | |
| 059 03 PSYCH/PSYCHOLOGICAL | | | | | | | |
| 059 04 EMG & EEG | | | | | | | |
| 059 05 O/P REHAB SERVICES | | | | | | | |
| 059 06 O/P DEPENDENCY SERVICES | | | | | | | |
| 059 07 SPORTS FITNESS | | | | | | | |
| 059 08 LIFE CENTER | | | | | | | |
| 059 09 RECREATIONAL THERAPY | | | | | | | |
| OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 EMERGENCY | | | | | | | |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/1/2008
 WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | DIR ASSGND OLD CAPITAL REL COSTS | OLD CAP REL C OSTS-BLDG & - KLEIN | OLD CAP BLDG - CANCER CEN | OLD CAP REL C NEW CAP REL C OSTS-MVBLE E | OLD CAP REL C NEW CAP REL C OSTS-BLDG & - REHAB | NEW CRC BLDG |
|-------------------------|----------------------------------|-----------------------------------|---------------------------|--|---|--------------|
| | 0 | 1 | 1.01 | 1.02 | 2 | 3 |
| | | | | | | 3.02 |
| 071 | OUTPAT SERVICE COST CNTRS | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | |
| | HOME HEALTH AGENCY | | | | | |
| | SPEC PURPOSE COST CENTERS | | | | | |
| 093 | HOSPICE | | | | | |
| 095 | SUBTOTALS | | 256,221 | 4,574 | | |
| | NONREIMBURS COST CENTERS | | | | | |
| 096 | GIFT, FLOWER, COFFEE SHOP | | | | | |
| 096 | 01 MEALS ON WHEELS | | | | | |
| 096 | 02 OVERNIGHT ROOM | | | | | |
| 096 | 03 SALES TO OUTSIDE ORGANIZA | | | | | |
| 097 | RESEARCH | | | | | |
| 098 | PHYSICIANS' PRIVATE OFFIC | | | | | |
| 098 | 01 WELLNESS PROGRAM | | | | | |
| 098 | 02 EMPLOYEE WELLNESS PROGRAM | | | | | |
| 098 | 03 ADVERTISING | | | | | |
| 098 | 04 PARKING RAMP | | | | | |
| 098 | 05 PHYSICIANS' PRIVATE OFFIC | | | | | |
| 098 | 06 RENAL DIALYSIS | | | | | |
| 098 | 07 IDLE SPACE | | | | | |
| 098 | 08 AMERICAN PROSTHETICS | | | | | |
| 098 | 09 OUTREACH REHAB | | | | | |
| 098 | 10 DAY CARE DEPT | | | | | |
| 098 | 11 GRMC HELICOPTER HANGER | | | | | |
| 098 | 12 SWITCHBOARD | | | | | |
| 099 | NONPAID WORKERS | | | | | |
| 100 | OTHER NONREIMBURSABLE COS | | | | | |
| 101 | CROSS FOOT ADJUSTMENTS | | | | | |
| 102 | NEGATIVE COST CENTER | | | | | |
| 103 | TOTAL | | 256,221 | 4,574 | | |

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/1/2008
 WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | NEW CRC BLDG - LAUNDRY | NEW CRC BLDG - GRMC | NEW CRC BLDG - MERCY | NEW CRC BLDG - EASTMAN | NEW CRC BLDG - HHA/HOSPICE | NEW CAP REL COSTS-MVBLE E | SUBTOTAL |
|-----------------------------------|------------------------|---------------------|----------------------|------------------------|----------------------------|---------------------------|----------|
| | 3.03 | 3.04 | 3.05 | 3.06 | 3.07 | 4 | 4a |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 001 01 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 001 02 OLD CAP BLDG - KLEIN | | | | | | | |
| 002 02 OLD CAP BLDG - CANCER CEN | | | | | | | |
| 002 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 003 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 003 02 NEW CRC BLDG - REHAB | | | | | | | |
| 003 03 NEW CRC BLDG - LAUNDRY | | | | | | | |
| 003 04 NEW CRC BLDG - GRMC | | | | | | | |
| 003 05 NEW CRC BLDG - MERCY | | | | | | | |
| 003 06 NEW CRC BLDG - EASTMAN | | | | | | | |
| 003 07 NEW CRC BLDG - HHA/HOSPICE | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 03 NONPATIENT TELEPHONES LD | | | | | | | |
| 006 05 DATA PROCESSING | | | | | | | |
| 006 06 PURCHASING, RECEIVING AND | | | | | | | |
| 006 07 ADMINITTING | | | | | | | |
| 006 08 BUSINESS OFFICE | | | | | | | |
| 006 09 OTHER ADMINISTRATIVE AND | | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 007 01 UTILITIES - EASTMAN | | | | | | | |
| 007 02 UTILITIES - MERCY | | | | | | | |
| 007 03 UTILITIES - KLEIN | | | | | | | |
| 007 04 UTILITIES - CANCER | | | | | | | |
| 007 05 UTILITIES - REHAB | | | | | | | |
| 007 06 UTILITIES - LAUNDRY | | | | | | | |
| 007 07 UTILITIES - HHA/HOSPICE | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 008 01 OPERATION OF PLANT KLEIN | | | | | | | |
| 008 02 OPERATION OF PLANT REHAB | | | | | | | |
| 008 04 OPERATION OF PLANT EASTMA | | | | | | | |
| 008 05 OPERATION OF PLANT MERCY | | | | | | | |
| 008 06 OPERATION OF PLANT HHA/HO | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | | | | | |
| 010 HOUSEKEEPING | | | | | | | |
| 010 01 HOUSEKEEPING-KLEIN | | | | | | | |
| 010 04 HOUSEKEEPING-REHAB | | | | | | | |
| 010 05 HOUSEKEEPING-EASTMAN | | | | | | | |
| 010 06 HOUSEKEEPING-MERCY | | | | | | | |
| 011 DIETARY | | | | | | | |
| 011 01 DIETARY - KLEIN | | | | | | | |
| 012 CAFETERIA | | | | | | | |
| 014 NURSING ADMINISTRATION | | | | | | | |
| 014 01 NURSING ADMINISTRATION-KL | | | | | | | |
| 015 CENTRAL SERVICES & SUPPLY | | | | | | | |
| 016 PHARMACY | | | | | | | |
| 017 MEDICAL RECORDS & LIBRARY | | | | | | | |
| 018 SOCIAL SERVICE | | | | | | | |
| 018 01 RECREATION THERAPY GRMC | | | | | | | |
| 018 02 RECREATION THERAPY KLEIN | | | | | | | |
| INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | | | | | | | |
| 026 INTENSIVE CARE UNIT | | | | | | | |
| 031 SUBPROVIDER | | | | | | | |
| 033 NURSERY | | | | | | | |
| 034 SKILLED NURSING FACILITY | | | | | | | |
| 035 NURSING FACILITY | | | | | | | 256, 221 |
| ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | | | | | | | |
| 039 DELIVERY ROOM & LABOR ROO | | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | | | | | | | 4, 574 |
| 044 LABORATORY | | | | | | | |
| 049 RESPIRATORY THERAPY | | | | | | | |
| 050 PHYSICAL THERAPY | | | | | | | |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | | | | | | | |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | | |
| 055 01 DEVICES AND IMPLANTS | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | | | | | | | |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 059 AUDIOLOGY | | | | | | | |
| 059 01 CARDIAC REHAB | | | | | | | |
| 059 02 WORKFITNESS | | | | | | | |
| 059 03 PSYCH/PSYCHOLOGICAL | | | | | | | |
| 059 04 EMG & EEG | | | | | | | |
| 059 05 O/P REHAB SERVICES | | | | | | | |
| 059 06 O/P DEPENDENCY SERVICES | | | | | | | |
| 059 07 SPORTS FITNESS | | | | | | | |
| 059 08 LIFE CENTER | | | | | | | |
| 059 09 RECREATIONAL THERAPY | | | | | | | |
| OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 EMERGENCY | | | | | | | |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/1/2008
 WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | MAINTENANCE & UTILITIES - REPAIRS | UTILITIES - EASTMAN | UTILITIES - MERCY | UTILITIES - KLEIN | UTILITIES - CANCER | UTILITIES - EHAB | UTILITIES - LAUNDRY |
|-----------------------------------|-----------------------------------|---------------------|-------------------|-------------------|--------------------|------------------|---------------------|
| | 7 | 7.01 | 7.02 | 7.03 | 7.04 | 7.05 | 7.06 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 001 01 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 001 02 OLD CAP BLDG - KLEIN | | | | | | | |
| 002 02 OLD CAP BLDG - CANCER CEN | | | | | | | |
| 002 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 003 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 003 02 NEW CRC BLDG - REHAB | | | | | | | |
| 003 03 NEW CRC BLDG - LAUNDRY | | | | | | | |
| 003 04 NEW CRC BLDG - GRMC | | | | | | | |
| 003 05 NEW CRC BLDG - MERCY | | | | | | | |
| 003 06 NEW CRC BLDG - EASTMAN | | | | | | | |
| 003 07 NEW CRC BLDG - HHA/HOSPICE | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 03 NONPATIENT TELEPHONES LD | | | | | | | |
| 006 05 DATA PROCESSING | | | | | | | |
| 006 06 PURCHASING, RECEIVING AND | | | | | | | |
| 006 07 ADMINITTING | | | | | | | |
| 006 08 BUSINESS OFFICE | | | | | | | |
| 006 09 OTHER ADMINISTRATIVE AND | | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 007 01 UTILITIES - EASTMAN | | | | | | | |
| 007 02 UTILITIES - MERCY | | | | | | | |
| 007 03 UTILITIES - KLEIN | | | | | | | |
| 007 04 UTILITIES - CANCER | | | | | | | |
| 007 05 UTILITIES - REHAB | | | | | | | |
| 007 06 UTILITIES - LAUNDRY | | | | | | | |
| 007 07 UTILITIES - HHA/HOSPICE | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 008 01 OPERATION OF PLANT KLEIN | | | | | | | |
| 008 02 OPERATION OF PLANT REHAB | | | | | | | |
| 008 04 OPERATION OF PLANT EASTMA | | | | | | | |
| 008 05 OPERATION OF PLANT MERCY | | | | | | | |
| 008 06 OPERATION OF PLANT HHA/HO | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | | | | | |
| 010 HOUSEKEEPING | | | | | | | |
| 010 01 HOUSEKEEPING-KLEIN | | | | | | | |
| 010 04 HOUSEKEEPING-REHAB | | | | | | | |
| 010 05 HOUSEKEEPING-EASTMAN | | | | | | | |
| 010 06 HOUSEKEEPING-MERCY | | | | | | | |
| 011 DIETARY | | | | | | | |
| 011 01 DIETARY - KLEIN | | | | | | | |
| 012 CAFETERIA | | | | | | | |
| 014 NURSING ADMINISTRATION | | | | | | | |
| 014 01 NURSING ADMINISTRATION-KL | | | | | | | |
| 015 CENTRAL SERVICES & SUPPLY | | | | | | | |
| 016 PHARMACY | | | | | | | |
| 017 MEDICAL RECORDS & LIBRARY | | | | | | | |
| 018 SOCIAL SERVICE | | | | | | | |
| 018 01 RECREATION THERAPY GRMC | | | | | | | |
| 018 02 RECREATION THERAPY KLEIN | | | | | | | |
| INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | | | | | | | |
| 026 INTENSIVE CARE UNIT | | | | | | | |
| 031 SUBPROVIDER | | | | | | | |
| 033 NURSERY | | | | | | | |
| 034 SKILLED NURSING FACILITY | | | | | | | |
| 035 NURSING FACILITY | | | | | | | |
| ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | | | | | | | |
| 039 DELIVERY ROOM & LABOR ROO | | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | | | | | | | |
| 044 LABORATORY | | | | | | | |
| 049 RESPIRATORY THERAPY | | | | | | | |
| 050 PHYSICAL THERAPY | | | | | | | |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | | | | | | | |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | | |
| 055 01 DEVICES AND IMPLANTS | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | | | | | | | |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 059 AUDIOLOGY | | | | | | | |
| 059 01 CARDIAC REHAB | | | | | | | |
| 059 02 WORKFITNESS | | | | | | | |
| 059 03 PSYCH/PSYCHOLOGICAL | | | | | | | |
| 059 04 EMG & EEG | | | | | | | |
| 059 05 O/P REHAB SERVICES | | | | | | | |
| 059 06 O/P DEPENDENCY SERVICES | | | | | | | |
| 059 07 SPORTS FITNESS | | | | | | | |
| 059 08 LIFE CENTER | | | | | | | |
| 059 09 RECREATIONAL THERAPY | | | | | | | |
| OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 EMERGENCY | | | | | | | |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/1/2008
 WORKSHEET B PART II

| | UTILITIES - HA/HOSPICE | OPERATION OF PLANT | OPERATION OF PLANT KLEIN | OPERATION OF PLANT REHAB | OPERATION OF PLANT EASTMA | OPERATION OF PLANT MERCY | OPERATION OF PLANT HHA/HO |
|--------|----------------------------|--------------------|--------------------------|--------------------------|---------------------------|--------------------------|---------------------------|
| | 7.07 | 8 | 8.01 | 8.02 | 8.04 | 8.05 | 8.06 |
| 001 | GENERAL SERVICE COST CNTR | | | | | | |
| 001 | OLD CAP REL COSTS-BLDG & | | | | | | |
| 001 01 | OLD CAP BLDG - KLEIN | | | | | | |
| 001 02 | OLD CAP BLDG - CANCER CEN | | | | | | |
| 002 | OLD CAP REL COSTS-MVBLE E | | | | | | |
| 003 | NEW CAP REL COSTS-BLDG & | | | | | | |
| 003 02 | NEW CRC BLDG - REHAB | | | | | | |
| 003 03 | NEW CRC BLDG - LAUNDRY | | | | | | |
| 003 04 | NEW CRC BLDG - GRMC | | | | | | |
| 003 05 | NEW CRC BLDG - MERCY | | | | | | |
| 003 06 | NEW CRC BLDG - EASTMAN | | | | | | |
| 003 07 | NEW CRC BLDG - HHA/HOSPICE | | | | | | |
| 004 | NEW CAP REL COSTS-MVBLE E | | | | | | |
| 005 | EMPLOYEE BENEFITS | | | | | | |
| 006 03 | NONPATIENT TELEPHONES LD | | | | | | |
| 006 05 | DATA PROCESSING | | | | | | |
| 006 06 | PURCHASING, RECEIVING AND | | | | | | |
| 006 07 | ADMINISTRATIVE | | | | | | |
| 006 08 | BUSINESS OFFICE | | | | | | |
| 006 09 | OTHER ADMINISTRATIVE AND | | | | | | |
| 007 | MAINTENANCE & REPAIRS | | | | | | |
| 007 01 | UTILITIES - EASTMAN | | | | | | |
| 007 02 | UTILITIES - MERCY | | | | | | |
| 007 03 | UTILITIES - KLEIN | | | | | | |
| 007 04 | UTILITIES - CANCER | | | | | | |
| 007 05 | UTILITIES - REHAB | | | | | | |
| 007 06 | UTILITIES - LAUNDRY | | | | | | |
| 007 07 | UTILITIES - HHA/HOSPICE | | | | | | |
| 008 | OPERATION OF PLANT | | | | | | |
| 008 01 | OPERATION OF PLANT KLEIN | | | | | | |
| 008 02 | OPERATION OF PLANT REHAB | | | | | | |
| 008 04 | OPERATION OF PLANT EASTMA | | | | | | |
| 008 05 | OPERATION OF PLANT MERCY | | | | | | |
| 008 06 | OPERATION OF PLANT HHA/HO | | | | | | |
| 009 | LAUNDRY & LINEN SERVICE | | | | | | |
| 010 | HOUSEKEEPING | | | | | | |
| 010 01 | HOUSEKEEPING-KLEIN | | | | | | |
| 010 04 | HOUSEKEEPING-REHAB | | | | | | |
| 010 05 | HOUSEKEEPING-EASTMAN | | | | | | |
| 010 06 | HOUSEKEEPING-MERCY | | | | | | |
| 011 | DIETARY | | | | | | |
| 011 01 | DIETARY - KLEIN | | | | | | |
| 012 | CAFETERIA | | | | | | |
| 014 | NURSING ADMINISTRATION | | | | | | |
| 014 01 | NURSING ADMINISTRATION-KL | | | | | | |
| 015 | CENTRAL SERVICES & SUPPLY | | | | | | |
| 016 | PHARMACY | | | | | | |
| 017 | MEDICAL RECORDS & LIBRARY | | | | | | |
| 018 | SOCIAL SERVICE | | | | | | |
| 018 01 | RECREATION THERAPY GRMC | | | | | | |
| 018 02 | RECREATION THERAPY KLEIN | | | | | | |
| 025 | INPAT ROUTINE SRVC CNTRS | | | | | | |
| 026 | ADULTS & PEDIATRICS | | | | | | |
| 031 | INTENSIVE CARE UNIT | | | | | | |
| 033 | SUBPROVIDER | | | | | | |
| 034 | NURSERY | | | | | | |
| 034 | SKILLED NURSING FACILITY | | | | | | |
| 035 | NURSING FACILITY | | | | | | |
| 037 | ANCILLARY SRVC COST CNTRS | | | | | | |
| 039 | OPERATING ROOM | | | | | | |
| 041 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 044 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 049 | LABORATORY | | | | | | |
| 050 | RESPIRATORY THERAPY | | | | | | |
| 051 | PHYSICAL THERAPY | | | | | | |
| 052 | OCCUPATIONAL THERAPY | | | | | | |
| 053 | SPEECH PATHOLOGY | | | | | | |
| 055 | ELECTROCARDIOLOGY | | | | | | |
| 055 01 | MEDICAL SUPPLIES CHARGED | | | | | | |
| 056 | DEVICES AND IMPLANTS | | | | | | |
| 058 | DRUGS CHARGED TO PATIENTS | | | | | | |
| 059 | ASC (NON-DISTINCT PART) | | | | | | |
| 059 01 | AUDIOLOGY | | | | | | |
| 059 02 | CARDIAC REHAB | | | | | | |
| 059 03 | WORKFITNESS | | | | | | |
| 059 04 | PSYCH/PSYCHOLOGICAL | | | | | | |
| 059 05 | EMG & EEG | | | | | | |
| 059 06 | O/P REHAB SERVICES | | | | | | |
| 059 07 | O/P DEPENDENCY SERVICES | | | | | | |
| 059 08 | SPORTS FITNESS | | | | | | |
| 059 09 | LIFE CENTER | | | | | | |
| 061 | RECREATIONAL THERAPY | | | | | | |
| 062 | OUTPAT SERVICE COST CNTRS | | | | | | |
| | EMERGENCY | | | | | | |
| | OBSERVATION BEDS (NON-DIS | | | | | | |

| COST CENTER DESCRIPTION | LAUNDRY & LINEN SERVICE | HOUSEKEEPING-KLEIN | HOUSEKEEPING-REHAB | HOUSEKEEPING-EASTMAN | HOUSEKEEPING-MERCY | DIETARY | |
|-----------------------------------|-------------------------|--------------------|--------------------|----------------------|--------------------|---------|----|
| | 9 | 10 | 10.01 | 10.04 | 10.05 | 10.06 | 11 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 001 01 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 001 02 OLD CAP BLDG - KLEIN | | | | | | | |
| 002 02 OLD CAP BLDG - CANCER CEN | | | | | | | |
| 002 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 003 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 003 02 NEW CRC BLDG - REHAB | | | | | | | |
| 003 03 NEW CRC BLDG - LAUNDRY | | | | | | | |
| 003 04 NEW CRC BLDG - GRMC | | | | | | | |
| 003 05 NEW CRC BLDG - MERCY | | | | | | | |
| 003 06 NEW CRC BLDG - EASTMAN | | | | | | | |
| 003 07 NEW CRC BLDG - HHA/HOSPICE | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 03 NONPATIENT TELEPHONES LD | | | | | | | |
| 006 05 DATA PROCESSING | | | | | | | |
| 006 06 PURCHASING, RECEIVING AND | | | | | | | |
| 006 07 ADMINITTING | | | | | | | |
| 006 08 BUSINESS OFFICE | | | | | | | |
| 006 09 OTHER ADMINISTRATIVE AND | | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 007 01 UTILITIES - EASTMAN | | | | | | | |
| 007 02 UTILITIES - MERCY | | | | | | | |
| 007 03 UTILITIES - KLEIN | | | | | | | |
| 007 04 UTILITIES - CANCER | | | | | | | |
| 007 05 UTILITIES - REHAB | | | | | | | |
| 007 06 UTILITIES - LAUNDRY | | | | | | | |
| 007 07 UTILITIES - HHA/HOSPICE | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 008 01 OPERATION OF PLANT KLEIN | | | | | | | |
| 008 02 OPERATION OF PLANT REHAB | | | | | | | |
| 008 04 OPERATION OF PLANT EASTMA | | | | | | | |
| 008 05 OPERATION OF PLANT MERCY | | | | | | | |
| 008 06 OPERATION OF PLANT HHA/HO | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | | | | | |
| 010 HOUSEKEEPING | | | | | | | |
| 010 01 HOUSEKEEPING-KLEIN | | | | | | | |
| 010 04 HOUSEKEEPING-REHAB | | | | | | | |
| 010 05 HOUSEKEEPING-EASTMAN | | | | | | | |
| 010 06 HOUSEKEEPING-MERCY | | | | | | | |
| 011 DIETARY | | | | | | | |
| 011 01 DIETARY - KLEIN | | | | | | | |
| 012 CAFETERIA | | | | | | | |
| 014 NURSING ADMINISTRATION | | | | | | | |
| 014 01 NURSING ADMINISTRATION-KL | | | | | | | |
| 015 CENTRAL SERVICES & SUPPLY | | | | | | | |
| 016 PHARMACY | | | | | | | |
| 017 MEDICAL RECORDS & LIBRARY | | | | | | | |
| 018 SOCIAL SERVICE | | | | | | | |
| 018 01 RECREATION THERAPY GRMC | | | | | | | |
| 018 02 RECREATION THERAPY KLEIN | | | | | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 026 ADULTS & PEDIATRICS | | | | | | | |
| 026 INTENSIVE CARE UNIT | | | | | | | |
| 031 SUBPROVIDER | | | | | | | |
| 033 NURSERY | | | | | | | |
| 034 SKILLED NURSING FACILITY | | | | | | | |
| 035 NURSING FACILITY | | | | | | | |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 039 OPERATING ROOM | | | | | | | |
| 041 DELIVERY ROOM & LABOR ROO | | | | | | | |
| 044 RADIOLOGY-DIAGNOSTIC | | | | | | | |
| 044 LABORATORY | | | | | | | |
| 049 RESPIRATORY THERAPY | | | | | | | |
| 050 PHYSICAL THERAPY | | | | | | | |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | | | | | | | |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | | |
| 055 01 DEVICES AND IMPLANTS | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | | | | | | | |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 059 AUDIOLOGY | | | | | | | |
| 059 01 CARDIAC REHAB | | | | | | | |
| 059 02 WORKFITNESS | | | | | | | |
| 059 03 PSYCH/PSYCHOLOGICAL | | | | | | | |
| 059 04 EMG & EEG | | | | | | | |
| 059 05 O/P REHAB SERVICES | | | | | | | |
| 059 06 O/P DEPENDENCY SERVICES | | | | | | | |
| 059 07 SPORTS FITNESS | | | | | | | |
| 059 08 LIFE CENTER | | | | | | | |
| 059 09 RECREATIONAL THERAPY | | | | | | | |
| 061 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 EMERGENCY | | | | | | | |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/1/2008
 WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | LAUNDRY & LIN EN SERVICE | HOUSEKEEPING | HOUSEKEEPING- KLEIN | HOUSEKEEPING- REHAB | HOUSEKEEPING- EASTMAN | HOUSEKEEPING- MERCY | DIETARY |
|----------------------------------|--------------------------|--------------|---------------------|---------------------|-----------------------|---------------------|---------|
| | 9 | 10 | 10.01 | 10.04 | 10.05 | 10.06 | 11 |
| 071 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 071 OTHER REIMBURS COST CNTRS | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | |
| 093 SPEC PURPOSE COST CENTERS | | | | | | | |
| 093 HOSPICE | | | | | | | |
| 095 SUBTOTALS | | | | | | | |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 096 01 GIFT, FLOWER, COFFEE SHOP | | | | | | | |
| 096 02 MEALS ON WHEELS | | | | | | | |
| 096 03 OVERNIGHT ROOM | | | | | | | |
| 096 04 SALES TO OUTSIDE ORGANIZA | | | | | | | |
| 097 RESEARCH | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 098 01 WELLNESS PROGRAM | | | | | | | |
| 098 02 EMPLOYEE WELLNESS PROGRAM | | | | | | | |
| 098 03 ADVERTISING | | | | | | | |
| 098 04 PARKING RAMP | | | | | | | |
| 098 05 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 098 06 RENAL DIALYSIS | | | | | | | |
| 098 07 IDLE SPACE | | | | | | | |
| 098 08 AMERICAN PROSTHETICS | | | | | | | |
| 098 09 OUTREACH REHAB | | | | | | | |
| 098 10 DAY CARE DEPT | | | | | | | |
| 098 11 GRMC HELICOPTER HANGER | | | | | | | |
| 098 12 SWITCHBOARD | | | | | | | |
| 099 NONPAID WORKERS | | | | | | | |
| 100 OTHER NONREIMBURSABLE COS | | | | | | | |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | | | | | | | |

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/1/2008
 WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | DIETARY - KLE CAFETERIA IN | NURSING ADMINISTRATION | NURSING ADMINISTRATION-KL | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY | |
|-----------------------------------|----------------------------|------------------------|---------------------------|---------------------------|----------|---------------------------|----|
| | 11.01 | 12 | 14 | 14.01 | 15 | 16 | 17 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 001 01 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 001 02 OLD CAP BLDG - KLEIN | | | | | | | |
| 002 02 OLD CAP BLDG - CANCER CEN | | | | | | | |
| 002 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 003 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 003 02 NEW CRC BLDG - REHAB | | | | | | | |
| 003 03 NEW CRC BLDG - LAUNDRY | | | | | | | |
| 003 04 NEW CRC BLDG - GRMC | | | | | | | |
| 003 05 NEW CRC BLDG - MERCY | | | | | | | |
| 003 06 NEW CRC BLDG - EASTMAN | | | | | | | |
| 003 07 NEW CRC BLDG - HHA/HOSPICE | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 03 NONPATIENT TELEPHONES LD | | | | | | | |
| 006 05 DATA PROCESSING | | | | | | | |
| 006 06 PURCHASING, RECEIVING AND | | | | | | | |
| 006 07 ADMINITTING | | | | | | | |
| 006 08 BUSINESS OFFICE | | | | | | | |
| 006 09 OTHER ADMINISTRATIVE AND | | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 007 01 UTILITIES - EASTMAN | | | | | | | |
| 007 02 UTILITIES - MERCY | | | | | | | |
| 007 03 UTILITIES - KLEIN | | | | | | | |
| 007 04 UTILITIES - CANCER | | | | | | | |
| 007 05 UTILITIES - REHAB | | | | | | | |
| 007 06 UTILITIES - LAUNDRY | | | | | | | |
| 007 07 UTILITIES - HHA/HOSPICE | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 008 01 OPERATION OF PLANT KLEIN | | | | | | | |
| 008 02 OPERATION OF PLANT REHAB | | | | | | | |
| 008 04 OPERATION OF PLANT EASTMA | | | | | | | |
| 008 05 OPERATION OF PLANT MERCY | | | | | | | |
| 008 06 OPERATION OF PLANT HHA/HO | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | | | | | |
| 010 HOUSEKEEPING | | | | | | | |
| 010 01 HOUSEKEEPING-KLEIN | | | | | | | |
| 010 04 HOUSEKEEPING-REHAB | | | | | | | |
| 010 05 HOUSEKEEPING-EASTMAN | | | | | | | |
| 010 06 HOUSEKEEPING-MERCY | | | | | | | |
| 011 DIETARY | | | | | | | |
| 011 01 DIETARY - KLEIN | | | | | | | |
| 012 CAFETERIA | | | | | | | |
| 014 NURSING ADMINISTRATION | | | | | | | |
| 014 01 NURSING ADMINISTRATION-KL | | | | | | | |
| 015 CENTRAL SERVICES & SUPPLY | | | | | | | |
| 016 PHARMACY | | | | | | | |
| 017 MEDICAL RECORDS & LIBRARY | | | | | | | |
| 018 SOCIAL SERVICE | | | | | | | |
| 018 01 RECREATION THERAPY GRMC | | | | | | | |
| 018 02 RECREATION THERAPY KLEIN | | | | | | | |
| INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | | | | | | | |
| 026 INTENSIVE CARE UNIT | | | | | | | |
| 031 SUBPROVIDER | | | | | | | |
| 033 NURSERY | | | | | | | |
| 034 SKILLED NURSING FACILITY | | | | | | | |
| 035 NURSING FACILITY | | | | | | | |
| ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | | | | | | | |
| 039 DELIVERY ROOM & LABOR ROO | | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | | | | | | | |
| 044 LABORATORY | | | | | | | |
| 049 RESPIRATORY THERAPY | | | | | | | |
| 050 PHYSICAL THERAPY | | | | | | | |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | | | | | | | |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | | |
| 055 01 DEVICES AND IMPLANTS | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | | | | | | | |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 059 AUDIOLOGY | | | | | | | |
| 059 01 CARDIAC REHAB | | | | | | | |
| 059 02 WORKFITNESS | | | | | | | |
| 059 03 PSYCH/PSYCHOLOGICAL | | | | | | | |
| 059 04 EMG & EEG | | | | | | | |
| 059 05 O/P REHAB SERVICES | | | | | | | |
| 059 06 O/P DEPENDENCY SERVICES | | | | | | | |
| 059 07 SPORTS FITNESS | | | | | | | |
| 059 08 LIFE CENTER | | | | | | | |
| 059 09 RECREATIONAL THERAPY | | | | | | | |
| OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 EMERGENCY | | | | | | | |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/1/2008
 WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | DIETARY - KLE CAFETERIA IN | NURSING ADMINISTRATION | NURSING ADMINISTRATION-KL | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY |
|----------------------------------|----------------------------|------------------------|---------------------------|---------------------------|----------|---------------------------|
| | 11.01 | 12 | 14 | 14.01 | 15 | 16 |
| 071 OUTPAT SERVICE COST CNTRS | | | | | | |
| 071 OTHER REIMBURS COST CNTRS | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | |
| 093 SPEC PURPOSE COST CENTERS | | | | | | |
| 093 HOSPICE | | | | | | |
| 095 SUBTOTALS | | | | | | |
| 095 NONREIMBURS COST CENTERS | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | | | | | |
| 096 01 MEALS ON WHEELS | | | | | | |
| 096 02 OVERNIGHT ROOM | | | | | | |
| 096 03 SALES TO OUTSIDE ORGANIZA | | | | | | |
| 097 RESEARCH | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | | | |
| 098 01 WELLNESS PROGRAM | | | | | | |
| 098 02 EMPLOYEE WELLNESS PROGRAM | | | | | | |
| 098 03 ADVERTISING | | | | | | |
| 098 04 PARKING RAMP | | | | | | |
| 098 05 PHYSICIANS' PRIVATE OFFIC | | | | | | |
| 098 06 RENAL DIALYSIS | | | | | | |
| 098 07 IDLE SPACE | | | | | | |
| 098 08 AMERICAN PROSTHETICS | | | | | | |
| 098 09 OUTREACH REHAB | | | | | | |
| 098 10 DAY CARE DEPT | | | | | | |
| 098 11 GRMC HELICOPTER HANGER | | | | | | |
| 098 12 SWITCHBOARD | | | | | | |
| 099 NONPAID WORKERS | | | | | | |
| 100 OTHER NONREIMBURSABLE COS | | | | | | |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | |
| 103 TOTAL | | | | | | |

ALLOCATION OF OLD CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION | SOCIAL SERVICE | RECREATION THERAPY GRMC | RECREATION THERAPY KLEIN | SUBTOTAL | POST STEPDOWN ADJUSTMENT | TOTAL |
|-----------------------------------|----------------|-------------------------|--------------------------|----------|--------------------------|---------|
| | 18 | 18.01 | 18.02 | 25 | 26 | 27 |
| 001 GENERAL SERVICE COST CNTR | | | | | | |
| 001 01 OLD CAP REL COSTS-BLDG & | | | | | | |
| 001 02 OLD CAP BLDG - KLEIN | | | | | | |
| 002 02 OLD CAP BLDG - CANCER CEN | | | | | | |
| 002 OLD CAP REL COSTS-MVBLE E | | | | | | |
| 003 NEW CAP REL COSTS-BLDG & | | | | | | |
| 003 02 NEW CRC BLDG - REHAB | | | | | | |
| 003 03 NEW CRC BLDG - LAUNDRY | | | | | | |
| 003 04 NEW CRC BLDG - GRMC | | | | | | |
| 003 05 NEW CRC BLDG - MERCY | | | | | | |
| 003 06 NEW CRC BLDG - EASTMAN | | | | | | |
| 003 07 NEW CRC BLDG - HHA/HOSPICE | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | |
| 006 03 NONPATIENT TELEPHONES LD | | | | | | |
| 006 05 DATA PROCESSING | | | | | | |
| 006 06 PURCHASING, RECEIVING AND | | | | | | |
| 006 07 ADMINITTING | | | | | | |
| 006 08 BUSINESS OFFICE | | | | | | |
| 006 09 OTHER ADMINISTRATIVE AND | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | |
| 007 01 UTILITIES - EASTMAN | | | | | | |
| 007 02 UTILITIES - MERCY | | | | | | |
| 007 03 UTILITIES - KLEIN | | | | | | |
| 007 04 UTILITIES - CANCER | | | | | | |
| 007 05 UTILITIES - REHAB | | | | | | |
| 007 06 UTILITIES - LAUNDRY | | | | | | |
| 007 07 UTILITIES - HHA/HOSPICE | | | | | | |
| 008 OPERATION OF PLANT | | | | | | |
| 008 01 OPERATION OF PLANT KLEIN | | | | | | |
| 008 02 OPERATION OF PLANT REHAB | | | | | | |
| 008 04 OPERATION OF PLANT EASTMA | | | | | | |
| 008 05 OPERATION OF PLANT MERCY | | | | | | |
| 008 06 OPERATION OF PLANT HHA/HO | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | | | | |
| 010 HOUSEKEEPING | | | | | | |
| 010 01 HOUSEKEEPING-KLEIN | | | | | | |
| 010 04 HOUSEKEEPING-REHAB | | | | | | |
| 010 05 HOUSEKEEPING-EASTMAN | | | | | | |
| 010 06 HOUSEKEEPING-MERCY | | | | | | |
| 011 DIETARY | | | | | | |
| 011 01 DIETARY - KLEIN | | | | | | |
| 012 CAFETERIA | | | | | | |
| 014 NURSING ADMINISTRATION | | | | | | |
| 014 01 NURSING ADMINISTRATION-KL | | | | | | |
| 015 CENTRAL SERVICES & SUPPLY | | | | | | |
| 016 PHARMACY | | | | | | |
| 017 MEDICAL RECORDS & LIBRARY | | | | | | |
| 018 SOCIAL SERVICE | | | | | | |
| 018 01 RECREATION THERAPY GRMC | | | | | | |
| 018 02 RECREATION THERAPY KLEIN | | | | | | |
| INPAT ROUTINE SRVC CNTRS | | | | | | |
| 025 ADULTS & PEDIATRICS | | | | | | |
| 026 INTENSIVE CARE UNIT | | | | | | |
| 031 SUBPROVIDER | | | | | | |
| 033 NURSERY | | | | | | |
| 034 SKILLED NURSING FACILITY | | | | | | |
| 035 NURSING FACILITY | | | | 256,221 | | 256,221 |
| ANCILLARY SRVC COST CNTRS | | | | | | |
| 037 OPERATING ROOM | | | | | | |
| 039 DELIVERY ROOM & LABOR ROO | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | | | | 4,574 | | 4,574 |
| 044 LABORATORY | | | | | | |
| 049 RESPIRATORY THERAPY | | | | | | |
| 050 PHYSICAL THERAPY | | | | | | |
| 051 OCCUPATIONAL THERAPY | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | |
| 053 ELECTROCARDIOLOGY | | | | | | |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | |
| 055 01 DEVICES AND IMPLANTS | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | | | | | | |
| 058 ASC (NON-DISTINCT PART) | | | | | | |
| 059 AUDIOLOGY | | | | | | |
| 059 01 CARDIAC REHAB | | | | | | |
| 059 02 WORKFITNESS | | | | | | |
| 059 03 PSYCH/PSYCHOLOGICAL | | | | | | |
| 059 04 EMG & EEG | | | | | | |
| 059 05 O/P REHAB SERVICES | | | | | | |
| 059 06 O/P DEPENDENCY SERVICES | | | | | | |
| 059 07 SPORTS FITNESS | | | | | | |
| 059 08 LIFE CENTER | | | | | | |
| 059 09 RECREATIONAL THERAPY | | | | | | |
| OUTPAT SERVICE COST CNTRS | | | | | | |
| 061 EMERGENCY | | | | | | |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | |

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/1/2008
 WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | DIR ASSGND NEW CAPITAL REL COSTS | OLD CAP REL C OSTS-BLDG & | OLD CAP BLDG - KLEIN | OLD CAP BLDG - CANCER CEN | OLD CAP REL C OSTS-MVBLE E | NEW CAP REL C OSTS-BLDG & | NEW CRC BLDG - REHAB |
|-----------------------------------|----------------------------------|---------------------------|----------------------|---------------------------|----------------------------|---------------------------|----------------------|
| | 0 | 1 | 1.01 | 1.02 | 2 | 3 | 3.02 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 001 01 OLD CAP BLDG - KLEIN | | | | | | | |
| 001 02 OLD CAP BLDG - CANCER CEN | | | | | | | |
| 002 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 003 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 003 02 NEW CRC BLDG - REHAB | | | | | | | |
| 003 03 NEW CRC BLDG - LAUNDRY | | | | | | | |
| 003 04 NEW CRC BLDG - GRMC | | | | | | | |
| 003 05 NEW CRC BLDG - MERCY | | | | | | | |
| 003 06 NEW CRC BLDG - EASTMAN | | | | | | | |
| 003 07 NEW CRC BLDG - HHA/HOSPICE | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 03 NONPATIENT TELEPHONES LD | | | | | | | |
| 006 05 DATA PROCESSING | | | | | | | |
| 006 06 PURCHASING, RECEIVING AND | | | | | | | |
| 006 07 ADMINITTING | | | | | | | |
| 006 08 BUSINESS OFFICE | | | | | | | |
| 006 09 OTHER ADMINISTRATIVE AND | | | | | | | 91,290 |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 007 01 UTILITIES - EASTMAN | | | | | | | |
| 007 02 UTILITIES - MERCY | | | | | | | |
| 007 03 UTILITIES - KLEIN | | | | | | | |
| 007 04 UTILITIES - CANCER | | | | | | | |
| 007 05 UTILITIES - REHAB | | | | | | | |
| 007 06 UTILITIES - LAUNDRY | | | | | | | |
| 007 07 UTILITIES - HHA/HOSPICE | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 008 01 OPERATION OF PLANT KLEIN | | | | | | | |
| 008 02 OPERATION OF PLANT REHAB | | | | | | | |
| 008 04 OPERATION OF PLANT EASTMA | | | | | | | |
| 008 05 OPERATION OF PLANT MERCY | | | | | | | |
| 008 06 OPERATION OF PLANT HHA/HO | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | | | | | |
| 010 HOUSEKEEPING | | | | | | | |
| 010 01 HOUSEKEEPING-KLEIN | | | | | | | |
| 010 04 HOUSEKEEPING-REHAB | | | | | | | |
| 010 05 HOUSEKEEPING-EASTMAN | | | | | | | |
| 010 06 HOUSEKEEPING-MERCY | | | | | | | |
| 011 DIETARY | | | | | | | |
| 011 01 DIETARY - KLEIN | | | | | | | |
| 012 CAFETERIA | | | | | | | |
| 014 NURSING ADMINISTRATION | | | | | | | |
| 014 01 NURSING ADMINISTRATION-KL | | | | | | | |
| 015 CENTRAL SERVICES & SUPPLY | | | | | | | |
| 016 PHARMACY | | | | | | | |
| 017 MEDICAL RECORDS & LIBRARY | | | | | | | |
| 018 SOCIAL SERVICE | | | | | | | |
| 018 01 RECREATION THERAPY GRMC | | | | | | | |
| 018 02 RECREATION THERAPY KLEIN | | | | | | | |
| INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | | | | | | | |
| 026 INTENSIVE CARE UNIT | | | | | | | |
| 031 SUBPROVIDER | | | | | | | |
| 033 NURSERY | | | | | | | |
| 034 SKILLED NURSING FACILITY | | | | | | | |
| 035 NURSING FACILITY | | | | | | | |
| ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | | | | | | | |
| 039 DELIVERY ROOM & LABOR ROO | | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | | | | | | | |
| 044 LABORATORY | | | | | | | |
| 049 RESPIRATORY THERAPY | | | | | | | |
| 050 PHYSICAL THERAPY | | | | | | | |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | | | | | | | |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | | |
| 055 01 DEVICES AND IMPLANTS | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | | | | | | | |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 059 AUDIOLOGY | | | | | | | |
| 059 01 CARDIAC REHAB | | | | | | | |
| 059 02 WORKFITNESS | | | | | | | |
| 059 03 PSYCH/PSYCHOLOGICAL | | | | | | | |
| 059 04 EMG & EEG | | | | | | | |
| 059 05 O/P REHAB SERVICES | | | | | | | 84,254 |
| 059 06 O/P DEPENDENCY SERVICES | | | | | | | |
| 059 07 SPORTS FITNESS | | | | | | | 27,583 |
| 059 08 LIFE CENTER | | | | | | | 35,447 |
| 059 09 RECREATIONAL THERAPY | | | | | | | |
| OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 EMERGENCY | | | | | | | |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION | DIR ASSGND NEW CAPITAL REL COSTS | OLD CAP REL C OSTS-BLDG & | OLD CAP BLDG - KLEIN | OLD CAP BLDG - CANCER CEN | OLD CAP REL C OSTS-MVBLE E | NEW CAP REL C OSTS-BLDG & | NEW CRC BLDG - REHAB |
|-------------------------|----------------------------------|---------------------------|----------------------|---------------------------|----------------------------|---------------------------|----------------------|
| | 0 | 1 | 1.01 | 1.02 | 2 | 3 | 3.02 |
| 071 | OUTPAT SERVICE COST CNTRS | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| | HOME HEALTH AGENCY | | | | | | |
| | SPEC PURPOSE COST CENTERS | | | | | | |
| 093 | HOSPICE | | | | | | |
| 095 | SUBTOTALS | | | | | | 238,574 |
| | NONREIMBURS COST CENTERS | | | | | | |
| 096 | GIFT, FLOWER, COFFEE SHOP | | | | | | |
| 096 01 | MEALS ON WHEELS | | | | | | |
| 096 02 | OVERNIGHT ROOM | | | | | | |
| 096 03 | SALES TO OUTSIDE ORGANIZA | | | | | | |
| 097 | RESEARCH | | | | | | |
| 098 | PHYSICIANS' PRIVATE OFFIC | | | | | | 60,154 |
| 098 01 | WELLNESS PROGRAM | | | | | | |
| 098 02 | EMPLOYEE WELLNESS PROGRAM | | | | | | |
| 098 03 | ADVERTISING | | | | | | |
| 098 04 | PARKING RAMP | | | | | | |
| 098 05 | PHYSICIANS' PRIVATE OFFIC | | | | | | |
| 098 06 | RENAL DIALYSIS | | | | | | |
| 098 07 | IDLE SPACE | | | | | | |
| 098 08 | AMERICAN PROSTHETICS | | | | | | 6,966 |
| 098 09 | OUTREACH REHAB | | | | | | |
| 098 10 | DAY CARE DEPT | | | | | | |
| 098 11 | GRMC HELICOPTER HANGER | | | | | | |
| 098 12 | SWITCHBOARD | | | | | | |
| 099 | NONPAID WORKERS | | | | | | |
| 100 | OTHER NONREIMBURSABLE COS | | | | | | |
| 101 | CROSS FOOT ADJUSTMENTS | | | | | | |
| 102 | NEGATIVE COST CENTER | | | | | | |
| 103 | TOTAL | | | | | | 305,694 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/1/2008
 WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | NEW CRC BLDG - LAUNDRY | NEW CRC BLDG - GRMC | NEW CRC BLDG - MERCY | NEW CRC BLDG - EASTMAN | NEW CRC BLDG - HHA/HOSPICE | NEW CAP REL COSTS-MVBLE E | SUBTOTAL |
|---------------------------------------|------------------------|---------------------|----------------------|------------------------|----------------------------|---------------------------|-----------|
| | 3.03 | 3.04 | 3.05 | 3.06 | 3.07 | 4 | 4a |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 001 01 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 001 02 OLD CAP BLDG - KLEIN | | | | | | | |
| 002 02 OLD CAP BLDG - CANCER CEN | | | | | | | |
| 002 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 003 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 003 02 NEW CRC BLDG - REHAB | | | | | | | |
| 003 03 NEW CRC BLDG - LAUNDRY | | | | | | | |
| 003 04 NEW CRC BLDG - GRMC | | | | | | | |
| 003 05 NEW CRC BLDG - MERCY | | | | | | | |
| 003 06 NEW CRC BLDG - EASTMAN | | | | | | | |
| 003 07 NEW CRC BLDG - HHA/HOSPICE | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | 38,426 | | | | 31,820 | 70,246 |
| 006 03 NONPATIENT TELEPHONES LD | | | | | | | |
| 006 05 DATA PROCESSING | | 96,013 | 5,199 | | | 691,633 | 792,845 |
| 006 06 PURCHASING, RECEIVING AND | | 220,129 | | | | 62,108 | 282,237 |
| 006 07 ADMINISTRATION | | 38,671 | | | | 27 | 38,698 |
| 006 08 BUSINESS OFFICE | | 44,271 | | | | 577 | 44,848 |
| 006 09 OTHER ADMINISTRATIVE AND | | 264,558 | 38,805 | 20,125 | | 40,817 | 455,595 |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 007 01 UTILITIES - EASTMAN | | | | | | | |
| 007 02 UTILITIES - MERCY | | | | | | | |
| 007 03 UTILITIES - KLEIN | | | | | | | |
| 007 04 UTILITIES - CANCER | | | | | | | |
| 007 05 UTILITIES - REHAB | | | | | | | |
| 007 06 UTILITIES - LAUNDRY | | | | | | | |
| 007 07 UTILITIES - HHA/HOSPICE | | | | | | | |
| 008 OPERATION OF PLANT | | 154,685 | | | | 461,483 | 616,168 |
| 008 01 OPERATION OF PLANT KLEIN | | | | | | 19,120 | 19,120 |
| 008 02 OPERATION OF PLANT REHAB | | | | | | | |
| 008 04 OPERATION OF PLANT EASTMAN | | | | | | | |
| 008 05 OPERATION OF PLANT MERCY | | | | | | | |
| 008 06 OPERATION OF PLANT HHA/HOSPICE | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | 72,708 | | | | | 58,373 | 131,081 |
| 010 HOUSEKEEPING | | | | | | 27,380 | 27,380 |
| 010 01 HOUSEKEEPING-KLEIN | | | | | | | |
| 010 04 HOUSEKEEPING-REHAB | | | | | | | |
| 010 05 HOUSEKEEPING-EASTMAN | | | | | | | |
| 010 06 HOUSEKEEPING-MERCY | | | | | | | |
| 011 DIETARY | | 247,339 | | | | 119,440 | 366,779 |
| 011 01 DIETARY - KLEIN | | | | | | | |
| 012 CAFETERIA | | | | | | | |
| 014 NURSING ADMINISTRATION | | 76,818 | 5,199 | | | 303,980 | 385,997 |
| 014 01 NURSING ADMINISTRATION-KLEIN | | | | | | | |
| 015 CENTRAL SERVICES & SUPPLY | | 177,836 | | | | 80,876 | 258,712 |
| 016 PHARMACY | | 50,675 | | | | 86,514 | 137,189 |
| 017 MEDICAL RECORDS & LIBRARY | | | | | | 40,370 | 40,370 |
| 018 SOCIAL SERVICE | | 137,327 | | | | | 137,327 |
| 018 01 RECREATION THERAPY GRMC | | | | | | | |
| 018 02 RECREATION THERAPY KLEIN | | | | | | 1,154 | 1,154 |
| 025 INPAT ROUTINE SRVC CNTRS | | 627,263 | 376 | | | 217,592 | 845,231 |
| 026 ADULTS & PEDIATRICS | | 179,323 | 376 | | | 81,038 | 260,737 |
| 031 INTENSIVE CARE UNIT | | 269,370 | | | | 19,600 | 288,970 |
| 033 SUBPROVIDER | | | | | | 3,822 | 3,822 |
| 034 NURSERY | | | | | | 45,053 | 175,337 |
| 035 SKILLED NURSING FACILITY | | 129,908 | 376 | | | 79,578 | 79,578 |
| 037 NURSING FACILITY | | | | | | | |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 01 OPERATING ROOM | | 1,525,841 | 376 | | | 1,448,669 | 2,974,886 |
| 039 DELIVERY ROOM & LABOR ROOM | | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | | 478,912 | | | | 1,818,481 | 2,297,393 |
| 044 LABORATORY | | 183,138 | 1,155 | | | 228,413 | 412,706 |
| 049 RESPIRATORY THERAPY | | 64,219 | | | | 122,670 | 186,889 |
| 050 PHYSICAL THERAPY | | | | | | 1,549 | 1,549 |
| 051 OCCUPATIONAL THERAPY | | | | | | 59 | 59 |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | | 231,188 | | | | 618,583 | 849,771 |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | | |
| 055 01 DEVICES AND IMPLANTS | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | | | | | | | |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 059 AUDIOLOGY | | | | | | 12,903 | 12,903 |
| 059 01 CARDIAC REHAB | | | | | | | |
| 059 02 WORKFITNESS | | | | | | | |
| 059 03 PSYCH/PSYCHOLOGICAL | | | | | | | |
| 059 04 EMG & EEG | | 40,806 | | | | 22,492 | 63,298 |
| 059 05 O/P REHAB SERVICES | | | | | | 13,709 | 97,963 |
| 059 06 O/P DEPENDENCY SERVICES | | 63,519 | | | | 972 | 64,491 |
| 059 07 SPORTS FITNESS | | | | | | 5,440 | 33,023 |
| 059 08 LIFE CENTER | | | 462 | | | 46,235 | 82,144 |
| 059 09 RECREATIONAL THERAPY | | | | | | | |
| 061 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 EMERGENCY | | 234,985 | | | | 48,977 | 283,962 |
| 062 OBSERVATION BEDS (NON-DIS) | | | | | | | |

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/1/2008
 WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | NEW CRC BLDG - LAUNDRY | NEW CRC BLDG - GRMC | NEW CRC BLDG - MERCY | NEW CRC BLDG - EASTMAN | NEW CRC BLDG - HHA/HOSPICE | NEW CAP REL C OSTS-MVBLE E | SUBTOTAL |
|----------------------------------|------------------------|---------------------|----------------------|------------------------|----------------------------|----------------------------|------------|
| | 3.03 | 3.04 | 3.05 | 3.06 | 3.07 | 4 | 4a |
| 071 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 071 OTHER REIMBURS COST CNTRS | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | 97,138 | 2,298 | 99,436 |
| 093 SPEC PURPOSE COST CENTERS | | | | | | | |
| 093 HOSPICE | | | | | 92,831 | 45,903 | 138,734 |
| 095 SUBTOTALS | 72,708 | 5,575,220 | 52,324 | 20,125 | 189,969 | 6,909,708 | 13,058,628 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 096 01 GIFT, FLOWER, COFFEE SHOP | | 35,014 | | | | | 35,014 |
| 096 01 MEALS ON WHEELS | | | | | | | |
| 096 02 OVERNIGHT ROOM | | | | | | | |
| 096 03 SALES TO OUTSIDE ORGANIZA | | | | | | 2,190 | 2,190 |
| 097 RESEARCH | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | 310,831 | 570,720 | | | 941,705 |
| 098 01 WELLNESS PROGRAM | | | | | | | |
| 098 02 EMPLOYEE WELLNESS PROGRAM | | | | | | | |
| 098 03 ADVERTISING | | 76,818 | 982 | | | | 77,800 |
| 098 04 PARKING RAMP | | | | | | | |
| 098 05 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 098 06 RENAL DIALYSIS | | | | | | | |
| 098 07 IDLE SPACE | | | | | | | |
| 098 08 AMERICAN PROSTHETICS | | | | | | | 6,966 |
| 098 09 OUTREACH REHAB | | | | | | | |
| 098 10 DAY CARE DEPT | | | | | | | |
| 098 11 GRMC HELICOPTER HANGER | | | | | | | |
| 098 12 SWITCHBOARD | | | | | | | |
| 099 NONPAID WORKERS | | | | | | | |
| 100 OTHER NONREIMBURSABLE COS | | 39,161 | | | | | 39,161 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 72,708 | 5,726,213 | 364,137 | 590,845 | 189,969 | 6,911,898 | 14,161,464 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/1/2008
 WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | EMPLOYEE FITS | BENEFIT LEPHONES | NONPATIENT LD | TE DATA NG | PROCESSI NG | PURCHASING, RECEIVING AND | R ADMITTING | BUSINESS OFFICE | OTHER ADMINISTRATIVE AND |
|----------------------------------|---------------|------------------|---------------|------------|-------------|---------------------------|-------------|-----------------|--------------------------|
| | 5 | | 6.03 | | 6.05 | 6.06 | 6.07 | 6.08 | 6.09 |
| 071 OUTPAT SERVICE COST CNTRS | | | | | | | | | |
| 071 OTHER REIMBURS COST CNTRS | | | | | | | | | |
| 071 HOME HEALTH AGENCY | 1,959 | | 10 | | 15,997 | 936 | 386 | 431 | 10,616 |
| 093 SPEC PURPOSE COST CENTERS | | | | | | | | | |
| 093 HOSPICE | 1,109 | | 2 | | 13,577 | 918 | 420 | 469 | 9,032 |
| 095 SUBTOTALS | 70,015 | | 371 | | 778,960 | 287,600 | 48,543 | 55,297 | 486,619 |
| 096 NONREIMBURS COST CENTERS | | | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | | | | 230 | | | | 151 |
| 096 01 MEALS ON WHEELS | | | | | | | | | |
| 096 02 OVERNIGHT ROOM | | | | | | | | | |
| 096 03 SALES TO OUTSIDE ORGANIZA | | | | | 85 | 421 | | | 61 |
| 097 RESEARCH | | | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | 27 | | 6,325 | 260 | | | 4,163 |
| 098 01 WELLNESS PROGRAM | 28 | | | | 257 | | 8 | 9 | 171 |
| 098 02 EMPLOYEE WELLNESS PROGRAM | | | | | | | | | |
| 098 03 ADVERTISING | | | | | 5,345 | | | | 3,514 |
| 098 04 PARKING RAMP | | | | | | | | | |
| 098 05 PHYSICIANS' PRIVATE OFFIC | | | | | | | | | |
| 098 06 RENAL DIALYSIS | | | | | | | | | |
| 098 07 IDLE SPACE | | | | | | | | | |
| 098 08 AMERICAN PROSTHETICS | | | | | 46 | | | | 30 |
| 098 09 OUTREACH REHAB | 203 | | | | 2,325 | | 72 | 80 | 1,545 |
| 098 10 DAY CARE DEPT | | | | | | | | | |
| 098 11 GRMC HELICOPTER HANGER | | | | | | | | | |
| 098 12 SWITCHBOARD | | | | | 256 | | | | 169 |
| 099 NONPAID WORKERS | | | | | | | | | |
| 100 OTHER NONREIMBURSABLE COS | | | 13 | | 325 | 55 | | | 214 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | | | |
| 103 TOTAL | 70,246 | | 411 | | 794,154 | 288,336 | 48,623 | 55,386 | 496,637 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/1/2008
 WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | MAINTENANCE & UTILITIES - REPAIRS | UTILITIES - EASTMAN | UTILITIES - MERCY | UTILITIES - KLEIN | UTILITIES - CANCER | UTILITIES - REHAB | UTILITIES - LAUNDRY |
|-----------------------------------|-----------------------------------|---------------------|-------------------|-------------------|--------------------|-------------------|---------------------|
| | 7 | 7.01 | 7.02 | 7.03 | 7.04 | 7.05 | 7.06 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 001 01 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 001 02 OLD CAP BLDG - KLEIN | | | | | | | |
| 002 02 OLD CAP BLDG - CANCER CEN | | | | | | | |
| 002 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 003 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 003 02 NEW CRC BLDG - REHAB | | | | | | | |
| 003 03 NEW CRC BLDG - LAUNDRY | | | | | | | |
| 003 04 NEW CRC BLDG - GRMC | | | | | | | |
| 003 05 NEW CRC BLDG - MERCY | | | | | | | |
| 003 06 NEW CRC BLDG - EASTMAN | | | | | | | |
| 003 07 NEW CRC BLDG - HHA/HOSPICE | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 03 NONPATIENT TELEPHONES LD | | | | | | | |
| 006 05 DATA PROCESSING | | | | | | | |
| 006 06 PURCHASING, RECEIVING AND | | | | | | | |
| 006 07 ADMINITTING | | | | | | | |
| 006 08 BUSINESS OFFICE | | | | | | | |
| 006 09 OTHER ADMINISTRATIVE AND | | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 007 01 UTILITIES - EASTMAN | | 1,025 | | | | | |
| 007 02 UTILITIES - MERCY | | | 778 | | | | |
| 007 03 UTILITIES - KLEIN | | | | 1,666 | | | |
| 007 04 UTILITIES - CANCER | | | | | 168 | | |
| 007 05 UTILITIES - REHAB | | | | | | 622 | |
| 007 06 UTILITIES - LAUNDRY | | | | | | | 1,676 |
| 007 07 UTILITIES - HHA/HOSPICE | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 008 01 OPERATION OF PLANT KLEIN | | | | | | | |
| 008 02 OPERATION OF PLANT REHAB | | | | | | | |
| 008 04 OPERATION OF PLANT EASTMA | | | | | | | |
| 008 05 OPERATION OF PLANT MERCY | | | | | | | |
| 008 06 OPERATION OF PLANT HHA/HO | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | | | | | 1,676 |
| 010 HOUSEKEEPING | | | | | | | |
| 010 01 HOUSEKEEPING-KLEIN | | | | | | | |
| 010 04 HOUSEKEEPING-REHAB | | | | | | | |
| 010 05 HOUSEKEEPING-EASTMAN | | | | | | | |
| 010 06 HOUSEKEEPING-MERCY | | | | | | | |
| 011 DIETARY | | | | | | | |
| 011 01 DIETARY - KLEIN | | | | | | | |
| 012 CAFETERIA | | | | | | | |
| 014 NURSING ADMINISTRATION | | | | 13 | | | |
| 014 01 NURSING ADMINISTRATION-KL | | | | | | | |
| 015 CENTRAL SERVICES & SUPPLY | | | | | | | |
| 016 PHARMACY | | | | | | | |
| 017 MEDICAL RECORDS & LIBRARY | | | | | | | |
| 018 SOCIAL SERVICE | | | | | | | |
| 018 01 RECREATION THERAPY GRMC | | | | | | | |
| 018 02 RECREATION THERAPY KLEIN | | | | | | | |
| INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | | | | 1 | | | |
| 026 INTENSIVE CARE UNIT | | | | 1 | | | |
| 031 SUBPROVIDER | | | | | | | |
| 033 NURSERY | | | | | | | |
| 034 SKILLED NURSING FACILITY | | | | 1 | | | |
| 035 NURSING FACILITY | | | | | 1,666 | | |
| ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | | | | 1 | | | |
| 039 DELIVERY ROOM & LABOR ROO | | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | | | | | | 168 | |
| 044 LABORATORY | | | | 3 | | | |
| 049 RESPIRATORY THERAPY | | | | | | | |
| 050 PHYSICAL THERAPY | | | | | | | |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | | | | | | | |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | | |
| 055 01 DEVICES AND IMPLANTS | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | | | | | | | |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 059 AUDIOLOGY | | | | | | | |
| 059 01 CARDIAC REHAB | | | | | | | |
| 059 02 WORKFITNESS | | | | | | | |
| 059 03 PSYCH/PSYCHOLOGICAL | | | | | | | |
| 059 04 EMG & EEG | | | | | | | |
| 059 05 O/P REHAB SERVICES | | | | | | | 244 |
| 059 06 O/P DEPENDENCY SERVICES | | | | | | | |
| 059 07 SPORTS FITNESS | | | | | | | 80 |
| 059 08 LIFE CENTER | | | | 1 | | | 103 |
| 059 09 RECREATIONAL THERAPY | | | | | | | |
| OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 EMERGENCY | | | | | | | |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/1/2008
 WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | MAINTENANCE & UTILITIES - E | UTILITIES - M | UTILITIES - K | UTILITIES - C | UTILITIES - R | UTILITIES - L | |
|----------------------------------|-----------------------------|---------------|---------------|---------------|---------------|---------------|--------|
| | REPAIRS | ASTMAN | ERCY | LEIN | ANCER | EHAB | AUNDRY |
| | 7 | 7.01 | 7.02 | 7.03 | 7.04 | 7.05 | 7.06 |
| 071 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 071 OTHER REIMBURS COST CNTRS | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | |
| 071 SPEC PURPOSE COST CENTERS | | | | | | | |
| 093 HOSPICE | | | | | | | |
| 095 SUBTOTALS | | | 21 | 1,666 | 168 | 427 | 1,676 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 096 01 GIFT, FLOWER, COFFEE SHOP | | | | | | | |
| 096 01 MEALS ON WHEELS | | | | | | | |
| 096 02 OVERNIGHT ROOM | | | | | | | |
| 096 03 SALES TO OUTSIDE ORGANIZA | | | | | | | |
| 097 RESEARCH | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | 1,025 | 755 | | | 175 | |
| 098 01 WELLNESS PROGRAM | | | | | | | |
| 098 02 EMPLOYEE WELLNESS PROGRAM | | | | | | | |
| 098 03 ADVERTISING | | | 2 | | | | |
| 098 04 PARKING RAMP | | | | | | | |
| 098 05 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 098 06 RENAL DIALYSIS | | | | | | | |
| 098 07 IDLE SPACE | | | | | | | |
| 098 08 AMERICAN PROSTHETICS | | | | | | 20 | |
| 098 09 OUTREACH REHAB | | | | | | | |
| 098 10 DAY CARE DEPT | | | | | | | |
| 098 11 GRMC HELICOPTER HANGER | | | | | | | |
| 098 12 SWITCHBOARD | | | | | | | |
| 099 NONPAID WORKERS | | | | | | | |
| 100 OTHER NONREIMBURSABLE COS | | | | | | | |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | | 1,025 | 778 | 1,666 | 168 | 622 | 1,676 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/1/2008
 WORKSHEET B
 PART III

| | UTILITIES - HA/HOSPICE | OPERATION OF PLANT | OPERATION OF PLANT KLEIN | OPERATION OF PLANT REHAB | OPERATION OF PLANT EASTMA | OPERATION OF PLANT MERCY | OPERATION OF PLANT HHA/HO |
|--------|----------------------------|--------------------|--------------------------|--------------------------|---------------------------|--------------------------|---------------------------|
| | 7.07 | 8 | 8.01 | 8.02 | 8.04 | 8.05 | 8.06 |
| 001 | GENERAL SERVICE COST CNTR | | | | | | |
| 001 | OLD CAP REL COSTS-BLDG & | | | | | | |
| 001 01 | OLD CAP BLDG - KLEIN | | | | | | |
| 001 02 | OLD CAP BLDG - CANCER CEN | | | | | | |
| 002 | OLD CAP REL COSTS-MVBLE E | | | | | | |
| 003 | NEW CAP REL COSTS-BLDG & | | | | | | |
| 003 02 | NEW CRC BLDG - REHAB | | | | | | |
| 003 03 | NEW CRC BLDG - LAUNDRY | | | | | | |
| 003 04 | NEW CRC BLDG - GRMC | | | | | | |
| 003 05 | NEW CRC BLDG - MERCY | | | | | | |
| 003 06 | NEW CRC BLDG - EASTMAN | | | | | | |
| 003 07 | NEW CRC BLDG - HHA/HOSPICE | | | | | | |
| 004 | NEW CAP REL COSTS-MVBLE E | | | | | | |
| 005 | EMPLOYEE BENEFITS | | | | | | |
| 006 03 | NONPATIENT TELEPHONES LD | | | | | | |
| 006 05 | DATA PROCESSING | | | | | | |
| 006 06 | PURCHASING, RECEIVING AND | | | | | | |
| 006 07 | ADMINISTRATIVE | | | | | | |
| 006 08 | BUSINESS OFFICE | | | | | | |
| 006 09 | OTHER ADMINISTRATIVE AND | | | | | | |
| 007 | MAINTENANCE & REPAIRS | | | | | | |
| 007 01 | UTILITIES - EASTMAN | | | | | | |
| 007 02 | UTILITIES - MERCY | | | | | | |
| 007 03 | UTILITIES - KLEIN | | | | | | |
| 007 04 | UTILITIES - CANCER | | | | | | |
| 007 05 | UTILITIES - REHAB | | | | | | |
| 007 06 | UTILITIES - LAUNDRY | | | | | | |
| 007 07 | UTILITIES - HHA/HOSPICE | | | | | | |
| 008 | 197 | 681,919 | 22,601 | 1,096 | 827 | 727 | 108 |
| 008 01 | OPERATION OF PLANT KLEIN | | | | | | |
| 008 02 | OPERATION OF PLANT REHAB | | | | | | |
| 008 04 | OPERATION OF PLANT EASTMA | | | | | | |
| 008 05 | OPERATION OF PLANT MERCY | | | | | | |
| 008 06 | OPERATION OF PLANT HHA/HO | | | | | | |
| 009 | LAUNDRY & LINEN SERVICE | | | | | | |
| 010 | HOUSEKEEPING | | | | | | |
| 010 01 | HOUSEKEEPING-KLEIN | | | | | | |
| 010 04 | HOUSEKEEPING-REHAB | | | | | | |
| 010 05 | HOUSEKEEPING-EASTMAN | | | | | | |
| 010 06 | HOUSEKEEPING-MERCY | | | | | | |
| 011 | DIETARY | | | | | | |
| 011 01 | DIETARY - KLEIN | | | | | | |
| 012 | CAFETERIA | | | | | | |
| 014 | NURSING ADMINISTRATION | | | | | | |
| 014 01 | NURSING ADMINISTRATION-KL | | | | | | |
| 015 | CENTRAL SERVICES & SUPPLY | | | | | | |
| 016 | PHARMACY | | | | | | |
| 017 | MEDICAL RECORDS & LIBRARY | | | | | | |
| 018 | SOCIAL SERVICE | | | | | | |
| 018 01 | RECREATION THERAPY GRMC | | | | | | |
| 018 02 | RECREATION THERAPY KLEIN | | | | | | |
| 025 | INPAT ROUTINE SRVC CNTRS | | | | | | |
| 025 | ADULTS & PEDIATRICS | | | | | | |
| 026 | INTENSIVE CARE UNIT | | | | | | |
| 031 | SUBPROVIDER | | | | | | |
| 033 | NURSERY | | | | | | |
| 034 | SKILLED NURSING FACILITY | | | | | | |
| 035 | NURSING FACILITY | | | | | | |
| 037 | ANCILLARY SRVC COST CNTRS | | | | | | |
| 037 | OPERATING ROOM | | | | | | |
| 039 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 041 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 044 | LABORATORY | | | | | | |
| 049 | RESPIRATORY THERAPY | | | | | | |
| 050 | PHYSICAL THERAPY | | | | | | |
| 051 | OCCUPATIONAL THERAPY | | | | | | |
| 052 | SPEECH PATHOLOGY | | | | | | |
| 053 | ELECTROCARDIOLOGY | | | | | | |
| 055 | MEDICAL SUPPLIES CHARGED | | | | | | |
| 055 01 | DEVICES AND IMPLANTS | | | | | | |
| 056 | DRUGS CHARGED TO PATIENTS | | | | | | |
| 058 | ASC (NON-DISTINCT PART) | | | | | | |
| 059 | AUDIOLOGY | | | | | | |
| 059 01 | CARDIAC REHAB | | | | | | |
| 059 02 | WORKFITNESS | | | | | | |
| 059 03 | PSYCH/PSYCHOLOGICAL | | | | | | |
| 059 04 | EMG & EEG | | | | | | |
| 059 05 | O/P REHAB SERVICES | | | | | | |
| 059 06 | O/P DEPENDENCY SERVICES | | | | | | |
| 059 07 | SPORTS FITNESS | | | | | | |
| 059 08 | LIFE CENTER | | | | | | |
| 059 09 | RECREATIONAL THERAPY | | | | | | |
| 061 | OUTPAT SERVICE COST CNTRS | | | | | | |
| 061 | EMERGENCY | | | | | | |
| 062 | OBSERVATION BEDS (NON-DIS | | | | | | |

ALLOCATION OF NEW CAPITAL RELATED COSTS

16-0057

FROM 7/ 1/2007

WORKSHEET B

TO 6/30/2008

PART III

| COST CENTER DESCRIPTION | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | HOUSEKEEPING-KLEIN | HOUSEKEEPING-REHAB | HOUSEKEEPING-EASTMAN | HOUSEKEEPING-MERCY | DIETARY |
|-----------------------------------|-------------------------|--------------|--------------------|--------------------|----------------------|--------------------|---------|
| | 9 | 10 | 10.01 | 10.04 | 10.05 | 10.06 | 11 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 001 01 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 001 02 OLD CAP BLDG - KLEIN | | | | | | | |
| 002 02 OLD CAP BLDG - CANCER CEN | | | | | | | |
| 002 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 003 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 003 02 NEW CRC BLDG - REHAB | | | | | | | |
| 003 03 NEW CRC BLDG - LAUNDRY | | | | | | | |
| 003 04 NEW CRC BLDG - GRMC | | | | | | | |
| 003 05 NEW CRC BLDG - MERCY | | | | | | | |
| 003 06 NEW CRC BLDG - EASTMAN | | | | | | | |
| 003 07 NEW CRC BLDG - HHA/HOSPICE | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 03 NONPATIENT TELEPHONES LD | | | | | | | |
| 006 05 DATA PROCESSING | | | | | | | |
| 006 06 PURCHASING, RECEIVING AND | | | | | | | |
| 006 07 ADMINITTING | | | | | | | |
| 006 08 BUSINESS OFFICE | | | | | | | |
| 006 09 OTHER ADMINISTRATIVE AND | | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 007 01 UTILITIES - EASTMAN | | | | | | | |
| 007 02 UTILITIES - MERCY | | | | | | | |
| 007 03 UTILITIES - KLEIN | | | | | | | |
| 007 04 UTILITIES - CANCER | | | | | | | |
| 007 05 UTILITIES - REHAB | | | | | | | |
| 007 06 UTILITIES - LAUNDRY | | | | | | | |
| 007 07 UTILITIES - HHA/HOSPICE | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 008 01 OPERATION OF PLANT KLEIN | | | | | | | |
| 008 02 OPERATION OF PLANT REHAB | | | | | | | |
| 008 04 OPERATION OF PLANT EASTMA | | | | | | | |
| 008 05 OPERATION OF PLANT MERCY | | | | | | | |
| 008 06 OPERATION OF PLANT HHA/HO | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | 155,166 | | | | | | |
| 010 HOUSEKEEPING | 18 | 53,617 | | | | | |
| 010 01 HOUSEKEEPING-KLEIN | | | 1,654 | | | | |
| 010 04 HOUSEKEEPING-REHAB | | | | | | | |
| 010 05 HOUSEKEEPING-EASTMAN | | | | | | | |
| 010 06 HOUSEKEEPING-MERCY | | | | | | | |
| 011 DIETARY | | 679 | | | | | 431,249 |
| 011 01 DIETARY - KLEIN | | | | | | | |
| 012 CAFETERIA | | | | | | | 229,780 |
| 014 NURSING ADMINISTRATION | | 61 | | | | | |
| 014 01 NURSING ADMINISTRATION-KL | | | | | | | |
| 015 CENTRAL SERVICES & SUPPLY | 828 | 668 | | | | | |
| 016 PHARMACY | | 1,064 | | | | | |
| 017 MEDICAL RECORDS & LIBRARY | | 229 | | | | | |
| 018 SOCIAL SERVICE | | 186 | | | | | |
| 018 01 RECREATION THERAPY GRMC | | | | | | | |
| 018 02 RECREATION THERAPY KLEIN | | | | | | | |
| INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | 38,947 | 20,249 | | | | | 133,584 |
| 026 INTENSIVE CARE UNIT | 5,290 | 2,768 | | | | | 8,339 |
| 031 SUBPROVIDER | | 114 | | | | | 8,335 |
| 033 NURSERY | 941 | 179 | | | | | |
| 034 SKILLED NURSING FACILITY | 12,449 | 7,801 | | | | | 16,252 |
| 035 NURSING FACILITY | 14,691 | | 1,654 | | | | |
| ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | 25,832 | 7,621 | | | | | |
| 039 DELIVERY ROOM & LABOR ROO | | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | 7,619 | 1,983 | | | | | |
| 044 LABORATORY | 39 | 755 | | | | | |
| 049 RESPIRATORY THERAPY | 29 | 198 | | | | | |
| 050 PHYSICAL THERAPY | 28 | | | | | | |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | 2,072 | | | | | | |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | | |
| 055 01 DEVICES AND IMPLANTS | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | | | | | | | |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 059 AUDIOLOGY | | | | | | | |
| 059 01 CARDIAC REHAB | | | | | | | |
| 059 02 WORKFITNESS | | | | | | | |
| 059 03 PSYCH/PSYCHOLOGICAL | | | | | | | |
| 059 04 EMG & EEG | 341 | | | | | | |
| 059 05 O/P REHAB SERVICES | 4,043 | 3,752 | | | | | |
| 059 06 O/P DEPENDENCY SERVICES | | 240 | | | | | |
| 059 07 SPORTS FITNESS | 4,079 | | | | | | |
| 059 08 LIFE CENTER | 187 | 827 | | | | | |
| 059 09 RECREATIONAL THERAPY | | | | | | | |
| 061 OUTPAT SERVICE COST CNTRS | | | | | | | |
| EMERGENCY | 10,738 | 3,557 | | | | | |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |

ALLOCATION OF NEW CAPITAL RELATED COSTS

16-0057

FROM 7/ 1/2007

WORKSHEET B

|

TO 6/30/2008

PART III

| COST CENTER DESCRIPTION | LAUNDRY & LIN EN SERVICE | HOUSEKEEPING | HOUSEKEEPING- KLEIN | HOUSEKEEPING- REHAB | HOUSEKEEPING- EASTMAN | HOUSEKEEPING- MERCY | DIETARY |
|----------------------------------|--------------------------|--------------|---------------------|---------------------|-----------------------|---------------------|---------|
| | 9 | 10 | 10.01 | 10.04 | 10.05 | 10.06 | 11 |
| 071 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 071 OTHER REIMBURS COST CNTRS | | | | | | | |
| 071 HOME HEALTH AGENCY | | 686 | | | | | |
| 093 SPEC PURPOSE COST CENTERS | | | | | | | |
| 093 HOSPICE | 475 | | | | | | |
| 095 SUBTOTALS | 128,646 | 53,617 | 1,654 | | | | 396,290 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 096 01 GIFT, FLOWER, COFFEE SHOP | | | | | | | |
| 096 02 MEALS ON WHEELS | | | | | | | 34,959 |
| 096 03 OVERNIGHT ROOM | | | | | | | |
| 096 04 SALES TO OUTSIDE ORGANIZA | | | | | | | |
| 097 RESEARCH | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 098 01 WELLNESS PROGRAM | | | | | | | |
| 098 02 EMPLOYEE WELLNESS PROGRAM | | | | | | | |
| 098 03 ADVERTISING | | | | | | | |
| 098 04 PARKING RAMP | | | | | | | |
| 098 05 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 098 06 RENAL DIALYSIS | | | | | | | |
| 098 07 IDLE SPACE | | | | | | | |
| 098 08 AMERICAN PROSTHETICS | | | | | | | |
| 098 09 OUTREACH REHAB | | | | | | | |
| 098 10 DAY CARE DEPT | | | | | | | |
| 098 11 GRMC HELICOPTER HANGER | | | | | | | |
| 098 12 SWITCHBOARD | | | | | | | |
| 099 NONPAID WORKERS | | | | | | | |
| 100 OTHER NONREIMBURSABLE COS | 26,520 | | | | | | |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 155,166 | 53,617 | 1,654 | | | | 431,249 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/1/2008
 WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | DIETARY - KLE CAFETERIA | | NURSING ADMINISTRATION | NURSING ADMINISTRATION-KL | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY |
|-----------------------------------|-------------------------|---------|------------------------|---------------------------|---------------------------|----------|---------------------------|
| | 11.01 | 12 | | | | | |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 001 01 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 001 02 OLD CAP BLDG - KLEIN | | | | | | | |
| 002 02 OLD CAP BLDG - CANCER CEN | | | | | | | |
| 002 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 003 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 003 02 NEW CRC BLDG - REHAB | | | | | | | |
| 003 03 NEW CRC BLDG - LAUNDRY | | | | | | | |
| 003 04 NEW CRC BLDG - GRMC | | | | | | | |
| 003 05 NEW CRC BLDG - MERCY | | | | | | | |
| 003 06 NEW CRC BLDG - EASTMAN | | | | | | | |
| 003 07 NEW CRC BLDG - HHA/HOSPICE | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 03 NONPATIENT TELEPHONES LD | | | | | | | |
| 006 05 DATA PROCESSING | | | | | | | |
| 006 06 PURCHASING, RECEIVING AND | | | | | | | |
| 006 07 ADMINITTING | | | | | | | |
| 006 08 BUSINESS OFFICE | | | | | | | |
| 006 09 OTHER ADMINISTRATIVE AND | | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 007 01 UTILITIES - EASTMAN | | | | | | | |
| 007 02 UTILITIES - MERCY | | | | | | | |
| 007 03 UTILITIES - KLEIN | | | | | | | |
| 007 04 UTILITIES - CANCER | | | | | | | |
| 007 05 UTILITIES - REHAB | | | | | | | |
| 007 06 UTILITIES - LAUNDRY | | | | | | | |
| 007 07 UTILITIES - HHA/HOSPICE | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 008 01 OPERATION OF PLANT KLEIN | | | | | | | |
| 008 02 OPERATION OF PLANT REHAB | | | | | | | |
| 008 04 OPERATION OF PLANT EASTMA | | | | | | | |
| 008 05 OPERATION OF PLANT MERCY | | | | | | | |
| 008 06 OPERATION OF PLANT HHA/HO | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | | | | | |
| 010 HOUSEKEEPING | | | | | | | |
| 010 01 HOUSEKEEPING-KLEIN | | | | | | | |
| 010 04 HOUSEKEEPING-REHAB | | | | | | | |
| 010 05 HOUSEKEEPING-EASTMAN | | | | | | | |
| 010 06 HOUSEKEEPING-MERCY | | | | | | | |
| 011 DIETARY | | | | | | | |
| 011 01 DIETARY - KLEIN | 6,089 | | | | | | |
| 012 CAFETERIA | | 229,780 | | | | | |
| 014 NURSING ADMINISTRATION | | 7,812 | 444,064 | | | | |
| 014 01 NURSING ADMINISTRATION-KL | | | | 1,219 | | | |
| 015 CENTRAL SERVICES & SUPPLY | | 10,544 | 19,936 | | 350,132 | | |
| 016 PHARMACY | | 5,440 | | | 3,428 | 190,870 | |
| 017 MEDICAL RECORDS & LIBRARY | | 9,154 | 6,110 | | 474 | | 106,706 |
| 018 SOCIAL SERVICE | | 2,253 | 8,095 | | 74 | | |
| 018 01 RECREATION THERAPY GRMC | | | | | | | |
| 018 02 RECREATION THERAPY KLEIN | | 1,773 | | | 1 | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | | 47,661 | 171,335 | | 39,402 | 512 | 12,157 |
| 026 INTENSIVE CARE UNIT | | 7,141 | 25,654 | | 15,589 | 13 | 2,113 |
| 031 SUBPROVIDER | | 2,756 | 9,888 | | 1,413 | | 686 |
| 033 NURSERY | | 1,270 | 4,557 | | 1,092 | 59 | 534 |
| 034 SKILLED NURSING FACILITY | | 5,248 | 18,839 | | 4,408 | 1 | 1,070 |
| 035 NURSING FACILITY | 6,089 | 19,697 | | 1,219 | 4,182 | 7,273 | 2,412 |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | | 22,789 | 81,879 | | 169,029 | 58,669 | 23,341 |
| 039 DELIVERY ROOM & LABOR ROO | | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | | 16,343 | | | 7,727 | 14,375 | 18,092 |
| 044 LABORATORY | | 12,652 | | | 11,131 | 497 | 10,438 |
| 049 RESPIRATORY THERAPY | | 5,751 | | | 1,139 | 104 | 3,739 |
| 050 PHYSICAL THERAPY | | 2,468 | | | 85 | | 609 |
| 051 OCCUPATIONAL THERAPY | | 1,366 | | | | | 400 |
| 052 SPEECH PATHOLOGY | | 575 | | | | | 146 |
| 053 ELECTROCARDIOLOGY | | 4,313 | 15,466 | | 60,265 | 45,818 | 7,564 |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | | 1,740 |
| 055 01 DEVICES AND IMPLANTS | | | | | | | 4,549 |
| 056 DRUGS CHARGED TO PATIENTS | | | | | | | |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 059 AUDIOLOGY | | 479 | | | 6 | | 179 |
| 059 01 CARDIAC REHAB | | | | | | | |
| 059 02 WORKFITNESS | | | | | | | |
| 059 03 PSYCH/PSYCHOLOGICAL | | | | | | | |
| 059 04 EMG & EEG | | 1,558 | | | 100 | | 935 |
| 059 05 O/P REHAB SERVICES | | 6,973 | | | 1,786 | 561 | 1,547 |
| 059 06 O/P DEPENDENCY SERVICES | | 1,054 | | | 45 | | 108 |
| 059 07 SPORTS FITNESS | | 2,444 | | | 33 | 4,722 | 197 |
| 059 08 LIFE CENTER | | 3,163 | | | 2,249 | 10,307 | 2,648 |
| 059 09 RECREATIONAL THERAPY | | 288 | | | | | 49 |
| 061 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 EMERGENCY | | 12,772 | 45,887 | | 23,200 | 510 | 9,376 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |

ALLOCATION OF NEW CAPITAL RELATED COSTS

16-0057

FROM 7/ 1/2007

WORKSHEET B

TO 6/30/2008

PART III

| COST CENTER DESCRIPTION | DIETARY - KLE CAFETERIA IN | NURSING ADMINISTRATION | NURSING ADMINISTRATION-KL | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY | |
|----------------------------------|----------------------------|------------------------|---------------------------|---------------------------|----------|---------------------------|---------|
| | 11.01 | 12 | 14 | 14.01 | 15 | 16 | 17 |
| 071 OUTPAT SERVICE COST CNTRS | | | | | | | |
| OTHER REIMBURS COST CNTRS | | | | | | | |
| HOME HEALTH AGENCY | | 8,339 | 29,958 | | 1,183 | 565 | 905 |
| SPEC PURPOSE COST CENTERS | | | | | | | |
| 093 HOSPICE | | 4,721 | 6,460 | | 1,160 | 46,884 | 985 |
| 095 SUBTOTALS | 6,089 | 228,797 | 444,064 | 1,219 | 349,201 | 190,870 | 106,519 |
| NONREIMBURS COST CENTERS | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | | | | | | |
| 096 01 MEALS ON WHEELS | | | | | | | |
| 096 02 OVERNIGHT ROOM | | | | | | | |
| 096 03 SALES TO OUTSIDE ORGANIZA | | | | | 532 | | |
| 097 RESEARCH | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | | 329 | | |
| 098 01 WELLNESS PROGRAM | | 120 | | | | | 19 |
| 098 02 EMPLOYEE WELLNESS PROGRAM | | | | | | | |
| 098 03 ADVERTISING | | | | | | | |
| 098 04 PARKING RAMP | | | | | | | |
| 098 05 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 098 06 RENAL DIALYSIS | | | | | | | |
| 098 07 IDLE SPACE | | | | | | | |
| 098 08 AMERICAN PROSTHETICS | | | | | | | |
| 098 09 OUTREACH REHAB | | 863 | | | | | 168 |
| 098 10 DAY CARE DEPT | | | | | | | |
| 098 11 GRMC HELICOPTER HANGER | | | | | | | |
| 098 12 SWITCHBOARD | | | | | | | |
| 099 NONPAID WORKERS | | | | | | | |
| 100 OTHER NONREIMBURSABLE COS | | | | | 70 | | |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 6,089 | 229,780 | 444,064 | 1,219 | 350,132 | 190,870 | 106,706 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION | SOCIAL SERVICE | RECREATION THERAPY GRMC | RECREATION THERAPY KLEIN | SUBTOTAL | POST STEPDOWN ADJUSTMENT | TOTAL |
|-----------------------------------|----------------|-------------------------|--------------------------|-----------|--------------------------|-----------|
| | 18 | 18.01 | 18.02 | 25 | 26 | 27 |
| 001 GENERAL SERVICE COST CNTR | | | | | | |
| 001 01 OLD CAP REL COSTS-BLDG & | | | | | | |
| 001 02 OLD CAP BLDG - KLEIN | | | | | | |
| 002 02 OLD CAP BLDG - CANCER CEN | | | | | | |
| 002 OLD CAP REL COSTS-MVBLE E | | | | | | |
| 003 NEW CAP REL COSTS-BLDG & | | | | | | |
| 003 02 NEW CRC BLDG - REHAB | | | | | | |
| 003 03 NEW CRC BLDG - LAUNDRY | | | | | | |
| 003 04 NEW CRC BLDG - GRMC | | | | | | |
| 003 05 NEW CRC BLDG - MERCY | | | | | | |
| 003 06 NEW CRC BLDG - EASTMAN | | | | | | |
| 003 07 NEW CRC BLDG - HHA/HOSPICE | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | |
| 006 03 NONPATIENT TELEPHONES LD | | | | | | |
| 006 05 DATA PROCESSING | | | | | | |
| 006 06 PURCHASING, RECEIVING AND | | | | | | |
| 006 07 ADMINITTING | | | | | | |
| 006 08 BUSINESS OFFICE | | | | | | |
| 006 09 OTHER ADMINISTRATIVE AND | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | |
| 007 01 UTILITIES - EASTMAN | | | | | | |
| 007 02 UTILITIES - MERCY | | | | | | |
| 007 03 UTILITIES - KLEIN | | | | | | |
| 007 04 UTILITIES - CANCER | | | | | | |
| 007 05 UTILITIES - REHAB | | | | | | |
| 007 06 UTILITIES - LAUNDRY | | | | | | |
| 007 07 UTILITIES - HHA/HOSPICE | | | | | | |
| 008 OPERATION OF PLANT | | | | | | |
| 008 01 OPERATION OF PLANT KLEIN | | | | | | |
| 008 02 OPERATION OF PLANT REHAB | | | | | | |
| 008 04 OPERATION OF PLANT EASTMA | | | | | | |
| 008 05 OPERATION OF PLANT MERCY | | | | | | |
| 008 06 OPERATION OF PLANT HHA/HO | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | | | | |
| 010 HOUSEKEEPING | | | | | | |
| 010 01 HOUSEKEEPING-KLEIN | | | | | | |
| 010 04 HOUSEKEEPING-REHAB | | | | | | |
| 010 05 HOUSEKEEPING-EASTMAN | | | | | | |
| 010 06 HOUSEKEEPING-MERCY | | | | | | |
| 011 DIETARY | | | | | | |
| 011 01 DIETARY - KLEIN | | | | | | |
| 012 CAFETERIA | | | | | | |
| 014 NURSING ADMINISTRATION | | | | | | |
| 014 01 NURSING ADMINISTRATION-KL | | | | | | |
| 015 CENTRAL SERVICES & SUPPLY | | | | | | |
| 016 PHARMACY | | | | | | |
| 017 MEDICAL RECORDS & LIBRARY | | | | | | |
| 018 SOCIAL SERVICE | 156,196 | | | | | |
| 018 01 RECREATION THERAPY GRMC | | | | | | |
| 018 02 RECREATION THERAPY KLEIN | | | 4,407 | | | |
| INPAT ROUTINE SRVC CNTRS | | | | | | |
| 025 ADULTS & PEDIATRICS | 132,373 | | | 1,735,628 | | 1,735,628 |
| 026 INTENSIVE CARE UNIT | 1,705 | | | 398,605 | | 398,605 |
| 031 SUBPROVIDER | 11,367 | | | 374,831 | | 374,831 |
| 033 NURSERY | | | | 19,388 | | 19,388 |
| 034 SKILLED NURSING FACILITY | 1,658 | | | 283,563 | | 283,563 |
| 035 NURSING FACILITY | | | 4,407 | 231,013 | | 231,013 |
| ANCILLARY SRVC COST CNTRS | | | | | | |
| 037 OPERATING ROOM | | | | 3,894,520 | | 3,894,520 |
| 039 DELIVERY ROOM & LABOR ROO | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | | | | 2,555,273 | | 2,555,273 |
| 044 LABORATORY | | | | 563,684 | | 563,684 |
| 049 RESPIRATORY THERAPY | | | | 230,916 | | 230,916 |
| 050 PHYSICAL THERAPY | | | | 13,281 | | 13,281 |
| 051 OCCUPATIONAL THERAPY | | | | 6,903 | | 6,903 |
| 052 SPEECH PATHOLOGY | | | | 3,349 | | 3,349 |
| 053 ELECTROCARDIOLOGY | 47 | | | 1,106,446 | | 1,106,446 |
| 055 MEDICAL SUPPLIES CHARGED | | | | 23,287 | | 23,287 |
| 055 01 DEVICES AND IMPLANTS | | | | 58,416 | | 58,416 |
| 056 DRUGS CHARGED TO PATIENTS | | | | 39,177 | | 39,177 |
| 058 ASC (NON-DISTINCT PART) | | | | | | |
| 059 AUDIOLOGY | | | | 17,138 | | 17,138 |
| 059 01 CARDIAC REHAB | | | | | | |
| 059 02 WORKFITNESS | | | | | | |
| 059 03 PSYCH/PSYCHOLOGICAL | | | | | | |
| 059 04 EMG & EEG | | | | 78,973 | | 78,973 |
| 059 05 O/P REHAB SERVICES | 426 | | | 147,312 | | 147,312 |
| 059 06 O/P DEPENDENCY SERVICES | 995 | | | 79,812 | | 79,812 |
| 059 07 SPORTS FITNESS | | | | 53,059 | | 53,059 |
| 059 08 LIFE CENTER | | | | 121,519 | | 121,519 |
| 059 09 RECREATIONAL THERAPY | | | | 1,244 | | 1,244 |
| OUTPAT SERVICE COST CNTRS | | | | | | |
| 061 EMERGENCY | 7,625 | | | 510,005 | | 510,005 |
| 062 OBSERVATION BEDS (NON-DI | | | | | | |

ALLOCATION OF NEW CAPITAL RELATED COSTS

16-0057

FROM 7/ 1/2007

WORKSHEET B

TO 6/30/2008

PART III

| COST CENTER DESCRIPTION | SOCIAL SERVICE | RECREATION ERAPY GRMC | RECREATION TH ERAPY KLEIN | SUBTOTAL | POST STEPDOWN ADJUSTMENT | TOTAL |
|---|----------------|-----------------------|---------------------------|------------|--------------------------|------------|
| | 18 | 18.01 | 18.02 | 25 | 26 | 27 |
| 071 OUTPAT SERVICE COST CNTRS OTHER REIMBURS COST CNTRS HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS | | | | 171,563 | | 171,563 |
| 093 HOSPICE | | | | 225,095 | | 225,095 |
| 095 SUBTOTALS | 156,196 | | 4,407 | 12,944,000 | | 12,944,000 |
| NONREIMBURS COST CENTERS | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | | | 40,220 | | 40,220 |
| 096 01 MEALS ON WHEELS | | | | 34,959 | | 34,959 |
| 096 02 OVERNIGHT ROOM | | | | | | |
| 096 03 SALES TO OUTSIDE ORGANIZA | | | | 3,289 | | 3,289 |
| 097 RESEARCH | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | 956,603 | | 956,603 |
| 098 01 WELLNESS PROGRAM | | | | 612 | | 612 |
| 098 02 EMPLOYEE WELLNESS PROGRAM | | | | | | |
| 098 03 ADVERTISING | | | | 97,248 | | 97,248 |
| 098 04 PARKING RAMP | | | | | | |
| 098 05 PHYSICIANS' PRIVATE OFFIC | | | | | | |
| 098 06 RENAL DIALYSIS | | | | | | |
| 098 07 IDLE SPACE | | | | | | |
| 098 08 AMERICAN PROSTHETICS | | | | 7,098 | | 7,098 |
| 098 09 OUTREACH REHAB | | | | 5,256 | | 5,256 |
| 098 10 DAY CARE DEPT | | | | | | |
| 098 11 GRMC HELICOPTER HANGER | | | | | | |
| 098 12 SWITCHBOARD | | | | 425 | | 425 |
| 099 NONPAID WORKERS | | | | | | |
| 100 OTHER NONREIMBURSABLE COS | | | | 71,754 | | 71,754 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | |
| 103 TOTAL | 156,196 | | 4,407 | 14,161,464 | | 14,161,464 |

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 12/ 1/2008

16-0057

FROM 7/ 1/2007

WORKSHEET B-1

TO 6/30/2008

| COST CENTER DESCRIPTION | | OLD CAP REL C OSTS-BLDG & (SQUARE FEET) | OLD CAP BLDG - KLEIN (SQUARE FEET) | OLD CAP BLDG - CANCER CEN (SQUARE FEET) | OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE) | NEW CAP REL C OSTS-BLDG & (SQUARE FEET) | NEW CRC BLDG - REHAB (SQUARE FEET) |
|-------------------------|-----------------------|---|------------------------------------|---|---|---|------------------------------------|
| | | 1 | 1.01 | 1.02 | 2 | 3 | 3.02 |
| GENERAL SERVICE COST | | | | | | | |
| 001 | OLD CAP REL COSTS-BLD | | | | | | |
| 001 01 | OLD CAP BLDG - KLEIN | | 88,304 | | | | |
| 001 02 | OLD CAP BLDG - CANCER | | | 10,192 | | | |
| 002 | OLD CAP REL COSTS-MVB | | | | 6,883,255 | | |
| 003 | NEW CAP REL COSTS-BLD | | | | | | |
| 003 02 | NEW CRC BLDG - REHAB | | | | | | 34,755 |
| 003 03 | NEW CRC BLDG - LAUNDR | | | | | | |
| 003 04 | NEW CRC BLDG - GRMC | | | | | | |
| 003 05 | NEW CRC BLDG - MERCY | | | | | | |
| 003 06 | NEW CRC BLDG - EASTMA | | | | | | |
| 003 07 | NEW CRC BLDG - HHA/HO | | | | | | |
| 004 | NEW CAP REL COSTS-MVB | | | | | | |
| 005 | EMPLOYEE BENEFITS | | | | 31,688 | | |
| 006 03 | NONPATIENT TELEPHONES | | | | | | |
| 006 05 | DATA PROCESSING | | | | 688,767 | | |
| 006 06 | PURCHASING, RECEIVING | | | | 61,851 | | |
| 006 07 | ADMINISTRATIVE | | | | 27 | | |
| 006 08 | BUSINESS OFFICE | | | | 575 | | |
| 006 09 | OTHER ADMINISTRATIVE | | | | 40,648 | | 10,379 |
| 007 | MAINTENANCE & REPAIRS | | | | | | |
| 007 01 | UTILITIES - EASTMAN | | | | | | |
| 007 02 | UTILITIES - MERCY | | | | | | |
| 007 03 | UTILITIES - KLEIN | | | | | | |
| 007 04 | UTILITIES - CANCER | | | | | | |
| 007 05 | UTILITIES - REHAB | | | | | | |
| 007 06 | UTILITIES - LAUNDRY | | | | | | |
| 007 07 | UTILITIES - HHA/HOSPI | | | | | | |
| 008 | OPERATION OF PLANT | | | | 459,571 | | |
| 008 01 | OPERATION OF PLANT KL | | | | 19,041 | | |
| 008 02 | OPERATION OF PLANT RE | | | | | | |
| 008 04 | OPERATION OF PLANT EA | | | | | | |
| 008 05 | OPERATION OF PLANT ME | | | | | | |
| 008 06 | OPERATION OF PLANT HH | | | | | | |
| 009 | LAUNDRY & LINEN SERVI | | | | 58,131 | | |
| 010 | HOUSEKEEPING | | | | 27,267 | | |
| 010 01 | HOUSEKEEPING-KLEIN | | | | | | |
| 010 04 | HOUSEKEEPING-REHAB | | | | | | |
| 010 05 | HOUSEKEEPING-EASTMAN | | | | | | |
| 010 06 | HOUSEKEEPING-MERCY | | | | | | |
| 011 | DIETARY | | | | 118,945 | | |
| 011 01 | DIETARY - KLEIN | | | | | | |
| 012 | CAFETERIA | | | | | | |
| 014 | NURSING ADMINISTRATIO | | | | 302,720 | | |
| 014 01 | NURSING ADMINISTRATIO | | | | | | |
| 015 | CENTRAL SERVICES & SU | | | | 80,541 | | |
| 016 | PHARMACY | | | | 86,156 | | |
| 017 | MEDICAL RECORDS & LIB | | | | 40,203 | | |
| 018 | SOCIAL SERVICE | | | | | | |
| 018 01 | RECREATION THERAPY GR | | | | | | |
| 018 02 | RECREATION THERAPY KL | | | | 1,149 | | |
| 025 | INPAT ROUTINE SRVC CN | | | | 216,690 | | |
| 026 | ADULTS & PEDIATRICS | | | | 80,702 | | |
| 031 | INTENSIVE CARE UNIT | | | | 19,519 | | |
| 033 | SUBPROVIDER | | | | 3,806 | | |
| 034 | NURSERY | | | | 44,866 | | |
| 035 | SKILLED NURSING FACIL | | 88,304 | | 79,248 | | |
| 037 | NURSING FACILITY | | | | | | |
| 039 | ANCILLARY SRVC COST C | | | | 1,442,666 | | |
| 041 | OPERATING ROOM | | | | | | |
| 044 | DELIVERY ROOM & LABOR | | | | | | |
| 049 | RADIOLOGY-DIAGNOSTIC | | | 10,192 | 1,810,942 | | |
| 050 | LABORATORY | | | | 227,467 | | |
| 051 | RESPIRATORY THERAPY | | | | 122,162 | | |
| 052 | PHYSICAL THERAPY | | | | 1,543 | | |
| 053 | OCCUPATIONAL THERAPY | | | | 59 | | |
| 055 | SPEECH PATHOLOGY | | | | 616,020 | | |
| 055 01 | ELECTROCARDIOLOGY | | | | | | |
| 056 | MEDICAL SUPPLIES CHAR | | | | | | |
| 058 | DEVICES AND IMPLANTS | | | | | | |
| 059 | DRUGS CHARGED TO PATI | | | | | | |
| 059 01 | ASC (NON-DISTINCT PAR | | | | | | |
| 059 02 | AUDIOLOGY | | | | 12,850 | | |
| 059 03 | CARDIAC REHAB | | | | | | |
| 059 04 | WORKFITNESS | | | | | | |
| 059 05 | PSYCH/PSYCHOLOGICAL | | | | | | |
| 059 06 | EMG & EEG | | | | 22,399 | | |
| 059 07 | O/P REHAB SERVICES | | | | 13,652 | | 9,579 |
| 059 08 | O/P DEPENDENCY SERVIC | | | | 968 | | |
| 059 09 | SPORTS FITNESS | | | | 5,417 | | 3,136 |
| 059 10 | LIFE CENTER | | | | 46,043 | | 4,030 |

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/1/2008
 WORKSHEET B-1

| COST CENTER DESCRIPTION | OLD CAP REL C OSTS-BLDG & (SQUARE FEET) | OLD CAP BLDG - KLEIN (SQUARE FEET) | OLD CAP BLDG - CANCER CEN (SQUARE FEET) | OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE) | NEW CAP REL C OSTS-BLDG & (SQUARE FEET) | NEW CAP REL C NEW CRC BLDG - REHAB (SQUARE FEET) |
|------------------------------|---|------------------------------------|---|---|---|--|
| | 1 | 1.01 | 1.02 | 2 | 3 | 3.02 |
| 059 09 ANCILLARY SRVC COST C | | | | | | |
| 061 09 RECREATIONAL THERAPY | | | | | | |
| 062 09 OUTPAT SERVICE COST C | | | | | | |
| 061 EMERGENCY | | | | 48,774 | | |
| 062 06 OBSERVATION BEDS (NON | | | | | | |
| 071 06 OTHER REIMBURS COST C | | | | | | |
| 071 06 HOME HEALTH AGENCY | | | | 2,288 | | |
| 093 06 SPEC PURPOSE COST CEN | | | | | | |
| 093 06 HOSPICE | | | | 45,713 | | |
| 095 06 SUBTOTALS | | 88,304 | 10,192 | 6,881,074 | | 27,124 |
| 096 06 NONREIMBURS COST CENT | | | | | | |
| 096 06 GIFT, FLOWER, COFFEE | | | | | | |
| 096 01 MEALS ON WHEELS | | | | | | |
| 096 02 OVERNIGHT ROOM | | | | | | |
| 096 03 SALES TO OUTSIDE ORGA | | | | 2,181 | | |
| 097 03 RESEARCH | | | | | | |
| 098 03 PHYSICIANS' PRIVATE O | | | | | | 6,839 |
| 098 01 WELLNESS PROGRAM | | | | | | |
| 098 02 EMPLOYEE WELLNESS PRO | | | | | | |
| 098 03 ADVERTISING | | | | | | |
| 098 04 PARKING RAMP | | | | | | |
| 098 05 PHYSICIANS' PRIVATE O | | | | | | |
| 098 06 RENAL DIALYSIS | | | | | | |
| 098 07 IDLE SPACE | | | | | | |
| 098 08 AMERICAN PROSTHETICS | | | | | | 792 |
| 098 09 OUTREACH REHAB | | | | | | |
| 098 10 DAY CARE DEPT | | | | | | |
| 098 11 GRMC HELICOPTER HANGE | | | | | | |
| 098 12 SWITCHBOARD | | | | | | |
| 099 12 NONPAID WORKERS | | | | | | |
| 100 12 OTHER NONREIMBURSABLE | | | | | | |
| 101 12 CROSS FOOT ADJUSTMENT | | | | | | |
| 102 12 NEGATIVE COST CENTER | | | | | | |
| 103 12 COST TO BE ALLOCATED | | 256,221 | 4,574 | | | 305,694 |
| 104 12 (WRKSHT B, PART I) | | | | | | |
| 104 12 UNIT COST MULTIPLIER | | | | .448783 | | |
| 105 12 (WRKSHT B, PT I) | | | | | | |
| 105 12 COST TO BE ALLOCATED | | 2.901579 | | | | 8.795684 |
| 106 12 (WRKSHT B, PART II) | | | | | | |
| 106 12 UNIT COST MULTIPLIER | | | | | | |
| 107 12 (WRKSHT B, PT II) | | | | | | |
| 107 12 COST TO BE ALLOCATED | | | | | | |
| 108 12 (WRKSHT B, PART III) | | | | | | |
| 108 12 UNIT COST MULTIPLIER | | | | | | |
| 108 12 (WRKSHT B, PT III) | | | | | | |

COST ALLOCATION - STATISTICAL BASIS

16-0057

FROM 7/ 1/2007

WORKSHEET B-1

TO 6/30/2008

| COST CENTER DESCRIPTION | NEW CRC BLDG - LAUNDRY (SQUARE FEET) | NEW CRC BLDG - GRMC (SQUARE FEET) | NEW CRC BLDG - MERCY (SQUARE FEET) | NEW CRC BLDG - EASTMAN (SQUARE FEET) | NEW CRC BLDG - HHA/HOSPIC (SQUARE FEET) | NEW CAP REL C OSTS-MVBLE (DOLLAR VALUE) | EMPLOYEE BENE FITS (FTES) |
|-------------------------------|--------------------------------------|-----------------------------------|------------------------------------|--------------------------------------|---|---|---------------------------|
| | 3.03 | 3.04 | 3.05 | 3.06 | 3.07 | 4 | 5 |
| GENERAL SERVICE COST | | | | | | | |
| 001 01 OLD CAP REL COSTS-BLD | | | | | | | |
| 001 02 OLD CAP BLDG - KLEIN | | | | | | | |
| 002 02 OLD CAP BLDG - CANCER | | | | | | | |
| 003 02 OLD CAP REL COSTS-MVB | | | | | | | |
| 003 03 NEW CAP REL COSTS-BLD | | | | | | | |
| 003 02 NEW CRC BLDG - REHAB | | | | | | | |
| 003 03 NEW CRC BLDG - LAUNDR | 4,541 | | | | | | |
| 003 04 NEW CRC BLDG - GRMC | | 327,243 | | | | | |
| 003 05 NEW CRC BLDG - MERCY | | | 63,031 | | | | |
| 003 06 NEW CRC BLDG - EASTMA | | | | 74,276 | | | |
| 003 07 NEW CRC BLDG - HHA/HO | | | | | 16,760 | | |
| 004 01 NEW CAP REL COSTS-MVB | | | | | | 6,883,255 | |
| 005 01 EMPLOYEE BENEFITS | | 2,196 | | | | 31,688 | 12,478 |
| 006 03 NONPATIENT TELEPHONES | | | | | | | 73 |
| 006 05 DATA PROCESSING | | 5,487 | 900 | | | 688,767 | 231 |
| 006 06 PURCHASING, RECEIVING | | 12,580 | | | | 61,851 | 57 |
| 006 07 ADMINISTRATION | | 2,210 | | | | 27 | 261 |
| 006 08 BUSINESS OFFICE | | 2,530 | | | | 575 | 157 |
| 006 09 OTHER ADMINISTRATIVE | | 15,119 | 6,717 | 2,530 | | 40,648 | 261 |
| 007 01 MAINTENANCE & REPAIRS | | | | | | | |
| 007 02 UTILITIES - EASTMAN | | | | | | | |
| 007 03 UTILITIES - MERCY | | | | | | | |
| 007 04 UTILITIES - KLEIN | | | | | | | |
| 007 05 UTILITIES - CANCER | | | | | | | |
| 007 06 UTILITIES - REHAB | | | | | | | |
| 007 07 UTILITIES - LAUNDRY | | | | | | | |
| 007 08 UTILITIES - HHA/HOSPI | | | | | | | |
| 008 01 OPERATION OF PLANT | | 8,840 | | | | 459,571 | 482 |
| 008 02 OPERATION OF PLANT KL | | | | | | 19,041 | 32 |
| 008 03 OPERATION OF PLANT RE | | | | | | | |
| 008 04 OPERATION OF PLANT EA | | | | | | | |
| 008 05 OPERATION OF PLANT ME | | | | | | | |
| 008 06 OPERATION OF PLANT HH | | | | | | | |
| 009 01 LAUNDRY & LINEN SERVI | 4,541 | | | | | 58,131 | 126 |
| 010 01 HOUSEKEEPING | | | | | | 27,267 | 500 |
| 010 02 HOUSEKEEPING-KLEIN | | | | | | | 71 |
| 010 03 HOUSEKEEPING-REHAB | | | | | | | |
| 010 04 HOUSEKEEPING-EASTMAN | | | | | | | |
| 010 05 HOUSEKEEPING-MERCY | | | | | | | |
| 011 01 DIETARY | | 14,135 | | | | 118,945 | 459 |
| 011 02 DIETARY - KLEIN | | | | | | | 179 |
| 012 01 CAFETERIA | | | | | | | |
| 014 01 NURSING ADMINISTRATION | | 4,390 | 900 | | | 302,720 | 326 |
| 015 01 NURSING ADMINISTRATION | | | | | | | |
| 016 01 CENTRAL SERVICES & SU | | 10,163 | | | | 80,541 | 440 |
| 017 01 PHARMACY | | 2,896 | | | | 86,156 | 227 |
| 018 01 MEDICAL RECORDS & LIB | | | | | | 40,203 | 382 |
| 018 02 SOCIAL SERVICE | | 7,848 | | | | | 94 |
| 018 03 RECREATION THERAPY GR | | | | | | | |
| 018 04 RECREATION THERAPY KL | | | | | | 1,149 | 74 |
| 025 01 INPAT ROUTINE SRVC CN | | | | | | | |
| 026 01 ADULTS & PEDIATRICS | | 35,847 | 65 | | | 216,690 | 1,989 |
| 031 01 INTENSIVE CARE UNIT | | 10,248 | 65 | | | 80,702 | 298 |
| 033 01 SUBPROVIDER | | 15,394 | | | | 19,519 | 115 |
| 034 01 NURSERY | | | | | | 3,806 | 53 |
| 035 01 SKILLED NURSING FACIL | | 7,424 | 65 | | | 44,866 | 219 |
| 037 01 NURSING FACILITY | | | | | | 79,248 | 822 |
| 039 01 ANCILLARY SRVC COST C | | | | | | | |
| 041 01 OPERATING ROOM | | 87,199 | 65 | | | 1,442,666 | 951 |
| 044 01 DELIVERY ROOM & LABOR | | | | | | | |
| 049 01 RADIOLOGY-DIAGNOSTIC | | 27,369 | 200 | | | 1,810,942 | 682 |
| 050 01 LABORATORY | | 10,466 | | | | 227,467 | 528 |
| 051 01 RESPIRATORY THERAPY | | 3,670 | | | | 122,162 | 240 |
| 052 01 PHYSICAL THERAPY | | | | | | 1,543 | 103 |
| 053 01 OCCUPATIONAL THERAPY | | | | | | 59 | 57 |
| 055 01 SPEECH PATHOLOGY | | | | | | | 24 |
| 055 02 ELECTROCARDIOLOGY | | 13,212 | | | | 616,020 | 180 |
| 055 03 MEDICAL SUPPLIES CHAR | | | | | | | |
| 056 01 DEVICES AND IMPLANTS | | | | | | | |
| 058 01 DRUGS CHARGED TO PATI | | | | | | | |
| 059 01 ASC (NON-DISTINCT PAR | | | | | | | |
| 059 02 AUDIOLOGY | | | | | | 12,850 | 20 |
| 059 03 CARDIAC REHAB | | | | | | | |
| 059 04 WORKFITNESS | | | | | | | |
| 059 05 PSYCH/PSYCHOLOGICAL | | | | | | | |
| 059 06 EMG & EEG | | 2,332 | | | | 22,399 | 65 |
| 059 07 O/P REHAB SERVICES | | | | | | 13,652 | 291 |
| 059 08 O/P DEPENDENCY SERVIC | | 3,630 | | | | 968 | 44 |
| 059 09 SPORTS FITNESS | | | | | | 5,417 | 102 |
| 059 10 LIFE CENTER | | | 80 | | | 46,043 | 132 |

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:
16-0057

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 1/2008
WORKSHEET B-1

| COST CENTER DESCRIPTION | NONPATIENT TELEPHONES | | DATA PROCESSING | PURCHASING, RECEIVING AND | ADMINISTRATIVE | BUSINESS OFFICE | RECONCILIATION |
|-------------------------------|-----------------------|----------------|-----------------|---------------------------|----------------|-----------------|----------------|
| | (PHONES) | RECONCILIATION | (ACCUM. COST) | (PURCHASES) | (CHARGES) | (CHARGES) | |
| | 6.03 | 6a.05 | 6.05 | 6.06 | 6.07 | 6.08 | 6a.09 |
| GENERAL SERVICE COST | | | | | | | |
| 001 01 OLD CAP REL COSTS-BLD | | | | | | | |
| 001 02 OLD CAP BLDG - KLEIN | | | | | | | |
| 002 02 OLD CAP BLDG - CANCER | | | | | | | |
| 003 03 OLD CAP REL COSTS-MVB | | | | | | | |
| 003 02 NEW CAP REL COSTS-BLD | | | | | | | |
| 003 03 NEW CRC BLDG - REHAB | | | | | | | |
| 003 04 NEW CRC BLDG - LAUNDR | | | | | | | |
| 003 05 NEW CRC BLDG - GRMC | | | | | | | |
| 003 06 NEW CRC BLDG - MERCY | | | | | | | |
| 003 07 NEW CRC BLDG - EASTMA | | | | | | | |
| 004 07 NEW CRC BLDG - HHA/HO | | | | | | | |
| 005 04 NEW CAP REL COSTS-MVB | | | | | | | |
| 005 05 EMPLOYEE BENEFITS | | | | | | | |
| 006 03 NONPATIENT TELEPHONES | 1,898 | | | | | | |
| 006 05 DATA PROCESSING | 42 | -2,933,741 | 120,894,116 | | | | |
| 006 06 PURCHASING, RECEIVING | 43 | | 878,276 | 5,751,536 | | | |
| 006 07 ADMINITTING | 78 | | 1,105,475 | 23,480 | 272,403,812 | | |
| 006 08 BUSINESS OFFICE | 32 | | 1,401,089 | 8,830 | | 278,174,997 | |
| 006 09 OTHER ADMINISTRATIVE | 84 | | 5,905,748 | 15,159 | | | -6,051,434 |
| 007 01 UTILITYIES - EASTMAN | | | 94,153 | | | | |
| 007 02 UTILITYIES - MERCY | | | 71,469 | | | | |
| 007 03 UTILITYIES - KLEIN | | | 152,947 | | | | |
| 007 04 UTILITYIES - CANCER | | | 15,315 | 12 | | | |
| 007 05 UTILITYIES - REHAB | | | 57,092 | | | | |
| 007 06 UTILITYIES - LAUNDRY | | | 153,869 | | | | |
| 007 07 UTILITYIES - HHA/HOSPI | | | 18,173 | | | | |
| 008 03 OPERATION OF PLANT | 224 | | 5,773,832 | 2,372 | | | |
| 008 01 OPERATION OF PLANT KL | | | 302,977 | 47 | | | |
| 008 02 OPERATION OF PLANT RE | | | 100,640 | | | | |
| 008 04 OPERATION OF PLANT EA | | | 75,985 | | | | |
| 008 05 OPERATION OF PLANT ME | | | 66,760 | | | | |
| 008 06 OPERATION OF PLANT HH | | | 9,907 | | | | |
| 009 01 LAUNDRY & LINEN SERVI | | | 951,089 | 7,770 | | | |
| 010 01 HOUSEKEEPING | 8 | | 2,076,503 | 15,595 | | | |
| 010 04 HOUSEKEEPING-REHAB | | | 113,434 | 370 | | | |
| 010 05 HOUSEKEEPING-EASTMAN | | | | | | | |
| 010 06 HOUSEKEEPING-MERCY | | | | | | | |
| 011 01 DIETARY | 32 | | 2,476,025 | 3,136 | 715 | 715 | |
| 011 01 DIETARY - KLEIN | | | 458,271 | 1,790 | | | |
| 012 01 CAFETERIA | | | | | | | |
| 014 01 NURSING ADMINISTRATIO | 76 | | 3,440,700 | 5,244 | 8,308 | 8,308 | |
| 014 01 NURSING ADMINISTRATIO | | | 111,960 | | | | |
| 015 01 CENTRAL SERVICES & SU | 2 | | 2,319,964 | 141,809 | 288 | 288 | |
| 016 01 PHARMACY | 15 | | 2,132,111 | 54,094 | 22,870,936 | 22,870,936 | |
| 017 01 MEDICAL RECORDS & LIB | 123 | | 2,653,141 | 7,487 | | | |
| 018 01 SOCIAL SERVICE | 17 | | 704,265 | 1,171 | | | |
| 018 01 RECREATION THERAPY GR | | | | | | | |
| 018 02 RECREATION THERAPY KL | | | 97,375 | 12 | | | |
| 025 01 INPAT ROUTINE SRVC CN | | | | | | | |
| 025 01 ADULTS & PEDIATRICALS | 188 | | 14,034,317 | 621,855 | 29,084,816 | 29,084,816 | |
| 026 01 INTENSIVE CARE UNIT | 29 | | 2,595,441 | 246,024 | 5,055,905 | 5,055,905 | |
| 031 01 SUBPROVIDER | 5 | | 1,076,392 | 22,297 | 1,642,248 | 1,642,248 | |
| 033 01 NURSERY | | | 480,316 | 17,229 | 1,277,560 | 1,277,560 | |
| 034 01 SKILLED NURSING FACIL | 40 | | 1,538,938 | 69,573 | 2,559,480 | 2,559,480 | |
| 035 01 NURSING FACILITY | | | 5,169,786 | 65,996 | | 5,771,185 | |
| 037 01 ANCILLARY SRVC COST C | | | | | | | |
| 037 01 OPERATING ROOM | 130 | | 14,323,435 | 2,667,644 | 55,848,255 | 55,848,255 | |
| 039 01 DELIVERY ROOM & LABOR | | | | | | | |
| 041 01 RADIOLOGY-DIAGNOSTIC | 108 | | 8,955,096 | 121,957 | 43,282,143 | 43,282,143 | |
| 044 01 LABORATORY | 63 | | 6,237,778 | 175,681 | 24,970,685 | 24,970,685 | |
| 049 01 RESPIRATORY THERAPY | 10 | | 1,674,075 | 17,975 | 8,945,037 | 8,945,037 | |
| 050 01 PHYSICAL THERAPY | 38 | | 668,519 | 1,346 | 1,456,509 | 1,456,509 | |
| 051 01 OCCUPATIONAL THERAPY | | | 400,327 | 3 | 956,081 | 956,081 | |
| 052 01 SPEECH PATHOLOGY | | | 215,491 | | 350,381 | 350,381 | |
| 053 01 ELECTROCARDIOLOGY | 51 | | 2,976,227 | 951,128 | 18,096,614 | 18,096,614 | |
| 055 01 MEDICAL SUPPLIES CHAR | | | 1,819,740 | | 4,162,326 | 4,162,326 | |
| 055 01 DEVICES AND IMPLANTS | | | 4,531,050 | | 10,883,695 | 10,883,695 | |
| 056 01 DRUGS CHARGED TO PATI | | | 3,598,109 | | | | |
| 058 01 ASC (NON-DISTINCT PAR | | | | | | | |
| 059 01 AUDIOLOGY | | | 300,830 | 95 | 429,094 | 429,094 | |
| 059 01 CARDIAC REHAB | | | | | | | |
| 059 02 WORKFITNESS | | | | | | | |
| 059 03 PSYCH/PSYCHOLOGICAL | | | | | | | |
| 059 04 EMG & EEG | 13 | | 527,004 | 1,585 | 2,237,396 | 2,237,396 | |
| 059 05 O/P REHAB SERVICES | 125 | | 2,291,226 | 28,193 | 3,701,248 | 3,701,248 | |
| 059 06 O/P DEPENDENCY SERVIC | 6 | | 342,862 | 709 | 259,011 | 259,011 | |
| 059 07 SPORTS FITNESS | | | 692,765 | 524 | 471,624 | 471,624 | |
| 059 08 LIFE CENTER | | | 1,333,962 | 35,500 | 6,334,106 | 6,334,106 | |

| | COST CENTER DESCRIPTION | NONPATIENT TELEPHONES | | DATA PROCESSING | PURCHASING RECEIVING AND | R ADMITTING | BUSINESS OFFICE | RECONCILIATION |
|-----|--|-----------------------|----------------|-----------------|--------------------------|-------------|-----------------|----------------|
| | | (PHONES) | RECONCILIATION | (ACCUM. COST) | (PURCHASES) | (CHARGES) | (CHARGES) | |
| | ANCILLARY SRVC COST C | 6.03 | 6a.05 | 6.05 | 6.06 | 6.07 | 6.08 | 6a.09 |
| 059 | 09 RECREATIONAL THERAPY | | | 72,611 | | 116,114 | 116,114 | |
| 061 | 09 OUTPAT SERVICE COST C | | | | | | | |
| 062 | EMERGENCY | 72 | | 4,504,281 | 366,155 | 22,431,521 | 22,431,521 | |
| 071 | 06 OBSERVATION BEDS (NON OTHER REIMBURS COST C | 46 | | 2,435,190 | 18,677 | 2,166,255 | 2,166,255 | |
| 093 | 06 HOME HEALTH AGENCY SPEC PURPOSE COST CEN | | | | | | | |
| 095 | 06 HOSPICE | 11 | | 2,066,840 | 18,314 | 2,356,791 | 2,356,791 | |
| | 06 SUBTOTALS | 1,711 | -2,933,741 | 118,581,153 | 5,736,838 | 271,955,142 | 277,726,327 | -6,051,434 |
| 096 | 06 NONREIMBURS COST CENT | | | | | | | |
| 096 | 01 GIFT, FLOWER, COFFEE | | | 35,014 | | | | |
| 096 | 02 MEALS ON WHEELS | | | | | | | |
| 096 | 02 OVERNIGHT ROOM | | | | | | | |
| 096 | 03 SALES TO OUTSIDE ORGA | | | 12,885 | 8,403 | | | |
| 097 | RESEARCH | | | | | | | |
| 098 | 08 PHYSICIANS' PRIVATE O | 126 | | 962,910 | 5,192 | | | |
| 098 | 01 WELLNESS PROGRAM | | | 39,130 | | 45,617 | 45,617 | |
| 098 | 02 EMPLOYEE WELLNESS PRO | | | | | | | |
| 098 | 03 ADVERTISING | | | 813,657 | | | | |
| 098 | 04 PARKING RAMP | | | | | | | |
| 098 | 05 PHYSICIANS' PRIVATE O | | | | | | | |
| 098 | 06 RENAL DIALYSIS | | | | | | | |
| 098 | 07 IDLE SPACE | | | | | | | |
| 098 | 08 AMERICAN PROSTHETICS | | | 6,966 | | | | |
| 098 | 09 OUTREACH REHAB | | | 353,960 | | 403,053 | 403,053 | |
| 098 | 10 DAY CARE DEPT | | | | | | | |
| 098 | 11 GRMC HELICOPTER HANGE | | | | | | | |
| 098 | 12 SWITCHBOARD | | | 39,014 | | | | |
| 099 | NONPAID WORKERS | | | | | | | |
| 100 | OTHER NONREIMBURSABLE | 61 | | 49,427 | 1,103 | | | |
| 101 | CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 | NEGATIVE COST CENTER | | | | | | | |
| 103 | COST TO BE ALLOCATED (WRKSHT B, PART I) | 319,421 | | 2,933,741 | 899,589 | 1,135,974 | 1,436,470 | |
| 104 | UNIT COST MULTIPLIER (WRKSHT B, PT I) | 168.293467 | | .024267 | .156408 | .004170 | .005164 | |
| 105 | COST TO BE ALLOCATED (WRKSHT B, PART II) | | | | | | | |
| 106 | UNIT COST MULTIPLIER (WRKSHT B, PT II) | | | | | | | |
| 107 | COST TO BE ALLOCATED (WRKSHT B, PART III) | 411 | | 794,154 | 288,336 | 48,623 | 55,386 | |
| 108 | UNIT COST MULTIPLIER (WRKSHT B, PT III) | .216544 | | .006569 | .050132 | .000178 | .000199 | |

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:
16-0057

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 1/2008
WORKSHEET B-1

| COST CENTER DESCRIPTION | OTHER ADMINISTRATIVE AND (ACCUM. COST | MAINTENANCE & REPAIRS (SQUARE FEET | UTILITIES - EASTMAN (SQUARE FEET | UTILITIES - MERCY (SQUARE FEET | UTILITIES - KLEIN (SQUARE FEET | UTILITIES - CANCER (SQUARE FEET | UTILITIES - REHAB (SQUARE FEET |
|------------------------------|--|------------------------------------|----------------------------------|--------------------------------|--------------------------------|---------------------------------|--------------------------------|
| GENERAL SERVICE COST | 6.09 | 7 | 7.01 | 7.02 | 7.03 | 7.04 | 7.05 |
| 001 OLD CAP REL COSTS-BLD | | | | | | | |
| 001 01 OLD CAP BLDG - KLEIN | | | | | | | |
| 001 02 OLD CAP BLDG - CANCER | | | | | | | |
| 002 OLD CAP REL COSTS-MVB | | | | | | | |
| 003 NEW CAP REL COSTS-BLD | | | | | | | |
| 003 02 NEW CRC BLDG - REHAB | | | | | | | |
| 003 03 NEW CRC BLDG - LAUNDR | | | | | | | |
| 003 04 NEW CRC BLDG - GRMC | | | | | | | |
| 003 05 NEW CRC BLDG - MERCY | | | | | | | |
| 003 06 NEW CRC BLDG - EASTMA | | | | | | | |
| 003 07 NEW CRC BLDG - HHA/HO | | | | | | | |
| 004 NEW CAP REL COSTS-MVB | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 03 NONPATIENT TELEPHONES | | | | | | | |
| 006 05 DATA PROCESSING | | | | | | | |
| 006 06 PURCHASING, RECEIVING | | | | | | | |
| 006 07 ADMIN TTING | | | | | | | |
| 006 08 BUSINESS OFFICE | | | | | | | |
| 006 09 OTHER ADMINISTRATIVE | 117,776,423 | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 007 01 UTILITIES - EASTMAN | 96,438 | | 71,746 | | | | |
| 007 02 UTILITIES - MERCY | 73,203 | | | 55,414 | | | |
| 007 03 UTILITIES - KLEIN | 156,659 | | | | 88,304 | | |
| 007 04 UTILITIES - CANCER | 15,689 | | | | | 10,192 | |
| 007 05 UTILITIES - REHAB | 58,477 | | | | | | 24,376 |
| 007 06 UTILITIES - LAUNDRY | 157,603 | | | | | | |
| 007 07 UTILITIES - HHA/HOSPI | 18,614 | | | | | | |
| 008 OPERATION OF PLANT | 5,914,317 | | | | | | |
| 008 01 OPERATION OF PLANT KL | 310,336 | | | | | | |
| 008 02 OPERATION OF PLANT RE | 103,082 | | | | | | |
| 008 04 OPERATION OF PLANT EA | 77,829 | | | | | | |
| 008 05 OPERATION OF PLANT ME | 68,380 | | | | | | |
| 008 06 OPERATION OF PLANT HH | 10,147 | | | | | | |
| 009 LAUNDRY & LINEN SERVI | 975,384 | | | | | | |
| 010 HOUSEKEEPING | 2,129,332 | | | | | | |
| 010 01 HOUSEKEEPING-KLEIN | 116,245 | | | | | | |
| 010 04 HOUSEKEEPING-REHAB | | | | | | | |
| 010 05 HOUSEKEEPING-EASTMAN | | | | | | | |
| 010 06 HOUSEKEEPING-MERCY | | | | | | | |
| 011 DIETARY | 2,536,608 | | | | | | |
| 011 01 DIETARY - KLEIN | 469,672 | | | | | | |
| 012 CAFETERIA | | | | | | | |
| 014 NURSING ADMINISTRATIO | 3,525,093 | | | 900 | | | |
| 014 01 NURSING ADMINISTRATIO | 114,677 | | | | | | |
| 015 CENTRAL SERVICES & SU | 2,398,445 | | | | | | |
| 016 PHARMACY | 2,405,790 | | | | | | |
| 017 MEDICAL RECORDS & LIB | 2,718,696 | | | | | | |
| 018 SOCIAL SERVICE | 721,538 | | | | | | |
| 018 01 RECREATION THERAPY GR | | | | | | | |
| 018 02 RECREATION THERAPY KL | 99,740 | | | | | | |
| 025 ADULTS & PEDIATRICS | 14,743,629 | | | 65 | | | |
| 026 INTENSIVE CARE UNIT | 2,744,097 | | | 65 | | | |
| 031 SUBPROVIDER | 1,121,329 | | | | | | |
| 033 NURSERY | 506,591 | | | | | | |
| 034 SKILLED NURSING FACIL | 1,611,055 | | | 65 | | | |
| 035 NURSING FACILITY | 5,335,365 | | | | 88,304 | | |
| 037 ANCILLARY SRVC COST C | | | | | | | |
| 039 OPERATING ROOM | 15,609,584 | | | 65 | | | |
| 041 DELIVERY ROOM & LABOR | | | | | | | |
| 044 RADIOLOGY-DIAGNOSTIC | 9,595,480 | | | | | 10,192 | |
| 049 LABORATORY | 6,649,705 | | | 200 | | | |
| 049 RESPIRATORY THERAPY | 1,801,004 | | | | | | |
| 050 PHYSICAL THERAPY | 698,548 | | | | | | |
| 051 OCCUPATIONAL THERAPY | 418,966 | | | | | | |
| 052 SPEECH PATHOLOGY | 223,990 | | | | | | |
| 053 ELECTROCARDIOLOGY | 3,366,129 | | | | | | |
| 055 MEDICAL SUPPLIES CHAR | 1,902,751 | | | | | | |
| 055 01 DEVICES AND IMPLANTS | 4,742,593 | | | | | | |
| 056 DRUGS CHARGED TO PATI | 3,685,424 | | | | | | |
| 058 ASC (NON-DISTINCT PAR | | | | | | | |
| 059 AUDIOLOGY | 312,150 | | | | | | |
| 059 01 CARDIAC REHAB | | | | | | | |
| 059 02 WORKFITNESS | | | | | | | |
| 059 03 PSYCH/PSYCHOLOGICAL | | | | | | | |
| 059 04 EMG & EEG | 560,925 | | | | | | |
| 059 05 O/P REHAB SERVICES | 2,385,784 | | | | | | 9,579 |
| 059 06 O/P DEPENDENCY SERVIC | 353,711 | | | | | | |
| 059 07 SPORTS FITNESS | 714,060 | | | | | | 3,136 |
| 059 08 LIFE CENTER | 1,431,007 | | | 80 | | | 4,030 |

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/1/2008
 WORKSHEET B-1

| COST CENTER DESCRIPTION | | OTHER ADMINISTRATIVE AND | MAINTENANCE & REPAIRS | UTILITIES - ELECTRICITY | UTILITIES - MAINTENANCE | UTILITIES - KITCHEN | UTILITIES - CLEANING | UTILITIES - REHAB |
|-------------------------|--|--------------------------|-----------------------|-------------------------|-------------------------|---------------------|----------------------|-------------------|
| | | (ACCUM. COST) | (SQUARE FEET) | (SQUARE FEET) | (SQUARE FEET) | (SQUARE FEET) | (SQUARE FEET) | (SQUARE FEET) |
| | | 6.09 | 7 | 7.01 | 7.02 | 7.03 | 7.04 | 7.05 |
| 059 | 09 ANCILLARY SRVC COST C | | | | | | | |
| | RECREATIONAL THERAPY | 75,457 | | | | | | |
| 061 | 09 OUTPAT SERVICE COST C | | | | | | | |
| 062 | EMERGENCY | 4,880,231 | | | | | | |
| 071 | 06 OBSERVATION BEDS (NON OTHER REIMBURS COST C | | | | | | | |
| | HOME HEALTH AGENCY SPEC PURPOSE COST CEN | 2,517,426 | | | | | | |
| 093 | 06 HOSPICE | 2,141,858 | | | | | | |
| 095 | 06 SUBTOTALS | 115,400,843 | | | 1,440 | 88,304 | 10,192 | 16,745 |
| 096 | 06 NONREIMBURS COST CENT | | | | | | | |
| | GIFT, FLOWER, COFFEE | 35,864 | | | | | | |
| 096 | 01 MEALS ON WHEELS | | | | | | | |
| 096 | 02 OVERNIGHT ROOM | | | | | | | |
| 096 | 03 SALES TO OUTSIDE ORGA | 14,512 | | | | | | |
| 097 | RESEARCH | | | | | | | |
| 098 | 06 PHYSICIANS' PRIVATE O | 987,089 | | 71,746 | 53,804 | | | 6,839 |
| 098 | 01 WELLNESS PROGRAM | 40,506 | | | | | | |
| 098 | 02 EMPLOYEE WELLNESS PRO | | | | | | | |
| 098 | 03 ADVERTISING | 833,402 | | | 170 | | | |
| 098 | 04 PARKING RAMP | | | | | | | |
| 098 | 05 PHYSICIANS' PRIVATE O | | | | | | | |
| 098 | 06 RENAL DIALYSIS | | | | | | | |
| 098 | 07 IDLE SPACE | | | | | | | |
| 098 | 08 AMERICAN PROSTHETICS | 7,135 | | | | | | 792 |
| 098 | 09 OUTREACH REHAB | 366,312 | | | | | | |
| 098 | 10 DAY CARE DEPT | | | | | | | |
| 098 | 11 GRMC HELICOPTER HANGE | | | | | | | |
| 098 | 12 SWITCHBOARD | 39,961 | | | | | | |
| 099 | NONPAID WORKERS | | | | | | | |
| 100 | OTHER NONREIMBURSABLE | 50,799 | | | | | | |
| 101 | CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 | NEGATIVE COST CENTER | | | | | | | |
| 103 | COST TO BE ALLOCATED (WRKSHT B, PART I) | 6,051,434 | | 101,393 | 76,964 | 164,708 | 16,495 | 61,482 |
| 104 | UNIT COST MULTIPLIER (WRKSHT B, PT I) | .051381 | | 1.413222 | 1.388891 | 1.865238 | 1.618426 | 2.522235 |
| 105 | COST TO BE ALLOCATED (WRKSHT B, PART II) | | | | | | | |
| 106 | UNIT COST MULTIPLIER (WRKSHT B, PT II) | | | | | | | |
| 107 | COST TO BE ALLOCATED (WRKSHT B, PART III) | 496,637 | | 1,025 | 778 | 1,666 | 168 | 622 |
| 108 | UNIT COST MULTIPLIER (WRKSHT B, PT III) | .004217 | | .014287 | .014040 | .018867 | .016484 | .025517 |

| COST CENTER DESCRIPTION | UTILITIES - LAUNDRY (SQUARE FEET) | UTILITIES - HA/HOSPICE (SQUARE FEET) | OPERATION OF PLANT (SQUARE FEET) | OPERATION OF PLANT KLEIN (SQUARE FEET) | OPERATION OF PLANT REHAB (SQUARE FEET) | OPERATION OF PLANT EASTMA (SQUARE FEET) | OPERATION OF PLANT MERCY (SQUARE FEET) |
|---------------------------------------|-----------------------------------|--------------------------------------|----------------------------------|--|--|---|--|
| | 7.06 | 7.07 | 8 | 8.01 | 8.02 | 8.04 | 8.05 |
| GENERAL SERVICE COST | | | | | | | |
| 001 01 OLD CAP REL COSTS-BLDG - KLEIN | | | | | | | |
| 001 02 OLD CAP BLDG - CANCER | | | | | | | |
| 002 01 OLD CAP REL COSTS-MVB | | | | | | | |
| 003 02 NEW CAP REL COSTS-BLDG | | | | | | | |
| 003 03 NEW CRC BLDG - REHAB | | | | | | | |
| 003 04 NEW CRC BLDG - LAUNDRY | | | | | | | |
| 003 05 NEW CRC BLDG - GRMC | | | | | | | |
| 003 06 NEW CRC BLDG - MERCY | | | | | | | |
| 003 07 NEW CRC BLDG - EASTMA | | | | | | | |
| 004 01 NEW CAP REL COSTS-MVB | | | | | | | |
| 005 01 EMPLOYEE BENEFITS | | | | | | | |
| 006 03 NONPATIENT TELEPHONES | | | | | | | |
| 006 05 DATA PROCESSING | | | | | | | |
| 006 06 PURCHASING, RECEIVING | | | | | | | |
| 006 07 ADMINISTRATION | | | | | | | |
| 006 08 BUSINESS OFFICE | | | | | | | |
| 006 09 OTHER ADMINISTRATIVE | | | | | | | |
| 007 01 MAINTENANCE & REPAIRS | | | | | | | |
| 007 02 UTILITIES - EASTMAN | | | | | | | |
| 007 03 UTILITIES - MERCY | | | | | | | |
| 007 04 UTILITIES - KLEIN | | | | | | | |
| 007 05 UTILITIES - CANCER | | | | | | | |
| 007 06 UTILITIES - REHAB | | | | | | | |
| 007 07 UTILITIES - LAUNDRY | 4,541 | | | | | | |
| 007 08 UTILITIES - HHA/HOSPICE | | 16,760 | | | | | |
| 008 01 OPERATION OF PLANT | | | 282,822 | | | | |
| 008 02 OPERATION OF PLANT KL | | | | 88,304 | | | |
| 008 03 OPERATION OF PLANT RE | | | | | 24,376 | | |
| 008 04 OPERATION OF PLANT EA | | | | | | 71,746 | |
| 008 05 OPERATION OF PLANT ME | | | | | | | 55,414 |
| 008 06 OPERATION OF PLANT HH | | | | | | | |
| 009 01 LAUNDRY & LINEN SERVICE | 4,541 | | 4,541 | | | | |
| 010 01 HOUSEKEEPING | | | | | | | |
| 010 02 HOUSEKEEPING-KLEIN | | | | | | | |
| 010 03 HOUSEKEEPING-REHAB | | | | | | | |
| 010 04 HOUSEKEEPING-EASTMAN | | | | | | | |
| 010 05 HOUSEKEEPING-MERCY | | | | | | | |
| 011 01 DIETARY | | | 14,135 | | | | |
| 011 02 DIETARY - KLEIN | | | | | | | |
| 012 01 CAFETERIA | | | | | | | |
| 014 01 NURSING ADMINISTRATION | | | 4,390 | | | | 900 |
| 015 01 CENTRAL SERVICES & SUPPLY | | | 10,163 | | | | |
| 016 01 PHARMACY | | | 2,896 | | | | |
| 017 01 MEDICAL RECORDS & LIBRARY | | | 7,848 | | | | |
| 018 01 SOCIAL SERVICE | | | | | | | |
| 018 02 RECREATION THERAPY GR | | | | | | | |
| 018 03 RECREATION THERAPY KL | | | | | | | |
| 025 01 INPAT ROUTINE SRVC CN | | | | | | | |
| 026 01 ADULTS & PEDIATRICS | | | 35,847 | | | | 65 |
| 031 01 INTENSIVE CARE UNIT | | | 10,248 | | | | 65 |
| 033 01 SUBPROVIDER | | | 15,394 | | | | |
| 034 01 NURSERY | | | | | | | |
| 035 01 SKILLED NURSING FACILITY | | | 7,424 | | | | 65 |
| 037 01 ANCILLARY SRVC COST CENTER | | | | 88,304 | | | |
| 039 01 OPERATING ROOM | | | 87,199 | | | | 65 |
| 041 01 DELIVERY ROOM & LABOR | | | | | | | |
| 044 01 RADIOLOGY-DIAGNOSTIC | | | 27,369 | | | | |
| 049 01 LABORATORY | | | 10,466 | | | | 200 |
| 050 01 RESPIRATORY THERAPY | | | 3,670 | | | | |
| 051 01 PHYSICAL THERAPY | | | | | | | |
| 052 01 OCCUPATIONAL THERAPY | | | | | | | |
| 053 01 SPEECH PATHOLOGY | | | | | | | |
| 055 01 ELECTROCARDIOLOGY | | | 13,212 | | | | |
| 055 02 MEDICAL SUPPLIES CHAR | | | | | | | |
| 056 01 DEVICES AND IMPLANTS | | | | | | | |
| 058 01 DRUGS CHARGED TO PATIENT | | | | | | | |
| 059 01 ASC (NON-DISTINCT PAR | | | | | | | |
| 059 02 AUDIOLOGY | | | | | | | |
| 059 03 CARDIAC REHAB | | | | | | | |
| 059 04 WORKFITNESS | | | | | | | |
| 059 05 PSYCH/PSYCHOLOGICAL | | | | | | | |
| 059 06 EMG & EEG | | | 2,332 | | | | |
| 059 07 O/P REHAB SERVICES | | | | | 9,579 | | |
| 059 08 O/P DEPENDENCY SERVICE | | | 3,630 | | | | |
| 059 09 SPORTS FITNESS | | | | | 3,136 | | |
| 059 10 LIFE CENTER | | | | | 4,030 | | 80 |

COST ALLOCATION - STATISTICAL BASIS

16-0057

FROM 7/ 1/2007

WORKSHEET B-1

TO 6/30/2008

| COST CENTER DESCRIPTION | UTILITIES - LAUNDRY (SQUARE FEET) | UTILITIES - HA/HOSPICE (SQUARE FEET) | OPERATION OF PLANT (SQUARE FEET) | OPERATION OF PLANT KLEIN (SQUARE FEET) | OPERATION OF PLANT REHAB (SQUARE FEET) | OPERATION OF PLANT EASTMA (SQUARE FEET) | OPERATION OF PLANT MERCY (SQUARE FEET) |
|---|--------------------------------------|---|-------------------------------------|---|---|--|---|
| 059 09 ANCILLARY SRVC COST C | 7.06 | 7.07 | 8 | 8.01 | 8.02 | 8.04 | 8.05 |
| 061 RECREATIONAL THERAPY | | | | | | | |
| 062 OUTPAT SERVICE COST C | | | 13,429 | | | | |
| 071 EMERGENCY | | | | | | | |
| 093 OBSERVATION BEDS (NON OTHER REIMBURS COST C | | 8,570 | | | | | |
| 095 HOME HEALTH AGENCY SPEC PURPOSE COST CEN | 4,541 | 8,190 | 274,193 | 88,304 | 16,745 | | 1,440 |
| 096 HOSPICE | | 16,760 | | | | | |
| 096 01 SUBTOTALS | | | | | | | |
| 096 02 NONREIMBURS COST CENT | | | 2,001 | | | | |
| 096 03 GIFT, FLOWER, COFFEE | | | | | | | |
| 096 01 MEALS ON WHEELS | | | | | | | |
| 096 02 OVERNIGHT ROOM | | | | | | | |
| 096 03 SALES TO OUTSIDE ORGA | | | | | | | |
| 097 RESEARCH | | | | | | | |
| 098 PHYSICIANS' PRIVATE O | | | | | 6,839 | 71,746 | 53,804 |
| 098 01 WELLNESS PROGRAM | | | | | | | |
| 098 02 EMPLOYEE WELLNESS PRO | | | | | | | |
| 098 03 ADVERTISING | | | 4,390 | | | | 170 |
| 098 04 PARKING RAMP | | | | | | | |
| 098 05 PHYSICIANS' PRIVATE O | | | | | | | |
| 098 06 RENAL DIALYSIS | | | | | | | |
| 098 07 IDLE SPACE | | | | | | | |
| 098 08 AMERICAN PROSTHETICS | | | | | 792 | | |
| 098 09 OUTREACH REHAB | | | | | | | |
| 098 10 DAY CARE DEPT | | | | | | | |
| 098 11 GRMC HELICOPTER HANGE | | | | | | | |
| 098 12 SWITCHBOARD | | | | | | | |
| 099 NONPAID WORKERS | | | | | | | |
| 100 OTHER NONREIMBURSABLE | | | 2,238 | | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 COST TO BE ALLOCATED (WRKSHT B, PART I) | 165,701 | 19,570 | 6,218,201 | 326,281 | 108,378 | 81,828 | 71,893 |
| 104 UNIT COST MULTIPLIER (WRKSHT B, PT I) | 36.489980 | 1.167661 | 21.986271 | 3.694974 | 4.446095 | 1.140524 | 1.297380 |
| 105 COST TO BE ALLOCATED (WRKSHT B, PART II) | | | | | | | |
| 106 UNIT COST MULTIPLIER (WRKSHT B, PT II) | | | | | | | |
| 107 COST TO BE ALLOCATED (WRKSHT B, PART III) | 1,676 | 197 | 681,919 | 22,601 | 1,096 | 827 | 727 |
| 108 UNIT COST MULTIPLIER (WRKSHT B, PT III) | .369082 | .011754 | 2.411124 | .255945 | .044962 | .011527 | .013119 |

| COST CENTER DESCRIPTION | OPERATION OF PLANT HHA/HO | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | HOUSEKEEPING-KLEIN | HOUSEKEEPING-REHAB | HOUSEKEEPING-EASTMAN | HOUSEKEEPING-MERCY |
|------------------------------|---------------------------|-------------------------|--------------------|--------------------|--------------------|----------------------|--------------------|
| | (SQUARE FEET) | (POUNDS OF LAUNDRY) | (HOURS OF SERVICE) | (HOURS OF SERVICE) | (SQUARE FEET) | (SQUARE FEET) | (SQUARE FEET) |
| | 8.06 | 9 | 10 | 10.01 | 10.04 | 10.05 | 10.06 |
| GENERAL SERVICE COST | | | | | | | |
| 001 OLD CAP REL COSTS-BLD | | | | | | | |
| 001 01 OLD CAP BLDG - KLEIN | | | | | | | |
| 001 02 OLD CAP BLDG - CANCER | | | | | | | |
| 002 OLD CAP REL COSTS-MVB | | | | | | | |
| 003 NEW CAP REL COSTS-BLD | | | | | | | |
| 003 02 NEW CRC BLDG - REHAB | | | | | | | |
| 003 03 NEW CRC BLDG - LAUNDR | | | | | | | |
| 003 04 NEW CRC BLDG - GRMC | | | | | | | |
| 003 05 NEW CRC BLDG - MERCY | | | | | | | |
| 003 06 NEW CRC BLDG - EASTMA | | | | | | | |
| 003 07 NEW CRC BLDG - HHA/HO | | | | | | | |
| 004 NEW CAP REL COSTS-MVB | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 03 NONPATIENT TELEPHONES | | | | | | | |
| 006 05 DATA PROCESSING | | | | | | | |
| 006 06 PURCHASING, RECEIVING | | | | | | | |
| 006 07 ADMINITTING | | | | | | | |
| 006 08 BUSINESS OFFICE | | | | | | | |
| 006 09 OTHER ADMINISTRATIVE | | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 007 01 UTILITIES - EASTMAN | | | | | | | |
| 007 02 UTILITIES - MERCY | | | | | | | |
| 007 03 UTILITIES - KLEIN | | | | | | | |
| 007 04 UTILITIES - CANCER | | | | | | | |
| 007 05 UTILITIES - REHAB | | | | | | | |
| 007 06 UTILITIES - LAUNDRY | | | | | | | |
| 007 07 UTILITIES - HHA/HOSP | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 008 01 OPERATION OF PLANT KL | | | | | | | |
| 008 02 OPERATION OF PLANT RE | | | | | | | |
| 008 04 OPERATION OF PLANT EA | | | | | | | |
| 008 05 OPERATION OF PLANT ME | | | | | | | |
| 008 06 OPERATION OF PLANT HH | 16,760 | | | | | | |
| 009 LAUNDRY & LINEN SERVI | | 2,168,228 | | | | | |
| 010 HOUSEKEEPING | | 245 | 1,171,833 | | | | |
| 010 01 HOUSEKEEPING-KLEIN | | | | 100 | | | |
| 010 04 HOUSEKEEPING-REHAB | | | | | 24,376 | | |
| 010 05 HOUSEKEEPING-EASTMAN | | | | | | 71,746 | |
| 010 06 HOUSEKEEPING-MERCY | | | | | | | 55,414 |
| 011 DIETARY | | | 14,833 | | | | |
| 011 01 DIETARY - KLEIN | | | | | | | |
| 012 CAFETERIA | | | | | | | |
| 014 NURSING ADMINISTRATIO | | | 1,333 | | | | 900 |
| 014 01 NURSING ADMINISTRATIO | | | | | | | |
| 015 CENTRAL SERVICES & SU | | 11,569 | 14,600 | | | | |
| 016 PHARMACY | | | 23,250 | | | | |
| 017 MEDICAL RECORDS & LIB | | | 5,000 | | | | |
| 018 SOCIAL SERVICE | | | 4,067 | | | | |
| 018 01 RECREATION THERAPY GR | | | | | | | |
| 018 02 RECREATION THERAPY KL | | | | | | | |
| INPAT ROUTINE SRVC CN | | | | | | | |
| 025 ADULTS & PEDIATRICS | | 544,234 | 442,517 | | | | 65 |
| 026 INTENSIVE CARE UNIT | | 73,922 | 60,500 | | | | 65 |
| 031 SUBPROVIDER | | | 2,500 | | | | |
| 033 NURSERY | | 13,151 | 3,917 | | | | |
| 034 SKILLED NURSING FACIL | | 173,954 | 170,500 | | | | 65 |
| 035 NURSING FACILITY | | 205,280 | | 100 | | | |
| ANCILLARY SRVC COST C | | | | | | | |
| 037 OPERATING ROOM | | 360,967 | 166,567 | | | | 65 |
| 039 DELIVERY ROOM & LABOR | | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | | 106,467 | 43,333 | | | | |
| 044 LABORATORY | | 551 | 16,500 | | | | 200 |
| 049 RESPIRATORY THERAPY | | 405 | 4,333 | | | | |
| 050 PHYSICAL THERAPY | | 387 | | | | | |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | | 28,950 | | | | | |
| 055 MEDICAL SUPPLIES CHAR | | | | | | | |
| 055 01 DEVICES AND IMPLANTS | | | | | | | |
| 056 DRUGS CHARGED TO PATI | | | | | | | |
| 058 ASC (NON-DISTINCT PAR | | | | | | | |
| 059 AUDIOLOGY | | | | | | | |
| 059 01 CARDIAC REHAB | | | | | | | |
| 059 02 WORKFITNESS | | | | | | | |
| 059 03 PSYCH/PSYCHOLOGICAL | | | | | | | |
| 059 04 EMG & EEG | | 4,761 | | | | | |
| 059 05 O/P REHAB SERVICES | | 56,498 | 82,000 | | 9,579 | | |
| 059 06 O/P DEPENDENCY SERVIC | | | 5,250 | | | | |
| 059 07 SPORTS FITNESS | | 56,994 | | | 3,136 | | |
| 059 08 LIFE CENTER | | 2,620 | 18,083 | | 4,030 | | 80 |

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:
16-0057

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 1/2008
WORKSHEET B-1

| COST CENTER DESCRIPTION | OPERATION OF PLANT HHA/HO (SQUARE FEET) | LAUNDRY & LINEN SERVICE (POUNDS OF)LAUNDRY | HOUSEKEEPING (HOURS OF)SERVICE | HOUSEKEEPING-KLEIN (HOURS OF)SERVICE | HOUSEKEEPING-REHAB (SQUARE)FEET | HOUSEKEEPING-EASTMAN (SQUARE)FEET | HOUSEKEEPING-MERCY (SQUARE)FEET |
|--|---|---|---------------------------------|---------------------------------------|----------------------------------|------------------------------------|----------------------------------|
| 059 09 ANCILLARY SRVC COST C | 8.06 | 9 | 10 | 10.01 | 10.04 | 10.05 | 10.06 |
| 061 09 RECREATIONAL THERAPY | | | | | | | |
| 062 09 OUTPAT SERVICE COST C | | | | | | | |
| 061 EMERGENCY | | 150,051 | 77,750 | | | | |
| 071 09 OBSERVATION BEDS (NON OTHER REIMBURS COST C | 8,570 | | 15,000 | | | | |
| 093 09 HOME HEALTH AGENCY SPEC PURPOSE COST CEN | 8,190 | 6,644 | | | | | |
| 095 09 HOSPICE | 16,760 | 1,797,650 | 1,171,833 | 100 | 16,745 | | 1,440 |
| 096 09 SUBTOTALS | | | | | | | |
| 096 01 NONREIMBURS COST CENT | | | | | | | |
| 096 02 GIFT, FLOWER, COFFEE | | | | | | | |
| 096 01 MEALS ON WHEELS | | | | | | | |
| 096 02 OVERNIGHT ROOM | | | | | | | |
| 096 03 SALES TO OUTSIDE ORGA | | | | | | | |
| 097 03 RESEARCH | | | | | | | |
| 098 01 PHYSICIANS' PRIVATE O | | | | | 6,839 | 71,746 | 53,804 |
| 098 01 WELLNESS PROGRAM | | | | | | | |
| 098 02 EMPLOYEE WELLNESS PRO | | | | | | | |
| 098 03 ADVERTISING | | | | | | | 170 |
| 098 04 PARKING RAMP | | | | | | | |
| 098 05 PHYSICIANS' PRIVATE O | | | | | | | |
| 098 06 RENAL DIALYSIS | | | | | | | |
| 098 07 IDLE SPACE | | | | | | | |
| 098 08 AMERICAN PROSTHETICS | | | | | 792 | | |
| 098 09 OUTREACH REHAB | | | | | | | |
| 098 10 DAY CARE DEPT | | | | | | | |
| 098 11 GRMC HELICOPTER HANGE | | | | | | | |
| 098 12 SWITCHBOARD | | | | | | | |
| 099 12 NONPAID WORKERS | | | | | | | |
| 100 12 OTHER NONREIMBURSABLE | | 370,578 | | | | | |
| 101 12 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 12 NEGATIVE COST CENTER | | | | | | | |
| 103 12 COST TO BE ALLOCATED (WRKSHT B, PART I) | 10,668 | 1,291,041 | 2,238,885 | 122,218 | | | |
| 104 12 UNIT COST MULTIPLIER (WRKSHT B, PT I) | .636516 | .595436 | 1.910584 | 1,222.180000 | | | |
| 105 12 COST TO BE ALLOCATED (WRKSHT B, PART II) | | | | | | | |
| 106 12 UNIT COST MULTIPLIER (WRKSHT B, PT II) | | | | | | | |
| 107 12 COST TO BE ALLOCATED (WRKSHT B, PART III) | 108 | 155,166 | 53,617 | 1,654 | | | |
| 108 12 UNIT COST MULTIPLIER (WRKSHT B, PT III) | .006444 | .071564 | .045755 | 16.540000 | | | |

| COST CENTER DESCRIPTION | DIETARY | DIETARY - KLE CAFETERIA IN | | NURSING ADMINISTRATION | NURSING ADMINISTRATION-KL | CENTRAL SERVICES & SUPPLY | PHARMACY |
|------------------------------------|----------------|----------------------------|--------|------------------------|---------------------------|---------------------------|-----------------|
| | (MEALS SERVED) | (MEALS SERVED) | (FTEs) | (DIRECT NRSING HRS) | (HOURS OF SERVICE) | (PURCHASES) | (COSTED)REQUIS. |
| GENERAL SERVICE COST | 11 | 11.01 | 12 | 14 | 14.01 | 15 | 16 |
| 001 OLD CAP REL COSTS-BLD | | | | | | | |
| 001 01 OLD CAP BLDG - KLEIN | | | | | | | |
| 001 02 OLD CAP BLDG - CANCER | | | | | | | |
| 002 OLD CAP REL COSTS-MVB | | | | | | | |
| 003 NEW CAP REL COSTS-BLD | | | | | | | |
| 003 02 NEW CRC BLDG - REHAB | | | | | | | |
| 003 03 NEW CRC BLDG - LAUNDR | | | | | | | |
| 003 04 NEW CRC BLDG - GRMC | | | | | | | |
| 003 05 NEW CRC BLDG - MERCY | | | | | | | |
| 003 06 NEW CRC BLDG - EASTMA | | | | | | | |
| 003 07 NEW CRC BLDG - HHA/HO | | | | | | | |
| 004 NEW CAP REL COSTS-MVB | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 03 NONPATIENT TELEPHONES | | | | | | | |
| 006 05 DATA PROCESSING | | | | | | | |
| 006 06 PURCHASING, RECEIVING | | | | | | | |
| 006 07 ADMINITTING | | | | | | | |
| 006 08 BUSINESS OFFICE | | | | | | | |
| 006 09 OTHER ADMINISTRATIVE | | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 007 01 UTILITIES - EASTMAN | | | | | | | |
| 007 02 UTILITIES - MERCY | | | | | | | |
| 007 03 UTILITIES - KLEIN | | | | | | | |
| 007 04 UTILITIES - CANCER | | | | | | | |
| 007 05 UTILITIES - REHAB | | | | | | | |
| 007 06 UTILITIES - LAUNDRY | | | | | | | |
| 007 07 UTILITIES - HHA/HOSPI | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 008 01 OPERATION OF PLANT KL | | | | | | | |
| 008 02 OPERATION OF PLANT RE | | | | | | | |
| 008 04 OPERATION OF PLANT EA | | | | | | | |
| 008 05 OPERATION OF PLANT ME | | | | | | | |
| 008 06 OPERATION OF PLANT HH | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | | | | | |
| 010 HOUSEKEEPING | | | | | | | |
| 010 01 HOUSEKEEPING-KLEIN | | | | | | | |
| 010 04 HOUSEKEEPING-REHAB | | | | | | | |
| 010 05 HOUSEKEEPING-EASTMAN | | | | | | | |
| 010 06 HOUSEKEEPING-MERCY | | | | | | | |
| 011 DIETARY | 279,099 | | | | | | |
| 011 01 DIETARY - KLEIN | | 100 | | | | | |
| 012 CAFETERIA | 148,711 | | 9,589 | | | | |
| 014 NURSING ADMINISTRATION | | | 326 | 1,072,358 | | | |
| 014 01 NURSING ADMINISTRATION | | | | | 100 | | |
| 015 CENTRAL SERVICES & SUPPLY | | | 440 | 48,143 | | 5,525,922 | |
| 016 PHARMACY | | | 227 | | | 54,094 | 534,034 |
| 017 MEDICAL RECORDS & LIBRARY | | | 382 | 14,754 | | 7,487 | |
| 018 SOCIAL SERVICE | | | 94 | 19,548 | | 1,171 | |
| 018 01 RECREATION THERAPY GR | | | | | | | |
| 018 02 RECREATION THERAPY KL | | | 74 | | | 12 | |
| 025 ADULTS & PEDIATRICS | 86,454 | | 1,989 | 413,756 | | 621,855 | 1,433 |
| 026 INTENSIVE CARE UNIT | 5,397 | | 298 | 61,952 | | 246,024 | 36 |
| 031 SUBPROVIDER | 5,394 | | 115 | 23,879 | | 22,297 | |
| 033 NURSERY | | | 53 | 11,004 | | 17,229 | 164 |
| 034 SKILLED NURSING FACILITY | 10,518 | | 219 | 45,493 | | 69,573 | 2 |
| 035 NURSING FACILITY | | 100 | 822 | | 100 | 65,996 | 20,348 |
| 037 ANCILLARY SERVICE COST CENTER | | | | | | | |
| 039 OPERATING ROOM | | | 951 | 197,726 | | 2,667,644 | 164,151 |
| 041 DELIVERY ROOM & LABORATORY | | | | | | | |
| 044 RADIOLOGY-DIAGNOSTIC | | | 682 | | | 121,957 | 40,219 |
| 049 LABORATORY | | | 528 | | | 175,681 | 1,391 |
| 049 RESPIRATORY THERAPY | | | 240 | | | 17,975 | 290 |
| 050 PHYSICAL THERAPY | | | 103 | | | 1,346 | |
| 051 OCCUPATIONAL THERAPY | | | 57 | | | 3 | |
| 052 SPEECH PATHOLOGY | | | 24 | | | | |
| 053 ELECTROCARDIOLOGY | | | 180 | 37,349 | | 951,128 | 128,194 |
| 055 MEDICAL SUPPLIES CHARACTERIZED | | | | | | | |
| 055 01 DEVICES AND IMPLANTS | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | | | | | | | |
| 058 ASC (NON-DISTINCT PAR) | | | | | | | |
| 059 AUDIOLOGY | | | 20 | | | 95 | |
| 059 01 CARDIAC REHAB | | | | | | | |
| 059 02 WORKFITNESS | | | | | | | |
| 059 03 PSYCH/PSYCHOLOGICAL | | | | | | | |
| 059 04 EMG & EEG | | | 65 | | | 1,585 | |
| 059 05 O/P REHAB SERVICES | | | 291 | | | 28,193 | 1,569 |
| 059 06 O/P DEPENDENCY SERVICES | | | 44 | | | 709 | |
| 059 07 SPORTS FITNESS | | | 102 | | | 524 | 13,213 |
| 059 08 LIFE CENTER | | | 132 | | | 35,500 | 28,838 |

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/ 1/2007 TO 6/30/2008
 PREPARED 12/ 1/2008
 WORKSHEET B-1

| | COST CENTER DESCRIPTION | DIETARY | DIETARY - KLE CAFETERIA IN | | NURSING ADMINISTRATION | NURSING ADMINISTRATION-KL | CENTRAL SERVICES & SUPPLY | PHARMACY |
|-----|---------------------------|----------------|----------------------------|------------|------------------------|---------------------------|---------------------------|-----------------|
| | | (MEALS SERVED) | (MEALS SERVED) | (FTE S) | (DIRECT NRSING HRS) | (HOURS OF SERVICE) | (PURCHASES) | (COSTED)REQUIS. |
| | | 11 | 11.01 | 12 | 14 | 14.01 | 15 | 16 |
| 059 | 09 ANCILLARY SRVC COST C | | | | | | | |
| | RECREATIONAL THERAPY | | | 12 | | | | |
| | 061 OUTPAT SERVICE COST C | | | | | | | |
| 062 | EMERGENCY | | | 533 | 110,810 | | 366,155 | 1,427 |
| | 071 OBSERVATION BEDS (NON | | | | | | | |
| | OTHER REIMBURS COST C | | | | | | | |
| | HOME HEALTH AGENCY | | | 348 | 72,345 | | 18,677 | 1,582 |
| | 093 SPEC PURPOSE COST CEN | | | | | | | |
| | HOSPICE | | | 197 | 15,599 | | 18,314 | 131,177 |
| 095 | SUBTOTALS | 256,474 | 100 | 9,548 | 1,072,358 | 100 | 5,511,224 | 534,034 |
| | 096 NONREIMBURS COST CENT | | | | | | | |
| | GIFT, FLOWER, COFFEE | | | | | | | |
| 096 | 01 MEALS ON WHEELS | 22,625 | | | | | | |
| 096 | 02 OVERNIGHT ROOM | | | | | | | |
| 096 | 03 SALES TO OUTSIDE ORGA | | | | | | 8,403 | |
| 097 | RESEARCH | | | | | | | |
| 098 | PHYSICIANS' PRIVATE O | | | | | | 5,192 | |
| 098 | 01 WELLNESS PROGRAM | | | 5 | | | | |
| 098 | 02 EMPLOYEE WELLNESS PRO | | | | | | | |
| 098 | 03 ADVERTISING | | | | | | | |
| 098 | 04 PARKING RAMP | | | | | | | |
| 098 | 05 PHYSICIANS' PRIVATE O | | | | | | | |
| 098 | 06 RENAL DIALYSIS | | | | | | | |
| 098 | 07 IDLE SPACE | | | | | | | |
| 098 | 08 AMERICAN PROSTHETICS | | | | | | | |
| 098 | 09 OUTREACH REHAB | | | 36 | | | | |
| 098 | 10 DAY CARE DEPT | | | | | | | |
| 098 | 11 GRMC HELICOPTER HANGE | | | | | | | |
| 098 | 12 SWITCHBOARD | | | | | | | |
| 099 | NONPAID WORKERS | | | | | | | |
| 100 | OTHER NONREIMBURSABLE | | | | | | 1,103 | |
| 101 | CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 | NEGATIVE COST CENTER | | | | | | | |
| 103 | COST TO BE ALLOCATED | 3,006,057 | 493,804 | 1,601,704 | 3,862,155 | 120,569 | 3,026,796 | 2,705,042 |
| | (WRKSHT B, PART I) | | | | | | | |
| 104 | UNIT COST MULTIPLIER | 10.770576 | 4.938040000 | 167.035562 | 3.601554 | 1,205.690000 | .547745 | 5.065299 |
| | (WRKSHT B, PT I) | | | | | | | |
| 105 | COST TO BE ALLOCATED | | | | | | | |
| | (WRKSHT B, PART II) | | | | | | | |
| 106 | UNIT COST MULTIPLIER | | | | | | | |
| | (WRKSHT B, PT II) | | | | | | | |
| 107 | COST TO BE ALLOCATED | 431,249 | 6,089 | 229,780 | 444,064 | 1,219 | 350,132 | 190,870 |
| | (WRKSHT B, PART III) | | | | | | | |
| 108 | UNIT COST MULTIPLIER | 1.545147 | 60.890000 | 23.962874 | .414101 | 12.190000 | .063362 | .357412 |
| | (WRKSHT B, PT III) | | | | | | | |

| COST CENTER DESCRIPTION | MEDICAL RECORDS & LIBRARY (CHARGES) | SOCIAL SERVICE (TIME SPENT) | RECREATION THERAPY GRMC (TIME SPENT) | RECREATION THERAPY KLEIN (HOURS OF SERVICE) |
|------------------------------|-------------------------------------|-----------------------------|--------------------------------------|---|
| GENERAL SERVICE COST | 17 | 18 | 18.01 | 18.02 |
| 001 OLD CAP REL COSTS-BLD | | | | |
| 001 01 OLD CAP BLDG - KLEIN | | | | |
| 001 02 OLD CAP BLDG - CANCER | | | | |
| 002 OLD CAP REL COSTS-MVB | | | | |
| 003 NEW CAP REL COSTS-BLD | | | | |
| 003 02 NEW CRC BLDG - REHAB | | | | |
| 003 03 NEW CRC BLDG - LAUNDR | | | | |
| 003 04 NEW CRC BLDG - GRMC | | | | |
| 003 05 NEW CRC BLDG - MERCY | | | | |
| 003 06 NEW CRC BLDG - EASTMA | | | | |
| 003 07 NEW CRC BLDG - HHA/HO | | | | |
| 004 NEW CAP REL COSTS-MVB | | | | |
| 005 EMPLOYEE BENEFITS | | | | |
| 006 03 NONPATIENT TELEPHONES | | | | |
| 006 05 DATA PROCESSING | | | | |
| 006 06 PURCHASING, RECEIVING | | | | |
| 006 07 ADMINITTING | | | | |
| 006 08 BUSINESS OFFICE | | | | |
| 006 09 OTHER ADMINISTRATIVE | | | | |
| 007 MAINTENANCE & REPAIRS | | | | |
| 007 01 UTILITIES - EASTMAN | | | | |
| 007 02 UTILITIES - MERCY | | | | |
| 007 03 UTILITIES - KLEIN | | | | |
| 007 04 UTILITIES - CANCER | | | | |
| 007 05 UTILITIES - REHAB | | | | |
| 007 06 UTILITIES - LAUNDRY | | | | |
| 007 07 UTILITIES - HHA/HOSPI | | | | |
| 008 OPERATION OF PLANT | | | | |
| 008 01 OPERATION OF PLANT KL | | | | |
| 008 02 OPERATION OF PLANT RE | | | | |
| 008 04 OPERATION OF PLANT EA | | | | |
| 008 05 OPERATION OF PLANT ME | | | | |
| 008 06 OPERATION OF PLANT HH | | | | |
| 009 LAUNDRY & LINEN SERVI | | | | |
| 010 HOUSEKEEPING | | | | |
| 010 01 HOUSEKEEPING-KLEIN | | | | |
| 010 04 HOUSEKEEPING-REHAB | | | | |
| 010 05 HOUSEKEEPING-EASTMAN | | | | |
| 010 06 HOUSEKEEPING-MERCY | | | | |
| 011 DIETARY | | | | |
| 011 01 DIETARY - KLEIN | | | | |
| 012 CAFETERIA | | | | |
| 014 NURSING ADMINISTRATIO | | | | |
| 014 01 NURSING ADMINISTRATIO | | | | |
| 015 CENTRAL SERVICES & SU | | | | |
| 016 PHARMACY | | | | |
| 017 MEDICAL RECORDS & LIB | 255,294,750 | | | |
| 018 SOCIAL SERVICE | | 3,298 | | |
| 018 01 RECREATION THERAPY GR | | | 116,114 | |
| 018 02 RECREATION THERAPY KL | | | | 100 |
| INPAT ROUTINE SRVC CN | | | | |
| 025 ADULTS & PEDIATRICS | 29,084,816 | 2,795 | 270 | |
| 026 INTENSIVE CARE UNIT | 5,055,905 | 36 | | |
| 031 SUBPROVIDER | 1,642,248 | 240 | 115,304 | |
| 033 NURSERY | 1,277,560 | | | |
| 034 SKILLED NURSING FACIL | 2,559,480 | 35 | 540 | |
| 035 NURSING FACILITY | 5,771,185 | | | 100 |
| ANCILLARY SRVC COST C | | | | |
| 037 OPERATING ROOM | 55,848,255 | | | |
| 039 DELIVERY ROOM & LABOR | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | 43,282,143 | | | |
| 044 LABORATORY | 24,970,685 | | | |
| 049 RESPIRATORY THERAPY | 8,945,037 | | | |
| 050 PHYSICAL THERAPY | 1,456,509 | | | |
| 051 OCCUPATIONAL THERAPY | 956,081 | | | |
| 052 SPEECH PATHOLOGY | 350,381 | | | |
| 053 ELECTROCARDIOLOGY | 18,096,614 | 1 | | |
| 055 MEDICAL SUPPLIES CHAR | 4,162,326 | | | |
| 055 01 DEVICES AND IMPLANTS | 10,883,695 | | | |
| 056 DRUGS CHARGED TO PATI | | | | |
| 058 ASC (NON-DISTINCT PAR | | | | |
| 059 AUDIOLOGY | 429,094 | | | |
| 059 01 CARDIAC REHAB | | | | |
| 059 02 WORKFITNESS | | | | |
| 059 03 PSYCH/PSYCHOLOGICAL | | | | |
| 059 04 EMG & EEG | 2,237,396 | | | |
| 059 05 O/P REHAB SERVICES | 3,701,248 | 9 | | |
| 059 06 O/P DEPENDENCY SERVIC | 259,011 | 21 | | |
| 059 07 SPORTS FITNESS | 471,624 | | | |
| 059 08 LIFE CENTER | 6,334,106 | | | |

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 12/ 1/2008

16-0057

FROM 7/ 1/2007

WORKSHEET B-1

TO 6/30/2008

| COST CENTER DESCRIPTION | MEDICAL RECORDS & LIBRARY (CHARGES) | SOCIAL SERVICE (TIME SPENT) | RECREATION THERAPY GRMC (TIME SPENT) | RECREATION THERAPY KLEIN (HOURS OF SERVICE) |
|------------------------------|-------------------------------------|-----------------------------|--------------------------------------|---|
| 059 09 ANCILLARY SRVC COST C | 17 | 18 | 18.01 | 18.02 |
| 061 09 RECREATIONAL THERAPY | 116,114 | | | |
| 062 09 OUTPAT SERVICE COST C | | | | |
| 061 EMERGENCY | 22,431,521 | 161 | | |
| 062 OBSERVATION BEDS (NON | | | | |
| 071 06 OTHER REIMBURS COST C | 2,166,255 | | | |
| 071 06 HOME HEALTH AGENCY | | | | |
| 093 06 SPEC PURPOSE COST CEN | | | | |
| 093 HOSPICE | 2,356,791 | | | |
| 095 06 SUBTOTALS | 254,846,080 | 3,298 | 116,114 | 100 |
| 096 06 NONREIMBURS COST CENT | | | | |
| 096 01 GIFT, FLOWER, COFFEE | | | | |
| 096 02 MEALS ON WHEELS | | | | |
| 096 03 OVERNIGHT ROOM | | | | |
| 096 04 SALES TO OUTSIDE ORGA | | | | |
| 097 04 RESEARCH | | | | |
| 098 04 PHYSICIANS' PRIVATE O | | | | |
| 098 01 WELLNESS PROGRAM | 45,617 | | | |
| 098 02 EMPLOYEE WELLNESS PRO | | | | |
| 098 03 ADVERTISING | | | | |
| 098 04 PARKING RAMP | | | | |
| 098 05 PHYSICIANS' PRIVATE O | | | | |
| 098 06 RENAL DIALYSIS | | | | |
| 098 07 IDLE SPACE | | | | |
| 098 08 AMERICAN PROSTHETICS | | | | |
| 098 09 OUTREACH REHAB | 403,053 | | | |
| 098 10 DAY CARE DEPT | | | | |
| 098 11 GRMC HELICOPTER HANGE | | | | |
| 098 12 SWITCHBOARD | | | | |
| 099 12 NONPAID WORKERS | | | | |
| 100 12 OTHER NONREIMBURSABLE | | | | |
| 101 12 CROSS FOOT ADJUSTMENT | | | | |
| 102 12 NEGATIVE COST CENTER | | | | |
| 103 12 COST TO BE ALLOCATED | 3,161,532 | 853,126 | | 117,233 |
| 104 12 (PER WRKSHT B, PART | | | | |
| 104 12 UNIT COST MULTIPLIER | | 258.679806 | | 1,172.330000 |
| 105 12 (WRKSHT B, PT I) | .012384 | | | |
| 106 12 COST TO BE ALLOCATED | | | | |
| 106 12 (PER WRKSHT B, PART | | | | |
| 106 12 UNIT COST MULTIPLIER | | | | |
| 107 12 (WRKSHT B, PT II) | | | | |
| 107 12 COST TO BE ALLOCATED | 106,706 | 156,196 | | 4,407 |
| 108 12 (PER WRKSHT B, PART | | | | |
| 108 12 UNIT COST MULTIPLIER | | 47.360825 | | 44.070000 |
| 108 12 (WRKSHT B, PT III) | .000418 | | | |

| WKST A LINE NO. | COST CENTER DESCRIPTION | WKST B, PT I COL. 27 1 | THERAPY ADJUSTMENT 2 | TOTAL COSTS 3 | RCE DI ALLOWANCE 4 | TOTAL COSTS 5 |
|--------------------|----------------------------|------------------------------|----------------------------|---------------------|--------------------------|---------------------|
| | INPAT ROUTINE SRVC CNTRS | | | | | |
| 25 | ADULTS & PEDIATRICS | 21,643,638 | | 21,643,638 | | 21,643,638 |
| 26 | INTENSIVE CARE UNIT | 3,808,079 | | 3,808,079 | | 3,808,079 |
| 31 | SUBPROVIDER | 1,780,118 | | 1,780,118 | | 1,780,118 |
| 33 | NURSERY | 622,509 | | 622,509 | | 622,509 |
| 34 | SKILLED NURSING FACILITY | 2,679,146 | | 2,679,146 | | 2,679,146 |
| 35 | NURSING FACILITY | 7,424,536 | | 7,424,536 | | 7,424,536 |
| | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | OPERATING ROOM | 22,717,337 | | 22,717,337 | | 22,717,337 |
| 39 | DELIVERY ROOM & LABOR ROOM | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 11,773,373 | | 11,773,373 | | 11,773,373 |
| 44 | LABORATORY | 7,754,577 | | 7,754,577 | 16,808 | 7,771,385 |
| 49 | RESPIRATORY THERAPY | 2,144,930 | | 2,144,930 | | 2,144,930 |
| 50 | PHYSICAL THERAPY | 770,649 | | 770,649 | | 770,649 |
| 51 | OCCUPATIONAL THERAPY | 461,856 | | 461,856 | | 461,856 |
| 52 | SPEECH PATHOLOGY | 243,847 | | 243,847 | | 243,847 |
| 53 | ELECTROCARDIOLOGY | 5,406,069 | | 5,406,069 | | 5,406,069 |
| 55 | MEDICAL SUPPLIES CHARGED | 2,052,062 | | 2,052,062 | | 2,052,062 |
| 55 | 01 DEVICES AND IMPLANTS | 5,121,056 | | 5,121,056 | | 5,121,056 |
| 56 | DRUGS CHARGED TO PATIENTS | 3,874,785 | | 3,874,785 | | 3,874,785 |
| 58 | ASC (NON-DISTINCT PART) | | | | | |
| 59 | AUDIOLOGY | 336,896 | | 336,896 | | 336,896 |
| 59 | 01 CARDIAC REHAB | | | | | |
| 59 | 02 WORKFITNESS | | | | | |
| 59 | 03 PSYCH/PSYCHOLOGICAL | | | | | |
| 59 | 04 EMG & EEG | 683,286 | | 683,286 | | 683,286 |
| 59 | 05 O/P REHAB SERVICES | 2,885,586 | | 2,885,586 | 13,750 | 2,899,336 |
| 59 | 06 O/P DEPENDENCY SERVICES | 478,104 | | 478,104 | | 478,104 |
| 59 | 07 SPORTS FITNESS | 896,632 | | 896,632 | | 896,632 |
| 59 | 08 LIFE CENTER | 1,834,950 | | 1,834,950 | | 1,834,950 |
| 59 | 09 RECREATIONAL THERAPY | 82,776 | | 82,776 | | 82,776 |
| | OUTPAT SERVICE COST CNTRS | | | | | |
| 61 | EMERGENCY | 6,679,475 | | 6,679,475 | | 6,679,475 |
| 62 | OBSERVATION BEDS (NON-DIS) | 577,909 | | 577,909 | | 577,909 |
| | OTHER REIMBURS COST CNTRS | | | | | |
| 101 | SUBTOTAL | 114,734,181 | | 114,734,181 | 30,558 | 114,764,739 |
| 102 | LESS OBSERVATION BEDS | | | 577,909 | | 577,909 |
| 103 | TOTAL | 114,156,272 | | 114,156,272 | 30,558 | 114,186,830 |

COMPUTATION OF RATIO OF COSTS TO CHARGES

16-0057

FROM 7/ 1/2007

WORKSHEET C

TO

6/30/2008

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 |
|--------------------|----------------------------|---------------------------|----------------------------|-----------------------|-----------------------------|----------------------------------|--------------------------------|
| | INPAT ROUTINE SRVC CNTRS | | | | | | |
| 25 | ADULTS & PEDIATRICS | 28,250,747 | | 28,250,747 | | | |
| 26 | INTENSIVE CARE UNIT | 5,055,905 | | 5,055,905 | | | |
| 31 | SUBPROVIDER | 1,642,248 | | 1,642,248 | | | |
| 33 | NURSERY | 1,277,560 | | 1,277,560 | | | |
| 34 | SKILLED NURSING FACILITY | 2,559,480 | | 2,559,480 | | | |
| 35 | NURSING FACILITY | 5,771,185 | | 5,771,185 | | | |
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | 22,786,586 | 33,061,669 | 55,848,255 | .406769 | .406769 | .406769 |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 8,229,466 | 35,052,677 | 43,282,143 | .272015 | .272015 | .272015 |
| 44 | LABORATORY | 12,055,517 | 12,915,168 | 24,970,685 | .310547 | .310547 | .311220 |
| 49 | RESPIRATORY THERAPY | 7,701,206 | 1,243,831 | 8,945,037 | .239790 | .239790 | .239790 |
| 50 | PHYSICAL THERAPY | 1,450,280 | 6,229 | 1,456,509 | .529107 | .529107 | .529107 |
| 51 | OCCUPATIONAL THERAPY | 953,887 | 2,194 | 956,081 | .483072 | .483072 | .483072 |
| 52 | SPEECH PATHOLOGY | 349,945 | 437 | 350,382 | .695946 | .695946 | .695946 |
| 53 | ELECTROCARDIOLOGY | 8,763,026 | 9,333,588 | 18,096,614 | .298734 | .298734 | .298734 |
| 55 | MEDICAL SUPPLIES CHARGED | 2,390,306 | 1,772,020 | 4,162,326 | .493008 | .493008 | .493008 |
| 55 | 01 DEVICES AND IMPLANTS | 8,749,670 | 2,134,025 | 10,883,695 | .470525 | .470525 | .470525 |
| 56 | DRUGS CHARGED TO PATIENTS | 17,561,245 | 5,309,690 | 22,870,935 | .169420 | .169420 | .169420 |
| 58 | ASC (NON-DISTINCT PART) | | | | | | |
| 59 | AUDIOLOGY | 3,115 | 425,979 | 429,094 | .785133 | .785133 | .785133 |
| 59 | 01 CARDIAC REHAB | | | | | | |
| 59 | 02 WORKFITNESS | | | | | | |
| 59 | 03 PSYCH/PSYCHOLOGICAL | | | | | | |
| 59 | 04 EMG & EEG | 747,216 | 1,490,180 | 2,237,396 | .305393 | .305393 | .305393 |
| 59 | 05 O/P REHAB SERVICES | 4,837 | 3,696,411 | 3,701,248 | .779625 | .779625 | .783340 |
| 59 | 06 O/P DEPENDENCY SERVICES | 25,221 | 233,790 | 259,011 | 1.845883 | 1.845883 | 1.845883 |
| 59 | 07 SPORTS FITNESS | | 471,624 | 471,624 | 1.901159 | 1.901159 | 1.901159 |
| 59 | 08 LIFE CENTER | 448,816 | 4,775,433 | 5,224,249 | .351237 | .351237 | .351237 |
| 59 | 09 RECREATIONAL THERAPY | 116,114 | | 116,114 | .712886 | .712886 | .712886 |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 61 | EMERGENCY | 4,360,147 | 11,777,556 | 16,137,703 | .413905 | .413905 | .413905 |
| 62 | OBSERVATION BEDS (NON-DIS | 139,623 | 694,446 | 834,069 | .692879 | .692879 | .692879 |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | SUBTOTAL | 141,393,348 | 124,396,947 | 265,790,295 | | | |
| 102 | LESS OBSERVATION BEDS | | | | | | |
| 103 | TOTAL | 141,393,348 | 124,396,947 | 265,790,295 | | | |

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
16-0057

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 1/2008
WORKSHEET C
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 |
|--------------------|----------------------------|---------------------------|----------------------------|-----------------------|-----------------------------|----------------------------------|--------------------------------|
| | INPAT ROUTINE SRVC CNTRS | | | | | | |
| 25 | ADULTS & PEDIATRICS | 28,250,747 | | 28,250,747 | | | |
| 26 | INTENSIVE CARE UNIT | 5,055,905 | | 5,055,905 | | | |
| 31 | SUBPROVIDER | 1,642,248 | | 1,642,248 | | | |
| 33 | NURSERY | 1,277,560 | | 1,277,560 | | | |
| 34 | SKILLED NURSING FACILITY | 2,559,480 | | 2,559,480 | | | |
| 35 | NURSING FACILITY | 5,771,185 | | 5,771,185 | | | |
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | 22,786,586 | 33,061,669 | 55,848,255 | .406769 | .406769 | .406769 |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 8,229,466 | 35,052,677 | 43,282,143 | .272015 | .272015 | .272015 |
| 44 | LABORATORY | 12,055,517 | 12,915,168 | 24,970,685 | .310547 | .310547 | .311220 |
| 49 | RESPIRATORY THERAPY | 7,701,206 | 1,243,831 | 8,945,037 | .239790 | .239790 | .239790 |
| 50 | PHYSICAL THERAPY | 1,450,280 | 6,229 | 1,456,509 | .529107 | .529107 | .529107 |
| 51 | OCCUPATIONAL THERAPY | 953,887 | 2,194 | 956,081 | .483072 | .483072 | .483072 |
| 52 | SPEECH PATHOLOGY | 349,945 | 437 | 350,382 | .695946 | .695946 | .695946 |
| 53 | ELECTROCARDIOLOGY | 8,763,026 | 9,333,588 | 18,096,614 | .298734 | .298734 | .298734 |
| 55 | MEDICAL SUPPLIES CHARGED | 2,390,306 | 1,772,020 | 4,162,326 | .493008 | .493008 | .493008 |
| 55 | 01 DEVICES AND IMPLANTS | 8,749,670 | 2,134,025 | 10,883,695 | .470525 | .470525 | .470525 |
| 56 | DRUGS CHARGED TO PATIENTS | 17,561,245 | 5,309,690 | 22,870,935 | .169420 | .169420 | .169420 |
| 58 | ASC (NON-DISTINCT PART) | | | | | | |
| 59 | AUDIOLOGY | 3,115 | 425,979 | 429,094 | .785133 | .785133 | .785133 |
| 59 | 01 CARDIAC REHAB | | | | | | |
| 59 | 02 WORKFITNESS | | | | | | |
| 59 | 03 PSYCH/PSYCHOLOGICAL | | | | | | |
| 59 | 04 EMG & EEG | 747,216 | 1,490,180 | 2,237,396 | .305393 | .305393 | .305393 |
| 59 | 05 O/P REHAB SERVICES | 4,837 | 3,696,411 | 3,701,248 | .779625 | .779625 | .783340 |
| 59 | 06 O/P DEPENDENCY SERVICES | 25,221 | 233,790 | 259,011 | 1.845883 | 1.845883 | 1.845883 |
| 59 | 07 SPORTS FITNESS | | 471,624 | 471,624 | 1.901159 | 1.901159 | 1.901159 |
| 59 | 08 LIFE CENTER | 448,816 | 4,775,433 | 5,224,249 | .351237 | .351237 | .351237 |
| 59 | 09 RECREATIONAL THERAPY | 116,114 | | 116,114 | .712886 | .712886 | .712886 |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 61 | EMERGENCY | 4,360,147 | 11,777,556 | 16,137,703 | .413905 | .413905 | .413905 |
| 62 | OBSERVATION BEDS (NON-DIS | 139,623 | 694,446 | 834,069 | .692879 | .692879 | .692879 |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | SUBTOTAL | 141,393,348 | 124,396,947 | 265,790,295 | | | |
| 102 | LESS OBSERVATION BEDS | | | | | | |
| 103 | TOTAL | 141,393,348 | 124,396,947 | 265,790,295 | | | |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COST WKST B, PT I COL. 27 1 | CAPITAL COST WKST B PT II & III, COL. 27 2 | OPERATING COST NET OF CAPITAL COST 3 | CAPITAL REDUCTION 4 | OPERATING COST REDUCTION AMOUNT 5 | COST NET OF CAP AND OPER COST REDUCTION 6 |
|--------------------|----------------------------|--|---|---|---------------------------|--|--|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| | OPERATING ROOM | 22,717,337 | 3,894,520 | 18,822,817 | | | 22,717,337 |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 11,773,373 | 2,559,847 | 9,213,526 | | | 11,773,373 |
| 44 | LABORATORY | 7,754,577 | 563,684 | 7,190,893 | | | 7,754,577 |
| 49 | RESPIRATORY THERAPY | 2,144,930 | 230,916 | 1,914,014 | | | 2,144,930 |
| 50 | PHYSICAL THERAPY | 770,649 | 13,281 | 757,368 | | | 770,649 |
| 51 | OCCUPATIONAL THERAPY | 461,856 | 6,903 | 454,953 | | | 461,856 |
| 52 | SPEECH PATHOLOGY | 243,847 | 3,349 | 240,498 | | | 243,847 |
| 53 | ELECTROCARDIOLOGY | 5,406,069 | 1,106,446 | 4,299,623 | | | 5,406,069 |
| 55 | MEDICAL SUPPLIES CHARGED | 2,052,062 | 23,287 | 2,028,775 | | | 2,052,062 |
| 55 | 01 DEVICES AND IMPLANTS | 5,121,056 | 58,416 | 5,062,640 | | | 5,121,056 |
| 56 | DRUGS CHARGED TO PATIENTS | 3,874,785 | 39,177 | 3,835,608 | | | 3,874,785 |
| 58 | ASC (NON-DISTINCT PART) | | | | | | |
| 59 | AUDIOLOGY | 336,896 | 17,138 | 319,758 | | | 336,896 |
| 59 | 01 CARDIAC REHAB | | | | | | |
| 59 | 02 WORKFITNESS | | | | | | |
| 59 | 03 PSYCH/PSYCHOLOGICAL | | | | | | |
| 59 | 04 EMG & EEG | 683,286 | 78,973 | 604,313 | | | 683,286 |
| 59 | 05 O/P REHAB SERVICES | 2,885,586 | 147,312 | 2,738,274 | | | 2,885,586 |
| 59 | 06 O/P DEPENDENCY SERVICES | 478,104 | 79,812 | 398,292 | | | 478,104 |
| 59 | 07 SPORTS FITNESS | 896,632 | 53,059 | 843,573 | | | 896,632 |
| 59 | 08 LIFE CENTER | 1,834,950 | 121,519 | 1,713,431 | | | 1,834,950 |
| 59 | 09 RECREATIONAL THERAPY | 82,776 | 1,244 | 81,532 | | | 82,776 |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 61 | EMERGENCY | 6,679,475 | 510,005 | 6,169,470 | | | 6,679,475 |
| 62 | OBSERVATION BEDS (NON-DIS | 577,909 | 46,343 | 531,566 | | | 577,909 |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | SUBTOTAL | 76,776,155 | 9,555,231 | 67,220,924 | | | 76,776,155 |
| 102 | LESS OBSERVATION BEDS | 577,909 | 46,343 | 531,566 | | | 577,909 |
| 103 | TOTAL | 76,198,246 | 9,508,888 | 66,689,358 | | | 76,198,246 |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL CHARGES | OUTPAT COST TO CHRGRATIO | I/P PT B COST TO CHRGRATIO |
|--------------------|----------------------------|------------------|-----------------------------|-------------------------------|
| | | 7 | 8 | 9 |
| 37 | ANCILLARY SRVC COST CNTRS | | | |
| | OPERATING ROOM | 55,848,255 | .406769 | .406769 |
| 39 | DELIVERY ROOM & LABOR ROO | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 43,282,143 | .272015 | .272015 |
| 44 | LABORATORY | 24,970,685 | .310547 | .310547 |
| 49 | RESPIRATORY THERAPY | 8,945,037 | .239790 | .239790 |
| 50 | PHYSICAL THERAPY | 1,456,509 | .529107 | .529107 |
| 51 | OCCUPATIONAL THERAPY | 956,081 | .483072 | .483072 |
| 52 | SPEECH PATHOLOGY | 350,382 | .695946 | .695946 |
| 53 | ELECTROCARDIOLOGY | 18,096,614 | .298734 | .298734 |
| 55 | MEDICAL SUPPLIES CHARGED | 4,162,326 | .493008 | .493008 |
| 55 | 01 DEVICES AND IMPLANTS | 10,883,695 | .470525 | .470525 |
| 56 | DRUGS CHARGED TO PATIENTS | 22,870,935 | .169420 | .169420 |
| 58 | ASC (NON-DISTINCT PART) | | | |
| 59 | AUDIOLOGY | 429,094 | .785133 | .785133 |
| 59 | 01 CARDIAC REHAB | | | |
| 59 | 02 WORKFITNESS | | | |
| 59 | 03 PSYCH/PSYCHOLOGICAL | | | |
| 59 | 04 EMG & EEG | 2,237,396 | .305393 | .305393 |
| 59 | 05 O/P REHAB SERVICES | 3,701,248 | .779625 | .779625 |
| 59 | 06 O/P DEPENDENCY SERVICES | 259,011 | 1.845883 | 1.845883 |
| 59 | 07 SPORTS FITNESS | 471,624 | 1.901159 | 1.901159 |
| 59 | 08 LIFE CENTER | 5,224,249 | .351237 | .351237 |
| 59 | 09 RECREATIONAL THERAPY | 116,114 | .712886 | .712886 |
| 61 | OUTPAT SERVICE COST CNTRS | | | |
| | EMERGENCY | 16,137,703 | .413905 | .413905 |
| 62 | OBSERVATION BEDS (NON-DIS | 834,069 | .692879 | .692879 |
| | OTHER REIMBURS COST CNTRS | | | |
| 101 | SUBTOTAL | 221,233,170 | | |
| 102 | LESS OBSERVATION BEDS | 834,069 | | |
| 103 | TOTAL | 220,399,101 | | |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COST WKST B, PT I COL. 27 1 | CAPITAL COST WKST B PT II & III, COL. 27 2 | OPERATING COST NET OF CAPITAL COST 3 | CAPITAL REDUCTION 4 | OPERATING COST REDUCTION AMOUNT 5 | COST NET OF CAP AND OPER COST REDUCTION 6 |
|--------------------|----------------------------|--|---|---|---------------------------|--|--|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| | OPERATING ROOM | 22,717,337 | 3,894,520 | 18,822,817 | 389,452 | 1,091,723 | 21,236,162 |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 11,773,373 | 2,559,847 | 9,213,526 | 255,985 | 534,385 | 10,983,003 |
| 44 | LABORATORY | 7,754,577 | 563,684 | 7,190,893 | 56,368 | 417,072 | 7,281,137 |
| 49 | RESPIRATORY THERAPY | 2,144,930 | 230,916 | 1,914,014 | 23,092 | 111,013 | 2,010,825 |
| 50 | PHYSICAL THERAPY | 770,649 | 13,281 | 757,368 | 1,328 | 43,927 | 725,394 |
| 51 | OCCUPATIONAL THERAPY | 461,856 | 6,903 | 454,953 | 690 | 26,387 | 434,779 |
| 52 | SPEECH PATHOLOGY | 243,847 | 3,349 | 240,498 | 335 | 13,949 | 229,563 |
| 53 | ELECTROCARDIOLOGY | 5,406,069 | 1,106,446 | 4,299,623 | 110,645 | 249,378 | 5,046,046 |
| 55 | MEDICAL SUPPLIES CHARGED | 2,052,062 | 23,287 | 2,028,775 | 2,329 | 117,669 | 1,932,064 |
| 55 | 01 DEVICES AND IMPLANTS | 5,121,056 | 58,416 | 5,062,640 | 5,842 | 293,633 | 4,821,581 |
| 56 | DRUGS CHARGED TO PATIENTS | 3,874,785 | 39,177 | 3,835,608 | 3,918 | 222,465 | 3,648,402 |
| 58 | ASC (NON-DIAGNOSTIC PART) | | | | | | |
| 59 | AUDIOLOGY | 336,896 | 17,138 | 319,758 | 1,714 | 18,546 | 316,636 |
| 59 | 01 CARDIAC REHAB | | | | | | |
| 59 | 02 WORKFITNESS | | | | | | |
| 59 | 03 PSYCH/PSYCHOLOGICAL | | | | | | |
| 59 | 04 EMG & EEG | 683,286 | 78,973 | 604,313 | 7,897 | 35,050 | 640,339 |
| 59 | 05 O/P REHAB SERVICES | 2,885,586 | 147,312 | 2,738,274 | 14,731 | 158,820 | 2,712,035 |
| 59 | 06 O/P DEPENDENCY SERVICES | 478,104 | 79,812 | 398,292 | 7,981 | 23,101 | 447,022 |
| 59 | 07 SPORTS FITNESS | 896,632 | 53,059 | 843,573 | 5,306 | 48,927 | 842,399 |
| 59 | 08 LIFE CENTER | 1,834,950 | 121,519 | 1,713,431 | 12,152 | 99,379 | 1,723,419 |
| 59 | 09 RECREATIONAL THERAPY | 82,776 | 1,244 | 81,532 | 124 | 4,729 | 77,923 |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 61 | EMERGENCY | 6,679,475 | 510,005 | 6,169,470 | 51,001 | 357,829 | 6,270,645 |
| 62 | OBSERVATION BEDS (NON-DIS | 577,909 | 46,343 | 531,566 | 4,634 | 30,831 | 542,444 |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | SUBTOTAL | 76,776,155 | 9,555,231 | 67,220,924 | 955,524 | 3,898,813 | 71,921,818 |
| 102 | LESS OBSERVATION BEDS | 577,909 | 46,343 | 531,566 | 4,634 | 30,831 | 542,444 |
| 103 | TOTAL | 76,198,246 | 9,508,888 | 66,689,358 | 950,890 | 3,867,982 | 71,379,374 |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL CHARGES | OUTPAT COST TO CHRG RATIO | I/P PT B COST TO CHRG RATIO |
|--------------------|----------------------------|------------------|------------------------------|--------------------------------|
| | | 7 | 8 | 9 |
| 37 | ANCILLARY SRVC COST CNTRS | | | |
| | OPERATING ROOM | 55,848,255 | .380248 | .399796 |
| 39 | DELIVERY ROOM & LABOR ROO | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 43,282,143 | .253754 | .266100 |
| 44 | LABORATORY | 24,970,685 | .291587 | .308290 |
| 49 | RESPIRATORY THERAPY | 8,945,037 | .224798 | .237208 |
| 50 | PHYSICAL THERAPY | 1,456,509 | .498036 | .528195 |
| 51 | OCCUPATIONAL THERAPY | 956,081 | .454751 | .482350 |
| 52 | SPEECH PATHOLOGY | 350,382 | .655179 | .694990 |
| 53 | ELECTROCARDIOLOGY | 18,096,614 | .278839 | .292620 |
| 55 | MEDICAL SUPPLIES CHARGED | 4,162,326 | .464179 | .492449 |
| 55 | 01 DEVICES AND IMPLANTS | 10,883,695 | .443010 | .469989 |
| 56 | DRUGS CHARGED TO PATIENTS | 22,870,935 | .159521 | .169248 |
| 58 | ASC (NON-DIAGNOSTIC PART) | | | |
| 59 | AUDIOLOGY | 429,094 | .737918 | .781139 |
| 59 | 01 CARDIAC REHAB | | | |
| 59 | 02 WORKFITNESS | | | |
| 59 | 03 PSYCH/PSYCHOLOGICAL | | | |
| 59 | 04 EMG & EEG | 2,237,396 | .286198 | .301864 |
| 59 | 05 O/P REHAB SERVICES | 3,701,248 | .732735 | .775645 |
| 59 | 06 O/P DEPENDENCY SERVICES | 259,011 | 1.725880 | 1.815070 |
| 59 | 07 SPORTS FITNESS | 471,624 | 1.786167 | 1.889908 |
| 59 | 08 LIFE CENTER | 5,224,249 | .329888 | .348911 |
| 59 | 09 RECREATIONAL THERAPY | 116,114 | .671090 | .711818 |
| | OUTPAT SERVICE COST CNTRS | | | |
| 61 | EMERGENCY | 16,137,703 | .388571 | .410745 |
| 62 | OBSERVATION BEDS (NON-DIS | 834,069 | .650359 | .687323 |
| | OTHER REIMBURS COST CNTRS | | | |
| 101 | SUBTOTAL | 221,233,170 | | |
| 102 | LESS OBSERVATION BEDS | 834,069 | | |
| 103 | TOTAL | 220,399,101 | | |

TITLE XVIII, PART A HOSPITAL PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OLD CAPITAL RELATED COST 1 | NEW CAPITAL RELATED COST 2 | TOTAL CHARGES 3 | INPAT PROGRAM CHARGES 4 | OLD CAPITAL CST/CHRG RATIO 5 | COSTS 6 |
|--------------------|--|----------------------------------|----------------------------------|-----------------------|-------------------------------|------------------------------------|------------|
| 37 | ANCILLARY SRVC COST CNTRS OPERATING ROOM | | 3,894,520 | 55,848,255 | 10,260,937 | | |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 4,574 | 2,555,273 | 43,282,143 | 4,712,571 | .000106 | 500 |
| 44 | LABORATORY | | 563,684 | 24,970,685 | 7,023,307 | | |
| 49 | RESPIRATORY THERAPY | | 230,916 | 8,945,037 | 3,387,835 | | |
| 50 | PHYSICAL THERAPY | | 13,281 | 1,456,509 | 607,487 | | |
| 51 | OCCUPATIONAL THERAPY | | 6,903 | 956,081 | 345,365 | | |
| 52 | SPEECH PATHOLOGY | | 3,349 | 350,382 | 95,405 | | |
| 53 | ELECTROCARDIOLOGY | | 1,106,446 | 18,096,614 | 4,916,828 | | |
| 55 | MEDICAL SUPPLIES CHARGED | | 23,287 | 4,162,326 | 2,071,183 | | |
| 55 | 01 DEVICES AND IMPLANTS | | 58,416 | 10,883,695 | 4,345,076 | | |
| 56 | DRUGS CHARGED TO PATIENTS | | 39,177 | 22,870,935 | 9,199,465 | | |
| 58 | ASC (NON-DISTINCT PART) | | | | | | |
| 59 | AUDIOLOGY | | 17,138 | 429,094 | 2,677 | | |
| 59 | 01 CARDIAC REHAB | | | | | | |
| 59 | 02 WORKFITNESS | | | | | | |
| 59 | 03 PSYCH/PSYCHOLOGICAL | | | | | | |
| 59 | 04 EMG & EEG | | 78,973 | 2,237,396 | 251,737 | | |
| 59 | 05 O/P REHAB SERVICES | | 147,312 | 3,701,248 | 2,754 | | |
| 59 | 06 O/P DEPENDENCY SERVICES | | 79,812 | 259,011 | 1,772 | | |
| 59 | 07 SPORTS FITNESS | | 53,059 | 471,624 | | | |
| 59 | 08 LIFE CENTER | | 121,519 | 5,224,249 | 198,226 | | |
| 59 | 09 RECREATIONAL THERAPY | | 1,244 | 116,114 | 270 | | |
| 61 | OUTPAT SERVICE COST CNTRS EMERGENCY | | 510,005 | 16,137,703 | 2,448,129 | | |
| 62 | OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS | | 46,343 | 834,069 | 75,073 | | |
| 101 | TOTAL | 4,574 | 9,550,657 | 221,233,170 | 49,946,097 | | 500 |

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

| | | |
|--------------|----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 12/ 1/2008 |
| 16-0057 | FROM 7/ 1/2007 | WORKSHEET D |
| | TO 6/30/2008 | PART III |

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | NONPHYSICIAN ANESTHETIST 1 | MED EDUCATN COST 2 | SWING BED ADJ AMOUNT 3 | TOTAL COSTS 4 | TOTAL PATIENT DAYS 5 | PER DIEM 6 |
|--------------------|---|----------------------------------|--------------------------|------------------------------|---------------------|----------------------------|---------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | | | | | 27,864 | |
| 26 | INTENSIVE CARE UNIT | | | | | 2,398 | |
| 31 | SUBPROVIDER | | | | | 1,956 | |
| 33 | NURSERY | | | | | 1,678 | |
| 34 | SKILLED NURSING FACILITY | | | | | 3,719 | |
| 35 | NURSING FACILITY | | | | | 43,618 | |
| 101 | TOTAL | | | | | 81,233 | |

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

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/1/2008
 WORKSHEET D
 PART III

| WKST A LINE NO. | COST CENTER DESCRIPTION | INPATIENT PROG DAYS 7 | INPAT PROGRAM PASS THRU COST 8 |
|--------------------|--------------------------|-----------------------------|--------------------------------------|
| 25 | ADULTS & PEDIATRICS | 15,306 | |
| 26 | INTENSIVE CARE UNIT | 1,502 | |
| 31 | SUBPROVIDER | 1,126 | |
| 33 | NURSERY | | |
| 34 | SKILLED NURSING FACILITY | 3,157 | |
| 35 | NURSING FACILITY | | |
| 101 | TOTAL | 21,091 | |

TITLE XVIII, PART A HOSPITAL PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | NONPHYSICIAN ANESTHETIST | HOSPITAL | MED ED NRS SCHOOL COST | MED ED ALLIED HEALTH COST | MED ED ALL OTHER COSTS | BLOOD CLOT FOR HEMOPHILIACS |
|--------------------|----------------------------|-----------------------------|----------|---------------------------|------------------------------|---------------------------|--------------------------------|
| | | 1 | 1.01 | 2 | 2.01 | 2.02 | 2.03 |
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| | OPERATING ROOM | | | | | | |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 44 | LABORATORY | | | | | | |
| 49 | RESPIRATORY THERAPY | | | | | | |
| 50 | PHYSICAL THERAPY | | | | | | |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | | |
| 55 | 01 DEVICES AND IMPLANTS | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | |
| 58 | ASC (NON-DISTINCT PART) | | | | | | |
| 59 | AUDIOLOGY | | | | | | |
| 59 | 01 CARDIAC REHAB | | | | | | |
| 59 | 02 WORKFITNESS | | | | | | |
| 59 | 03 PSYCH/PSYCHOLOGICAL | | | | | | |
| 59 | 04 EMG & EEG | | | | | | |
| 59 | 05 O/P REHAB SERVICES | | | | | | |
| 59 | 06 O/P DEPENDENCY SERVICES | | | | | | |
| 59 | 07 SPORTS FITNESS | | | | | | |
| 59 | 08 LIFE CENTER | | | | | | |
| 59 | 09 RECREATIONAL THERAPY | | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 61 | EMERGENCY | | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | TOTAL | | | | | | |

TITLE XVIII, PART A

HOSPITAL

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COSTS 3 | O/P PASS THRU COSTS 3.01 | TOTAL CHARGES 4 | RATIO OF COST TO CHARGES 5 | O/P RATIO OF CST TO CHARGES 5.01 | INPAT PROG CHARGE 6 | INPAT PROG PASS THRU COST 7 |
|--------------------|--|---------------------|--------------------------------|-----------------------|----------------------------------|--|---------------------------|-----------------------------------|
| 37 | ANCILLARY SRVC COST CNTRS OPERATING ROOM | | | 55,848,255 | | | 10,260,937 | |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | 43,282,143 | | | 4,712,571 | |
| 44 | LABORATORY | | | 24,970,685 | | | 7,023,307 | |
| 49 | RESPIRATORY THERAPY | | | 8,945,037 | | | 3,387,835 | |
| 50 | PHYSICAL THERAPY | | | 1,456,509 | | | 607,487 | |
| 51 | OCCUPATIONAL THERAPY | | | 956,081 | | | 345,365 | |
| 52 | SPEECH PATHOLOGY | | | 350,382 | | | 95,405 | |
| 53 | ELECTROCARDIOLOGY | | | 18,096,614 | | | 4,916,828 | |
| 55 | MEDICAL SUPPLIES CHARGED | | | 4,162,326 | | | 2,071,183 | |
| 55 | 01 DEVICES AND IMPLANTS | | | 10,883,695 | | | 4,345,076 | |
| 56 | DRUGS CHARGED TO PATIENTS | | | 22,870,935 | | | 9,199,465 | |
| 58 | ASC (NON-DISTINCT PART) | | | | | | | |
| 59 | AUDIOLOGY | | | 429,094 | | | 2,677 | |
| 59 | 01 CARDIAC REHAB | | | | | | | |
| 59 | 02 WORKFITNESS | | | | | | | |
| 59 | 03 PSYCH/PSYCHOLOGICAL | | | | | | | |
| 59 | 04 EMG & EEG | | | 2,237,396 | | | 251,737 | |
| 59 | 05 O/P REHAB SERVICES | | | 3,701,248 | | | 2,754 | |
| 59 | 06 O/P DEPENDENCY SERVICES | | | 259,011 | | | 1,772 | |
| 59 | 07 SPORTS FITNESS | | | 471,624 | | | | |
| 59 | 08 LIFE CENTER | | | 5,224,249 | | | 198,226 | |
| 59 | 09 RECREATIONAL THERAPY | | | 116,114 | | | 270 | |
| 61 | OUTPAT SERVICE COST CNTRS EMERGENCY | | | 16,137,703 | | | 2,448,129 | |
| 62 | OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS | | | 834,069 | | | 75,073 | |
| 101 | TOTAL | | | 221,233,170 | | | 49,946,097 | |

TITLE XVIII, PART A HOSPITAL PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OUTPAT PROG CHARGES 8 | OUTPAT PROG D, V COL 5.03 8.01 | OUTPAT PROG D, V COL 5.04 8.02 | OUTPAT PROG PASS THRU COST 9 | COL 8.01 * COL 5 9.01 | COL 8.02 * COL 5 9.02 |
|--------------------|----------------------------|-----------------------------|--------------------------------------|--------------------------------------|------------------------------------|-----------------------------|-----------------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| | OPERATING ROOM | 9,640,495 | | | | | |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 13,022,503 | | | | | |
| 44 | LABORATORY | 1,151,880 | | | | | |
| 49 | RESPIRATORY THERAPY | 564,148 | | | | | |
| 50 | PHYSICAL THERAPY | | | | | | |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | 6,436,630 | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 991,823 | | | | | |
| 55 | 01 DEVICES AND IMPLANTS | 1,232,558 | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | 1,953,527 | | | | | |
| 58 | ASC (NON-DISTINCT PART) | | | | | | |
| 59 | AUDIOLOGY | 36,138 | | | | | |
| 59 | 01 CARDIAC REHAB | | | | | | |
| 59 | 02 WORKFITNESS | | | | | | |
| 59 | 03 PSYCH/PSYCHOLOGICAL | | | | | | |
| 59 | 04 EMG & EEG | 444,654 | | | | | |
| 59 | 05 O/P REHAB SERVICES | 92,446 | | | | | |
| 59 | 06 O/P DEPENDENCY SERVICES | 11,991 | | | | | |
| 59 | 07 SPORTS FITNESS | | | | | | |
| 59 | 08 LIFE CENTER | 2,718,812 | | | | | |
| 59 | 09 RECREATIONAL THERAPY | | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 61 | EMERGENCY | 2,742,171 | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | 320,470 | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | TOTAL | 41,360,246 | | | | | |

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COSTS 3 | O/P PASS THRU COSTS 3.01 | TOTAL CHARGES 4 | RATIO OF COST TO CHARGES 5 | O/P RATIO OF CST TO CHARGES 5.01 | INPAT PROG CHARGE 6 | INPAT PROG PASS THRU COST 7 |
|--------------------|----------------------------|---------------------|--------------------------------|-----------------------|----------------------------------|--|---------------------------|-----------------------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | | |
| | OPERATING ROOM | | | 55,848,255 | | | 10,248 | |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | 43,282,143 | | | 54,097 | |
| 44 | LABORATORY | | | 24,970,685 | | | 80,043 | |
| 49 | RESPIRATORY THERAPY | | | 8,945,037 | | | 29,985 | |
| 50 | PHYSICAL THERAPY | | | 1,456,509 | | | 217,429 | |
| 51 | OCCUPATIONAL THERAPY | | | 956,081 | | | 192,621 | |
| 52 | SPEECH PATHOLOGY | | | 350,382 | | | 126,854 | |
| 53 | ELECTROCARDIOLOGY | | | 18,096,614 | | | 6,150 | |
| 55 | MEDICAL SUPPLIES CHARGED | | | 4,162,326 | | | 9,467 | |
| 55 | 01 DEVICES AND IMPLANTS | | | 10,883,695 | | | 5,147 | |
| 56 | DRUGS CHARGED TO PATIENTS | | | 22,870,935 | | | 195,265 | |
| 58 | ASC (NON-DISTINCT PART) | | | | | | | |
| 59 | AUDIOLOGY | | | 429,094 | | | | |
| 59 | 01 CARDIAC REHAB | | | | | | | |
| 59 | 02 WORKFITNESS | | | | | | | |
| 59 | 03 PSYCH/PSYCHOLOGICAL | | | | | | | |
| 59 | 04 EMG & EEG | | | 2,237,396 | | | 4,036 | |
| 59 | 05 O/P REHAB SERVICES | | | 3,701,248 | | | | |
| 59 | 06 O/P DEPENDENCY SERVICES | | | 259,011 | | | | |
| 59 | 07 SPORTS FITNESS | | | 471,624 | | | | |
| 59 | 08 LIFE CENTER | | | 5,224,249 | | | 569 | |
| 59 | 09 RECREATIONAL THERAPY | | | 116,114 | | | 67,320 | |
| 61 | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 61 | EMERGENCY | | | 16,137,703 | | | 2,164 | |
| 62 | OBSERVATION BEDS (NON-DIS | | | 834,069 | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | | |
| 101 | TOTAL | | | 221,233,170 | | | 1,001,395 | |

TITLE XVIII, PART A SUBPROVIDER 1 PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OUTPAT PROG CHARGES 8 | OUTPAT PROG D, V COL 5.03 8.01 | OUTPAT PROG D, V COL 5.04 8.02 | OUTPAT PROG PASS THRU COST 9 | COL 8.01 * COL 5 9.01 | COL 8.02 * COL 5 9.02 |
|--------------------|----------------------------|-----------------------------|--------------------------------------|--------------------------------------|------------------------------------|-----------------------------|-----------------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| | OPERATING ROOM | | | | | | |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 44 | LABORATORY | | | | | | |
| 49 | RESPIRATORY THERAPY | | | | | | |
| 50 | PHYSICAL THERAPY | | | | | | |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | | |
| 55 | 01 DEVICES AND IMPLANTS | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | |
| 58 | ASC (NON-DISTINCT PART) | | | | | | |
| 59 | AUDIOLOGY | | | | | | |
| 59 | 01 CARDIAC REHAB | | | | | | |
| 59 | 02 WORKFITNESS | | | | | | |
| 59 | 03 PSYCH/PSYCHOLOGICAL | | | | | | |
| 59 | 04 EMG & EEG | | | | | | |
| 59 | 05 O/P REHAB SERVICES | | | | | | |
| 59 | 06 O/P DEPENDENCY SERVICES | | | | | | |
| 59 | 07 SPORTS FITNESS | | | | | | |
| 59 | 08 LIFE CENTER | | | | | | |
| 59 | 09 RECREATIONAL THERAPY | | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 61 | EMERGENCY | | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | TOTAL | | | | | | |

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COSTS 3 | O/P PASS THRU COSTS 3.01 | TOTAL CHARGES 4 | RATIO OF COST TO CHARGES 5 | O/P RATIO OF CST TO CHARGES 5.01 | INPAT PROG CHARGE 6 | INPAT PROG PASS THRU COST 7 |
|--------------------|--|---------------------|--------------------------------|-----------------------|----------------------------------|--|---------------------------|-----------------------------------|
| 37 | ANCILLARY SRVC COST CNTRS OPERATING ROOM | | | 55,848,255 | | | 6,681 | |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | 43,282,143 | | | 87,484 | |
| 44 | LABORATORY | | | 24,970,685 | | | 358,842 | |
| 49 | RESPIRATORY THERAPY | | | 8,945,037 | | | 406,474 | |
| 50 | PHYSICAL THERAPY | | | 1,456,509 | | | 220,608 | |
| 51 | OCCUPATIONAL THERAPY | | | 956,081 | | | 132,970 | |
| 52 | SPEECH PATHOLOGY | | | 350,382 | | | 21,349 | |
| 53 | ELECTROCARDIOLOGY | | | 18,096,614 | | | 11,895 | |
| 55 | MEDICAL SUPPLIES CHARGED | | | 4,162,326 | | | 148,230 | |
| 55 | 01 DEVICES AND IMPLANTS | | | 10,883,695 | | | 5,750 | |
| 56 | DRUGS CHARGED TO PATIENTS | | | 22,870,935 | | | 1,243,418 | |
| 58 | ASC (NON-DISTINCT PART) | | | | | | | |
| 59 | AUDIOLOGY | | | 429,094 | | | | |
| 59 | 01 CARDIAC REHAB | | | | | | | |
| 59 | 02 WORKFITNESS | | | | | | | |
| 59 | 03 PSYCH/PSYCHOLOGICAL | | | | | | | |
| 59 | 04 EMG & EEG | | | 2,237,396 | | | 1,218 | |
| 59 | 05 O/P REHAB SERVICES | | | 3,701,248 | | | | |
| 59 | 06 O/P DEPENDENCY SERVICES | | | 259,011 | | | | |
| 59 | 07 SPORTS FITNESS | | | 471,624 | | | | |
| 59 | 08 LIFE CENTER | | | 5,224,249 | | | 22,989 | |
| 59 | 09 RECREATIONAL THERAPY | | | 116,114 | | | | |
| 61 | OUTPAT SERVICE COST CNTRS EMERGENCY | | | 16,137,703 | | | 1,408 | |
| 62 | OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS | | | 834,069 | | | | |
| 101 | TOTAL | | | 221,233,170 | | | 2,669,316 | |

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OUTPAT PROG CHARGES 8 | OUTPAT PROG D, V COL 5.03 8.01 | OUTPAT PROG D, V COL 5.04 8.02 | OUTPAT PROG PASS THRU COST 9 | COL 8.01 * COL 5 9.01 | COL 8.02 * COL 5 9.02 |
|--------------------|----------------------------|-----------------------------|--------------------------------------|--------------------------------------|------------------------------------|-----------------------------|-----------------------------|
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | | | | | | |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 44 | LABORATORY | | | | | | |
| 49 | RESPIRATORY THERAPY | | | | | | |
| 50 | PHYSICAL THERAPY | | | | | | |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | | |
| 55 | 01 DEVICES AND IMPLANTS | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | |
| 58 | ASC (NON-DISTINCT PART) | | | | | | |
| 59 | AUDIOLOGY | | | | | | |
| 59 | 01 CARDIAC REHAB | | | | | | |
| 59 | 02 WORKFITNESS | | | | | | |
| 59 | 03 PSYCH/PSYCHOLOGICAL | | | | | | |
| 59 | 04 EMG & EEG | | | | | | |
| 59 | 05 O/P REHAB SERVICES | | | | | | |
| 59 | 06 O/P DEPENDENCY SERVICES | | | | | | |
| 59 | 07 SPORTS FITNESS | | | | | | |
| 59 | 08 LIFE CENTER | | | | | | |
| 59 | 09 RECREATIONAL THERAPY | | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 61 | EMERGENCY | | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | TOTAL | | | | | | |

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

| | | |
|----|--|---------|
| 83 | TOTAL OBSERVATION BED DAYS | 744 |
| 84 | ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 776.76 |
| 85 | OBSERVATION BED COST | 577,909 |

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 | 21,643,638 | | 577,909 | |
| 87 | NEW CAPITAL-RELATED COST | 1,735,628 | .080191 | 577,909 | 46,343 |
| 88 | NON PHYSICIAN ANESTHETIST | 21,643,638 | | 577,909 | |
| 89 | MEDICAL EDUCATION | 21,643,638 | | 577,909 | |
| 89.01 | MEDICAL EDUCATION - ALLIED HEA | | | | |
| 89.02 | MEDICAL EDUCATION - ALL OTHER | | | | |

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

| DESCRIPTION | 1 | 1.01 |
|--|------------|------|
| 5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT) | | |
| 5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, AND 317. | | |
| 5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK | | |
| 5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCT) | 335.00 | |
| 5.06 TOTAL ADDITIONAL PAYMENT | | |
| 6 SUBTOTAL (SEE INSTRUCTIONS) | 24,954,302 | |
| 7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS) | | |
| 7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS) | | |
| FY BEG. 10/1/2000 | | |
| 8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS) | 24,954,302 | |
| 9 PAYMENT FOR INPATIENT PROGRAM CAPITAL | 2,037,853 | |
| 10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL | | |
| 11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT | | |
| 11.01 NURSING AND ALLIED HEALTH MANAGED CARE | | |
| 11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES | | |
| 12 NET ORGAN ACQUISITION COST | | |
| 13 COST OF TEACHING PHYSICIANS | | |
| 14 ROUTINE SERVICE OTHER PASS THROUGH COSTS | | |
| 15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS | | |
| 16 TOTAL | 26,992,155 | |
| 17 PRIMARY PAYER PAYMENTS | 18,813 | |
| 18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES | 26,973,342 | |
| 19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES | 2,449,428 | |
| 20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES | 34,792 | |
| 21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | | |
| 21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | | |
| 21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | | |
| 22 SUBTOTAL | 24,489,122 | |
| 23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | | |
| 24 OTHER ADJUSTMENTS (SPECIFY) | | |
| 24.99 OUTLIER RECONCILIATION ADJUSTMENT | | |
| 25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | |
| 26 AMOUNT DUE PROVIDER | 24,489,122 | |
| 27 SEQUESTRATION ADJUSTMENT | | |
| 28 INTERIM PAYMENTS | 24,010,584 | |
| 28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | | |
| 29 BALANCE DUE PROVIDER (PROGRAM) | 478,538 | |
| 30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2. | | |
| ----- FI ONLY ----- | | |
| 50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01 | | |
| 51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01 | | |
| 52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS) | | |
| 53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS) | | |
| 54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY | | |
| 55 TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | |
| 56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | |

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

| | | |
|--|---|------------|
| 1 | MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) | 3,393 |
| 1.01 | MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS). | 13,849,860 |
| 1.02 | PPS PAYMENTS RECEIVED INCLUDING OUTLIERS. | |
| 1.03 | ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO. | 11,382,582 |
| 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) | 3,393 |
| COMPUTATION OF LESSER OF COST OR CHARGES | | |
| REASONABLE CHARGES | | |
| 6 | ANCILLARY SERVICE CHARGES | 14,613 |
| 7 | INTERNS AND RESIDENTS SERVICE CHARGES | |
| 8 | ORGAN ACQUISITION CHARGES | |
| 9 | CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS. | |
| 10 | TOTAL REASONABLE CHARGES | 14,613 |
| 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) | 14,613 |
| 15 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | 11,220 |
| 16 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | |
| 17 | LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC) | 3,393 |
| 17.01 | TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07) | 11,382,582 |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | | |
| 18 | DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS) | 537 |
| 18.01 | DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS) | 3,079,852 |
| 19 | SUBTOTAL (SEE INSTRUCTIONS) | 8,305,586 |
| 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 | 8,305,586 |
| 24 | PRIMARY PAYER PAYMENTS | 1,295 |
| 25 | SUBTOTAL | 8,304,291 |
| REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | | |
| 26 | COMPOSITE RATE ESRD | |
| 27 | BAD DEBTS (SEE INSTRUCTIONS) | |
| 27.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | |
| 27.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | |
| 28 | SUBTOTAL | 8,304,291 |
| 29 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION. | |
| 30 | OTHER ADJUSTMENTS (SPECIFY) | |
| 30.99 | OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT) | |
| 31 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS. | |
| 32 | SUBTOTAL | 8,304,291 |
| 33 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 34 | INTERIM PAYMENTS | 8,305,740 |
| 34.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | |
| 35 | BALANCE DUE PROVIDER/PROGRAM | -1,449 |
| 36 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2 | |

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

| | | | |
|---|--|--|-----------|
| 1 | INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS) | | |
| 1.01 | HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS) | | |
| 1.02 | ENTER FROM THE PS&R, THE IRF PPS PAYMENT | | 1,622,822 |
| 1.03 | MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.) | | .0416 |
| 1.04 | INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS) | | 96,154 |
| 1.05 | OUTLIER PAYMENTS | | 3,056 |
| 1.06 | TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42) | | 1,722,032 |
| 1.07 | NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS) | | |
| | | | |
| INPATIENT PSYCHIATRIC FACILITY (IPF) | | | |
| 1.08 | NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS) | | |
| 1.09 | NET IPF PPS OUTLIER PAYMENTS | | |
| 1.10 | NET IPF PPS ECT PAYMENTS | | |
| 1.11 | UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS) | | |
| 1.12 | NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS) | | |
| 1.13 | CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) | | |
| 1.14 | CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) | | |
| 1.15 | INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) | | |
| 1.16 | AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) | | |
| 1.17 | MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$. | | |
| 1.18 | MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17). | | |
| 1.19 | ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18) | | |
| 1.20 | STOP LOSS PAYMENT FLOOR (LINE 1 x 70%) | | |
| 1.21 | ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE) | | |
| 1.22 | STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-) | | |
| 1.23 | TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22) | | |
| | | | |
| INPATIENT REHABILITATION FACILITY (IRF) | | | |
| 1.35 | UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.) | | |
| 1.36 | NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS) | | |
| 1.37 | CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) | | |
| 1.38 | CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) | | |
| 1.39 | INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) | | |
| 1.40 | AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) | | 5.344262 |
| 1.41 | MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$. | | |
| 1.42 | MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41). | | |
| 2 | ORGAN ACQUISITION | | |
| 3 | COST OF TEACHING PHYSICIANS | | |
| 4 | SUBTOTAL (SEE INSTRUCTIONS) | | 1,722,032 |
| 5 | PRIMARY PAYER PAYMENTS | | |
| 6 | SUBTOTAL | | 1,722,032 |
| 7 | DEDUCTIBLES | | 11,936 |
| 8 | SUBTOTAL | | 1,710,096 |
| 9 | COINSURANCE | | 4,096 |
| 10 | SUBTOTAL | | 1,706,000 |
| 11 | REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV) | | |
| 11.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | | |
| 11.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | | |
| 12 | SUBTOTAL | | 1,706,000 |
| 13 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | | |
| 13.01 | OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS) | | |
| 14 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | | |
| 15 | OTHER ADJUSTMENTS (SPECIFY) | | |
| 15.99 | OUTLIER RECONCILIATION ADJUSTMENT | | |

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

| | | |
|-------|---|-----------|
| 16 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | |
| 17 | TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS) | 1,706,000 |
| 18 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 19 | INTERIM PAYMENTS | 1,698,857 |
| 19.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | |
| 20 | BALANCE DUE PROVIDER/PROGRAM | 7,143 |
| 21 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2. | |

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

50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).

51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).

53 ENTER THE TIME VALUE OF MONEY.

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 | 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 | | | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

| | | |
|---------------|----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 12/ 1/2008 |
| 16-0057 | FROM 7/ 1/2007 | WORKSHEET E-3 |
| COMPONENT NO: | TO 6/30/2008 | PART III |
| 16-5110 | | |

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

| | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|---|--------------|-----------------------|----------------|------------|
| ASSETS | 1 | 2 | 3 | 4 |
| CURRENT ASSETS | | | | |
| 1 CASH ON HAND AND IN BANKS | 7,083,832 | | | |
| 2 TEMPORARY INVESTMENTS | | | | |
| 3 NOTES RECEIVABLE | | | | |
| 4 ACCOUNTS RECEIVABLE | 17,518,323 | | | |
| 5 OTHER RECEIVABLES | 577,796 | | | |
| 6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE | | | | |
| 7 INVENTORY | 2,580,352 | | | |
| 8 PREPAID EXPENSES | 1,228,173 | | | |
| 9 OTHER CURRENT ASSETS | 8,736 | | | |
| 10 DUE FROM OTHER FUNDS | | | | |
| 11 TOTAL CURRENT ASSETS | 28,997,212 | | | |
| FIXED ASSETS | | | | |
| 12 LAND | 12,111,712 | | | |
| 12.01 LAND IMPROVEMENTS | | | | |
| 13.01 LESS ACCUMULATED DEPRECIATION | | | | |
| 14 BUILDINGS | 96,498,944 | | | |
| 14.01 LESS ACCUMULATED DEPRECIATION | | | | |
| 15 LEASEHOLD IMPROVEMENTS | | | | |
| 15.01 LESS ACCUMULATED DEPRECIATION | | | | |
| 16 FIXED EQUIPMENT | 2,536,495 | | | |
| 16.01 LESS ACCUMULATED DEPRECIATION | | | | |
| 17 AUTOMOBILES AND TRUCKS | | | | |
| 17.01 LESS ACCUMULATED DEPRECIATION | | | | |
| 18 MAJOR MOVABLE EQUIPMENT | 128,256,968 | | | |
| 18.01 LESS ACCUMULATED DEPRECIATION | -97,143,010 | | | |
| 19 MINOR EQUIPMENT DEPRECIABLE | | | | |
| 19.01 LESS ACCUMULATED DEPRECIATION | | | | |
| 20 MINOR EQUIPMENT-NONDEPRECIABLE | | | | |
| 21 TOTAL FIXED ASSETS | 142,261,109 | | | |
| OTHER ASSETS | | | | |
| 22 INVESTMENTS | 58,284,520 | | | |
| 23 DEPOSITS ON LEASES | | | | |
| 24 DUE FROM OWNERS/OFFICERS | | | | |
| 25 OTHER ASSETS | 9,907,306 | | | |
| 26 TOTAL OTHER ASSETS | 68,191,826 | | | |
| 27 TOTAL ASSETS | 239,450,147 | | | |

| | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|--|-----------------|-----------------------------|-------------------|---------------|
| LIABILITIES AND FUND BALANCE | 1 | 2 | 3 | 4 |
| CURRENT LIABILITIES | | | | |
| 28 ACCOUNTS PAYABLE | 2,898,341 | | | |
| 29 SALARIES, WAGES & FEES PAYABLE | | | | |
| 30 PAYROLL TAXES PAYABLE | | | | |
| 31 NOTES AND LOANS PAYABLE (SHORT TERM) | 1,735,000 | | | |
| 32 DEFERRED INCOME | | | | |
| 33 ACCELERATED PAYMENTS | | | | |
| 34 DUE TO OTHER FUNDS | | | | |
| 35 OTHER CURRENT LIABILITIES | 10,943,087 | | | |
| 36 TOTAL CURRENT LIABILITIES | 15,576,428 | | | |
| LONG TERM LIABILITIES | | | | |
| 37 MORTGAGE PAYABLE | | | | |
| 38 NOTES PAYABLE | 66,182,029 | | | |
| 39 UNSECURED LOANS | | | | |
| 40.01 LOANS PRIOR TO 7/1/66 | | | | |
| 40.02 ON OR AFTER 7/1/66 | | | | |
| 41 OTHER LONG TERM LIABILITIES | 2,537,292 | | | |
| 42 TOTAL LONG-TERM LIABILITIES | 68,719,321 | | | |
| 43 TOTAL LIABILITIES | 84,295,749 | | | |
| CAPITAL ACCOUNTS | | | | |
| 44 GENERAL FUND BALANCE | 155,154,398 | | | |
| 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 | 155,154,398 | | | |
| 52 TOTAL LIABILITIES AND FUND BALANCES | 239,450,147 | | | |

PART I - PATIENT REVENUES

| REVENUE CENTER | INPATIENT 1 | OUTPATIENT 2 | TOTAL 3 |
|---|----------------|-----------------|-------------|
| GENERAL INPATIENT ROUTINE CARE SERVICES | | | |
| 1 00 HOSPITAL | 29,528,307 | | 29,528,307 |
| 2 00 SUBPROVIDER | 1,642,248 | | 1,642,248 |
| 4 00 SWING BED - SNF | | | |
| 5 00 SWING BED - NF | | | |
| 6 00 SKILLED NURSING FACILITY | 2,559,480 | | 2,559,480 |
| 7 00 NURSING FACILITY | 5,771,185 | | 5,771,185 |
| 9 00 TOTAL GENERAL INPATIENT ROUTINE CARE | 39,501,220 | | 39,501,220 |
| INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS | | | |
| 10 00 INTENSIVE CARE UNIT | 5,055,905 | | 5,055,905 |
| 15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP | 5,055,905 | | 5,055,905 |
| 16 00 TOTAL INPATIENT ROUTINE CARE SERVICE | 44,557,125 | | 44,557,125 |
| 17 00 ANCILLARY SERVICES | 92,336,453 | 107,401,899 | 199,738,352 |
| 18 00 OUTPATIENT SERVICES | 4,499,770 | 12,472,002 | 16,971,772 |
| 19 00 HOME HEALTH AGENCY | | 2,166,255 | 2,166,255 |
| 23 00 HOSPICE | | 2,356,791 | 2,356,791 |
| 24 00 | | | |
| 25 00 TOTAL PATIENT REVENUES | 141,393,348 | 124,396,947 | 265,790,295 |

PART II - OPERATING EXPENSES

| | | | |
|--------------------------------|---------|-------------|--|
| 26 00 OPERATING EXPENSES | | 139,362,521 | |
| ADD (SPECIFY) | | | |
| 27 00 OTHER | 163,146 | | |
| 28 00 | | | |
| 29 00 | | | |
| 30 00 | | | |
| 31 00 | | | |
| 32 00 | | | |
| 33 00 TOTAL ADDITIONS | | 163,146 | |
| DEDUCT (SPECIFY) | | | |
| 34 00 DEDUCT (SPECIFY) | | | |
| 35 00 | | | |
| 36 00 | | | |
| 37 00 | | | |
| 38 00 | | | |
| 39 00 TOTAL DEDUCTIONS | | | |
| 40 00 TOTAL OPERATING EXPENSES | | 139,525,667 | |

STATEMENT OF REVENUES AND EXPENSES

| DESCRIPTION | | |
|-------------|---|-------------|
| 1 | TOTAL PATIENT REVENUES | 265,790,295 |
| 2 | LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS | 125,552,250 |
| 3 | NET PATIENT REVENUES | 140,238,045 |
| 4 | LESS: TOTAL OPERATING EXPENSES | 139,525,667 |
| 5 | NET INCOME FROM SERVICE TO PATIENTS | 712,378 |
| | OTHER INCOME | |
| 6 | CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC. | 249,445 |
| 7 | INCOME FROM INVESTMENTS | 3,136,811 |
| 8 | REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE | |
| 9 | REVENUE FROM TELEVISION AND RADIO SERVICE | |
| 10 | PURCHASE DISCOUNTS | |
| 11 | REBATES AND REFUNDS OF EXPENSES | |
| 12 | PARKING LOT RECEIPTS | |
| 13 | REVENUE FROM LAUNDRY AND LINEN SERVICE | |
| 14 | REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS | |
| 15 | REVENUE FROM RENTAL OF LIVING QUARTERS | |
| 16 | REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS | |
| 17 | REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS | |
| 18 | REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS | |
| 19 | TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC) | |
| 20 | REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN | |
| 21 | RENTAL OF VENDING MACHINES | |
| 22 | RENTAL OF HOSPITAL SPACE | |
| 23 | GOVERNMENTAL APPROPRIATIONS | |
| 24 | OTHER OPERATING REVENUE | 1,595,172 |
| 24.01 | NET ASSETS RELEASED FROM RESTRICTION | 306,628 |
| 24.02 | CONTRIBUTIONS | 248,026 |
| 24.03 | MISCELLANEOUS | 391,030 |
| 24.04 | NET ASSETS RELEASED FROM RESTRICTION | 377,459 |
| 24.05 | CHANGE IN BENEFICIAL INTEREST IN TRU | 56,335 |
| 24.06 | | |
| 25 | TOTAL OTHER INCOME | 6,360,906 |
| 26 | TOTAL | 7,073,284 |
| | OTHER EXPENSES | |
| 27 | TRANSFERS TO GREAT RIVER FOUNDATION | 3,000,000 |
| 28 | INEFFECTIVE HEDGING INSTRUMENT SWAP | 556,964 |
| 29 | EFFECTIVE HEDGING INSTRUMENT SWAP | 1,573,992 |
| 29.01 | NET ASSETS RELEASED FROM RESTRICT | 684,087 |
| 29.02 | CHANGE IN BENEFICIAL INTEREST IN PER | 138,882 |
| 30 | TOTAL OTHER EXPENSES | 5,953,925 |
| 31 | NET INCOME (OR LOSS) FOR THE PERIOD | 1,119,359 |

HHA 1

| | SALARIES | EMPLOYEE BENEFITS | TRANSPORTATION | CONTRACTED/PURCHASED SVCS | OTHER COSTS | TOTAL |
|------------------------------|-----------|-------------------|----------------|---------------------------|-------------|-----------|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| | 159,730 | | | | 187,471 | 347,201 |
| HHA REIMBURSABLE SERVICES | | | | | | |
| 6 | 910,690 | 400,931 | | | | 1,311,621 |
| 7 | 146,466 | 36,168 | | | | 182,634 |
| 8 | 36,583 | 9,033 | | | | 45,616 |
| 9 | 11,799 | 2,914 | | | | 14,713 |
| 10 | 67,734 | | | | | 67,734 |
| 11 | 187,939 | | | | | 187,939 |
| 12 | | | | | 18,811 | 18,811 |
| 13 | | | | | 1,582 | 1,582 |
| 13.20 | | | | | | |
| 14 | | | | | | |
| HHA NONREIMBURSABLE SERVICES | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | 87,789 | 24,063 | | | 2,830 | 114,682 |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 23.50 | | | | | | |
| 24 | 1,608,730 | 473,109 | | | 210,694 | 2,292,533 |

| | RECLASSIFICATIONS | RECLASSIFIED TRIAL BALANCE | ADJUSTMENTS | NET EXPENSES FOR ALLOCATION |
|------------------------------|-------------------|----------------------------|-------------|-----------------------------|
| | 7 | 8 | 9 | 10 |
| GENERAL SERVICE COST CENTERS | | | | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| | -28,100 | 319,101 | | 319,101 |
| HHA REIMBURSABLE SERVICES | | | | |
| 6 | | 1,311,621 | | 1,311,621 |
| 7 | | 182,634 | | 182,634 |
| 8 | | 45,616 | | 45,616 |
| 9 | | 14,713 | | 14,713 |
| 10 | | 67,734 | | 67,734 |
| 11 | | 187,939 | | 187,939 |
| 12 | | 18,811 | | 18,811 |
| 13 | | 1,582 | | 1,582 |
| 13.20 | | | | |
| 14 | | | | |
| HHA NONREIMBURSABLE SERVICES | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | 114,682 | | 114,682 |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |
| 21 | | | | |
| 22 | | | | |
| 23 | | | | |
| 23.50 | | | | |
| 24 | -28,100 | 2,264,433 | | 2,264,433 |

HHA 1

| | CAP-REL COST-BLDG & FIX (SQUARE FEET) | CAP-REL COST-MOV EQUIP (DOLLAR VALUE) | PLANT OPER & MAINT (SQUARE FEET) | TRANSPORTATIO N (MI LEAGE) | 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 | | | | | | |
| | HHA REIMBURSABLE SERVICES | | | | | -319,101 | 1,945,332 |
| 6 | SKILLED NURSING CARE | | | | | 1,311,621 | |
| 7 | PHYSICAL THERAPY | | | | | 182,634 | |
| 8 | OCCUPATIONAL THERAPY | | | | | 45,616 | |
| 9 | SPEECH PATHOLOGY | | | | | 14,713 | |
| 10 | MEDICAL SOCIAL SERVICES | | | | | 67,734 | |
| 11 | HOME HEALTH AIDE | | | | | 187,939 | |
| 12 | SUPPLIES | | | | | 18,811 | |
| 13 | DRUGS | | | | | 1,582 | |
| 13. 20 | COST ADMINISTERING DRUGS | | | | | | |
| 14 | DME | | | | | | |
| | HHA NONREIMBURSABLE SERVICES | | | | | | |
| 15 | HOME DIALYSIS AIDE SVCS | | | | | | |
| 16 | RESPIRATORY THERAPY | | | | | | |
| 17 | PRIVATE DUTY NURSING | | | | | 114,682 | |
| 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) | | | | | | |
| | | | | | | -319,101 | 1,945,332 |
| 25 | COST TO BE ALLOCATED | | | | | 319,101 | |
| 26 | UNIT COST MULTIPLIER | | | | | .164034 | |

HHA 1

| HHA COST CENTER | HHA TRIAL BALANCE (1) 0 | OLD CAP REL COSTS-BLDG & 1 | OLD CAP BLDG - KLEIN 1.01 | OLD CAP BLDG - CANCER CE 1.02 | OLD CAP REL COSTS-MVBLE 2 | NEW CAP REL COSTS-BLDG & 3 |
|-------------------------------|-------------------------------|----------------------------------|---------------------------------|-------------------------------------|---------------------------------|----------------------------------|
| 1 ADMIN & GENERAL | | | | | | |
| 2 SKILLED NURSING CARE | 1,526,771 | | | | | |
| 3 PHYSICAL THERAPY | 212,592 | | | | | |
| 4 OCCUPATIONAL THERAPY | 53,099 | | | | | |
| 5 SPEECH PATHOLOGY | 17,126 | | | | | |
| 6 MEDICAL SOCIAL SERVICES | 78,845 | | | | | |
| 7 HOME HEALTH AIDE | 218,767 | | | | | |
| 8 SUPPLIES | 21,897 | | | | | |
| 9 DRUGS | 1,842 | | | | | |
| 9.20 COST ADMINISTERING DRUGS | | | | | | |
| 10 DME | | | | | | |
| 11 HOME DIALYSIS AIDE SVCS | | | | | | |
| 12 RESPIRATORY THERAPY | | | | | | |
| 13 PRIVATE DUTY NURSING | 133,494 | | | | | |
| 14 CLINIC | | | | | | |
| 15 HEALTH PROM ACTIVITIES | | | | | | |
| 16 DAY CARE PROGRAM | | | | | | |
| 17 HOME DEL MEALS PROGRAM | | | | | | |
| 18 HOMEMAKER SERVICE | | | | | | |
| 19 ALL OTHER | | | | | | |
| 19.50 TELEMEDICINE | | | | | | |
| 20 TOTAL (SUM OF 1-19) (2) | 2,264,433 | | | | | |
| 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 | NEW CRC BLDG - REHAB 3.02 | NEW CRC BLDG - LAUNDRY 3.03 | NEW CRC BLDG - GRMC 3.04 | NEW CRC BLDG - MERCY 3.05 | NEW CRC BLDG - EASTMAN 3.06 | NEW CRC BLDG - HHA/HOSPI 3.07 |
|-------------------------------|---------------------------------|-----------------------------------|--------------------------------|---------------------------------|-----------------------------------|-------------------------------------|
| 1 ADMIN & GENERAL | | | | | | 97,138 |
| 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) | | | | | | 97,138 |
| 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-MVBLE 4 | EMPLOYEE BEN EFITS 5 | NONPATIENT TELEPHONES LD 6.03 | SUBTOTAL 6A.03 | DATA PROCESSING 6.05 | PURCHASING, RECEIVING AND 6.06 |
|-------------------------------|------------------------------|-------------------------|----------------------------------|-------------------|-------------------------|-----------------------------------|
| 1 ADMIN & GENERAL | 2,298 | 4,019 | 7,741 | 111,196 | 2,698 | |
| 2 SKILLED NURSING CARE | | 21,559 | | 1,548,330 | 37,575 | |
| 3 PHYSICAL THERAPY | | 4,019 | | 216,611 | 5,256 | |
| 4 OCCUPATIONAL THERAPY | | 914 | | 54,013 | 1,311 | |
| 5 SPEECH PATHOLOGY | | 365 | | 17,491 | 424 | |
| 6 MEDICAL SOCIAL SERVICES | | | | 78,845 | 1,913 | |
| 7 HOME HEALTH AIDE | | 27,406 | | 246,173 | 5,974 | |
| 8 SUPPLIES | | | | 21,897 | 531 | 2,921 |
| 9 DRUGS | | | | 1,842 | 45 | |
| 9.20 COST ADMINISTERING DRUGS | | | | | | |
| 10 DME | | | | | | |
| 11 HOME DIALYSIS AIDE SVCS | | | | | | |
| 12 RESPIRATORY THERAPY | | | | | | |
| 13 PRIVATE DUTY NURSING | | 5,298 | | 138,792 | 3,368 | |
| 14 CLINIC | | | | | | |
| 15 HEALTH PROM ACTIVITIES | | | | | | |
| 16 DAY CARE PROGRAM | | | | | | |
| 17 HOME DEL MEALS PROGRAM | | | | | | |
| 18 HOMEMAKER SERVICE | | | | | | |
| 19 ALL OTHER | | | | | | |
| 19.50 TELEMEDICINE | | | | | | |
| 20 TOTAL (SUM OF 1-19) (2) | 2,298 | 63,580 | 7,741 | 2,435,190 | 59,095 | 2,921 |
| 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 6.07 | BUSINESS OFFICE 6.08 | SUBTOTAL 6A.08 | OTHER ADMINISTRATIVE AND 6.09 | MAINTENANCE & REPAIRS 7 | UTILITIES - EASTMAN 7.01 |
|-------------------------------|-------------------|-------------------------|-------------------|----------------------------------|----------------------------|-----------------------------|
| 1 ADMIN & GENERAL | | | 113,894 | 5,852 | | |
| 2 SKILLED NURSING CARE | 3,403 | 4,213 | 1,593,521 | 81,877 | | |
| 3 PHYSICAL THERAPY | 1,295 | 1,604 | 224,766 | 11,549 | | |
| 4 OCCUPATIONAL THERAPY | 323 | 401 | 56,048 | 2,880 | | |
| 5 SPEECH PATHOLOGY | 104 | 129 | 18,148 | 932 | | |
| 6 MEDICAL SOCIAL SERVICES | 366 | 453 | 81,577 | 4,192 | | |
| 7 HOME HEALTH AIDE | 3,084 | 3,819 | 259,050 | 13,310 | | |
| 8 SUPPLIES | | | 25,349 | 1,302 | | |
| 9 DRUGS | | | 1,887 | 97 | | |
| 9.20 COST ADMINISTERING DRUGS | | | | | | |
| 10 DME | | | | | | |
| 11 HOME DIALYSIS AIDE SVCS | | | | | | |
| 12 RESPIRATORY THERAPY | | | | | | |
| 13 PRIVATE DUTY NURSING | 458 | 568 | 143,186 | 7,357 | | |
| 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) | 9,033 | 11,187 | 2,517,426 | 129,348 | | |
| 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 | UTILITIES - MERCY 7.02 | UTILITIES - KLEIN 7.03 | UTILITIES - CANCER 7.04 | UTILITIES - REHAB 7.05 | UTILITIES - LAUNDRY 7.06 | UTILITIES - HHA/HOSPICE 7.07 |
|-------------------------------|------------------------------|------------------------------|-------------------------------|------------------------------|--------------------------------|------------------------------------|
| 1 ADMIN & GENERAL | | | | | | 10,007 |
| 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) | | | | | | 10,007 |
| 21 UNIT COST MULTIPLIER | | | | | | |

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

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

| HHA COST CENTER | OPERATION OF PLANT 8 | OPERATION OF PLANT KLEIN 8.01 | OPERATION OF PLANT REHAB 8.02 | OPERATION OF PLANT EASTM 8.04 | OPERATION OF PLANT MERCY 8.05 | OPERATION OF PLANT HHA/H 8.06 |
|-------------------------------|----------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 1 ADMIN & GENERAL | | | | | | 5,455 |
| 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) | | | | | | 5,455 |
| 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 | LAUNDRY & LI NEN SERVICE 9 | HOUSEKEEPING 10 | HOUSEKEEPING -KLEIN 10.01 | HOUSEKEEPING -REHAB 10.04 | HOUSEKEEPING -EASTMAN 10.05 | HOUSEKEEPING -MERCY 10.06 |
|-------------------------------|----------------------------------|--------------------|---------------------------------|---------------------------------|-----------------------------------|---------------------------------|
| 1 ADMIN & GENERAL | | 28,659 | | | | |
| 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) | | 28,659 | | | | |
| 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 | DIETARY 11 | DIETARY - KL EIN 11.01 | CAFETERIA 12 | NURSING ADMIN ISTRATION 14 | NURSING ADMIN ISTRATION-K 14.01 | CENTRAL SERV ICES & SUPPL 15 |
|-------------------------------|---------------|------------------------------|-----------------|----------------------------------|---------------------------------------|------------------------------------|
| 1 ADMIN & GENERAL | | | 3,675 | | | |
| 2 SKILLED NURSING CARE | | | 19,710 | 260,554 | | |
| 3 PHYSICAL THERAPY | | | 3,675 | | | |
| 4 OCCUPATIONAL THERAPY | | | 835 | | | |
| 5 SPEECH PATHOLOGY | | | 334 | | | |
| 6 MEDICAL SOCIAL SERVICES | | | | | | |
| 7 HOME HEALTH AIDE | | | 25,055 | | | |
| 8 SUPPLIES | | | | | | 10,230 |
| 9 DRUGS | | | | | | |
| 9.20 COST ADMINISTERING DRUGS | | | | | | |
| 10 DME | | | | | | |
| 11 HOME DIALYSIS AIDE SVCS | | | | | | |
| 12 RESPIRATORY THERAPY | | | | | | |
| 13 PRIVATE DUTY NURSING | | | 4,844 | | | |
| 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) | | | 58,128 | 260,554 | | 10,230 |
| 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 | PHARMACY | MEDICAL RECO RDS & LIBRAR | SOCIAL SERVI CE | RECREATI ON T HERAPY GRMC | RECREATI ON T HERAPY KLEIN | SUBTOTAL |
|-------------------------------|----------|------------------------------|--------------------|------------------------------|-------------------------------|-----------|
| | 16 | 17 | 18 | 18.01 | 18.02 | 25 |
| 1 ADMIN & GENERAL | | | | | | 167,542 |
| 2 SKILLED NURSING CARE | | 10,103 | | | | 1,965,765 |
| 3 PHYSICAL THERAPY | | 3,846 | | | | 243,836 |
| 4 OCCUPATIONAL THERAPY | | 961 | | | | 60,724 |
| 5 SPEECH PATHOLOGY | | 310 | | | | 19,724 |
| 6 MEDICAL SOCIAL SERVICES | | 1,087 | | | | 86,856 |
| 7 HOME HEALTH AIDE | | 9,159 | | | | 306,574 |
| 8 SUPPLIES | | | | | | 36,881 |
| 9 DRUGS | 8,013 | | | | | 9,997 |
| 9.20 COST ADMINISTERING DRUGS | | | | | | |
| 10 DME | | | | | | |
| 11 HOME DIALYSIS AIDE SVCS | | | | | | |
| 12 RESPIRATORY THERAPY | | | | | | |
| 13 PRIVATE DUTY NURSING | | 1,361 | | | | 156,748 |
| 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) | 8,013 | 26,827 | | | | 3,054,647 |
| 21 UNIT COST MULTIPLIER | | | | | | |

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

| HHA COST CENTER | POST STEP DOWN ADJUST | SUBTOTAL | ALLOCATED HHA A & G | TOTAL HHA COSTS |
|-------------------------------|--------------------------|-----------|------------------------|--------------------|
| | 26 | 27 | 28 | 29 |
| 1 ADMIN & GENERAL | | 167,542 | | |
| 2 SKILLED NURSING CARE | | 1,965,765 | 114,076 | 2,079,841 |
| 3 PHYSICAL THERAPY | | 243,836 | 14,150 | 257,986 |
| 4 OCCUPATIONAL THERAPY | | 60,724 | 3,524 | 64,248 |
| 5 SPEECH PATHOLOGY | | 19,724 | 1,145 | 20,869 |
| 6 MEDICAL SOCIAL SERVICES | | 86,856 | 5,040 | 91,896 |
| 7 HOME HEALTH AIDE | | 306,574 | 17,791 | 324,365 |
| 8 SUPPLIES | | 36,881 | 2,140 | 39,021 |
| 9 DRUGS | | 9,997 | 580 | 10,577 |
| 9.20 COST ADMINISTERING DRUGS | | | | |
| 10 DME | | | | |
| 11 HOME DIALYSIS AIDE SVCS | | | | |
| 12 RESPIRATORY THERAPY | | | | |
| 13 PRIVATE DUTY NURSING | | 156,748 | 9,096 | 165,844 |
| 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) | | 3,054,647 | 167,542 | 3,054,647 |
| 21 UNIT COST MULTIPLIER | | | 0.058031 | |

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

HHA 1

| HHA COST CENTER | OLD CAP REL COSTS-BLDG & (SQUARE FEET) | OLD CAP BLDG - KLEIN (SQUARE FEET) | OLD CAP BLDG - CANCER CE (SQUARE FEET) | OLD CAP REL COSTS-MVBLE (DOLLAR VALUE) | NEW CAP REL COSTS-BLDG & (SQUARE FEET) | NEW CRC BLDG - REHAB (SQUARE FEET) |
|-------------------------------|---|-------------------------------------|---|---|---|-------------------------------------|
| | 1 | 1.01 | 1.02 | 2 | 3 | 3.02 |
| 1 ADMIN & GENERAL | | | | 2,288 | | |
| 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) | | | | 2,288 | | |
| 21 COST TO BE ALLOCATED | | | | | | |
| 22 UNIT COST MULTIPLIER | | | | | | |

| HHA COST CENTER | NEW CRC BLDG - LAUNDRY (SQUARE FEET) | NEW CRC BLDG - GRMC (SQUARE FEET) | NEW CRC BLDG - MERCY (SQUARE FEET) | NEW CRC BLDG - EASTMAN (SQUARE FEET) | NEW CRC BLDG - HHA/HOSPI (SQUARE FEET) | NEW CAP REL COSTS-MVBLE (DOLLAR VALUE) |
|-------------------------------|---------------------------------------|------------------------------------|-------------------------------------|---------------------------------------|---|---|
| | 3.03 | 3.04 | 3.05 | 3.06 | 3.07 | 4 |
| 1 ADMIN & GENERAL | | | | | 8,570 | 2,288 |
| 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) | | | | | 8,570 | 2,288 |
| 21 COST TO BE ALLOCATED | | | | | 97,138 | 2,298 |
| 22 UNIT COST MULTIPLIER | | | | | 11.334656 | 1.004371 |

HHA 1

| HHA COST CENTER | EMPLOYEE BENEFITS (FTES) | NONPATIENT TELEPHONES (PHONES) | RECONCILIATION | DATA PROCESSING (ACCUM. COST) | PURCHASING, RECEIVING AND (PURCHASES) | ADMINISTRATIVE (CHARGES) |
|--------------------------------|--------------------------|--------------------------------|----------------|-------------------------------|---------------------------------------|--------------------------|
| | 5 | 6.03 | 6A.05 | 6.05 | 6.06 | 6.07 |
| 1 ADMIN & GENERAL | 22 | 46 | | 111,196 | | |
| 2 SKILLED NURSING CARE | 118 | | | 1,548,330 | | 815,903 |
| 3 PHYSICAL THERAPY | 22 | | | 216,611 | | 310,525 |
| 4 OCCUPATIONAL THERAPY | 5 | | | 54,013 | | 77,561 |
| 5 SPEECH PATHOLOGY | 2 | | | 17,491 | | 25,015 |
| 6 MEDICAL SOCIAL SERVICES | | | | 78,845 | | 87,764 |
| 7 HOME HEALTH AIDE | 150 | | | 246,173 | | 739,583 |
| 8 SUPPLIES | | | | 21,897 | 18,677 | |
| 9 DRUGS | | | | 1,842 | | |
| 9.20 COST ADMINISTERING DRUGS | | | | | | |
| 10 DME | | | | | | |
| 11 HOME DIALYSIS AIDE SVCS | | | | | | |
| 12 RESPIRATORY THERAPY | | | | | | |
| 13 PRIVATE DUTY NURSING CLINIC | 29 | | | 138,792 | | 109,904 |
| 14 HEALTH PROM ACTIVITIES | | | | | | |
| 15 DAY CARE PROGRAM | | | | | | |
| 16 HOME DEL MEALS PROGRAM | | | | | | |
| 17 HOMEMAKER SERVICE | | | | | | |
| 18 ALL OTHER | | | | | | |
| 19.50 TELEMEDICINE | | | | | | |
| 20 TOTAL (SUM OF 1-19) | 348 | 46 | | 2,435,190 | 18,677 | 2,166,255 |
| 21 COST TO BE ALLOCATED | 63,580 | 7,741 | | 59,095 | 2,921 | 9,033 |
| 22 UNIT COST MULTIPLIER | 182.701149 | 168.282609 | | 0.024267 | 0.156396 | 0.004170 |

| HHA COST CENTER | BUSINESS OFFICE (CHARGES) | RECONCILIATION | OTHER ADMINISTRATIVE AND (ACCUM. COST) | MAINTENANCE & REPAIRS (SQUARE FEET) | UTILITIES - EASTMAN (SQUARE FEET) | UTILITIES - MERCY (SQUARE FEET) |
|--------------------------------|---------------------------|----------------|--|-------------------------------------|-----------------------------------|---------------------------------|
| | 6.08 | 6A.09 | 6.09 | 7 | 7.01 | 7.02 |
| 1 ADMIN & GENERAL | | | 113,894 | | | |
| 2 SKILLED NURSING CARE | 815,903 | | 1,593,521 | | | |
| 3 PHYSICAL THERAPY | 310,525 | | 224,766 | | | |
| 4 OCCUPATIONAL THERAPY | 77,561 | | 56,048 | | | |
| 5 SPEECH PATHOLOGY | 25,015 | | 18,148 | | | |
| 6 MEDICAL SOCIAL SERVICES | 87,764 | | 81,577 | | | |
| 7 HOME HEALTH AIDE | 739,583 | | 259,050 | | | |
| 8 SUPPLIES | | | 25,349 | | | |
| 9 DRUGS | | | 1,887 | | | |
| 9.20 COST ADMINISTERING DRUGS | | | | | | |
| 10 DME | | | | | | |
| 11 HOME DIALYSIS AIDE SVCS | | | | | | |
| 12 RESPIRATORY THERAPY | | | | | | |
| 13 PRIVATE DUTY NURSING CLINIC | 109,904 | | 143,186 | | | |
| 14 HEALTH PROM ACTIVITIES | | | | | | |
| 15 DAY CARE PROGRAM | | | | | | |
| 16 HOME DEL MEALS PROGRAM | | | | | | |
| 17 HOMEMAKER SERVICE | | | | | | |
| 18 ALL OTHER | | | | | | |
| 19.50 TELEMEDICINE | | | | | | |
| 20 TOTAL (SUM OF 1-19) | 2,166,255 | | 2,517,426 | | | |
| 21 COST TO BE ALLOCATED | 11,187 | | 129,348 | | | |
| 22 UNIT COST MULTIPLIER | 0.005164 | | 0.051381 | | | |

HHA 1

| HHA COST CENTER | UTILITIES - KLEIN (SQUARE FEET) | UTILITIES - CANCER (SQUARE FEET) | UTILITIES - REHAB (SQUARE FEET) | UTILITIES - LAUNDRY (SQUARE FEET) | UTILITIES - HHA/HOSPICE (SQUARE FEET) | OPERATION OF PLANT (SQUARE FEET) |
|-------------------------------|---------------------------------|----------------------------------|---------------------------------|-----------------------------------|---------------------------------------|----------------------------------|
| | 7.03 | 7.04 | 7.05 | 7.06 | 7.07 | 8 |
| 1 ADMIN & GENERAL | | | | | 8,570 | |
| 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) | | | | | 8,570 | |
| 21 COST TO BE ALLOCATED | | | | | 10,007 | |
| 22 UNIT COST MULTIPLIER | | | | | 1.167678 | |

| HHA COST CENTER | OPERATION OF PLANT KLEIN (SQUARE FEET) | OPERATION OF PLANT REHAB (SQUARE FEET) | OPERATION OF PLANT EASTM (SQUARE FEET) | OPERATION OF PLANT MERCY (SQUARE FEET) | OPERATION OF PLANT HHA/H (SQUARE FEET) | LAUNDRY & LIEN SERVICE (POUNDS OF LAUNDRY) |
|-------------------------------|--|--|--|--|--|--|
| | 8.01 | 8.02 | 8.04 | 8.05 | 8.06 | 9 |
| 1 ADMIN & GENERAL | | | | | 8,570 | |
| 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) | | | | | 8,570 | |
| 21 COST TO BE ALLOCATED | | | | | 5,455 | |
| 22 UNIT COST MULTIPLIER | | | | | 0.636523 | |

HHA 1

| HHA COST CENTER | HOUSEKEEPING (HOURS OF SERVICE) 10 | HOUSEKEEPING -KLEIN (HOURS OF SERVICE) 10.01 | HOUSEKEEPING -REHAB (SQUARE FEET) 10.04 | HOUSEKEEPING -EASTMAN (SQUARE FEET) 10.05 | HOUSEKEEPING -MERCY (SQUARE FEET) 10.06 | DIETARY (MEALS SERVED) 11 |
|-------------------------------|--|---|--|--|--|---------------------------------|
| 1 ADMIN & GENERAL | 15,000 | | | | | |
| 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) | 15,000 | | | | | |
| 21 COST TO BE ALLOCATED | 28,659 | | | | | |
| 22 UNIT COST MULTIPLIER | 1.910600 | | | | | |

| HHA COST CENTER | DIETARY - KL EIN (MEALS SERVED) 11.01 | CAFETERIA S (FTES) 12 | NURSING ADMINISTRATION (DIRECT NRSING HRS) 14 | NURSING ADMINISTRATION-K (HOURS OF SERVICE) 14.01 | CENTRAL SERVICES & SUPPLIES (PURCHASES) 15 | PHARMACY (COSTED REQUIS.) 16 |
|-------------------------------|--|-----------------------------|---|---|--|------------------------------------|
| 1 ADMIN & GENERAL | | 22 | | | | |
| 2 SKILLED NURSING CARE | | 118 | 72,345 | | | |
| 3 PHYSICAL THERAPY | | 22 | | | | |
| 4 OCCUPATIONAL THERAPY | | 5 | | | | |
| 5 SPEECH PATHOLOGY | | 2 | | | | |
| 6 MEDICAL SOCIAL SERVICES | | | | | | |
| 7 HOME HEALTH AIDE | | 150 | | | | |
| 8 SUPPLIES | | | | | 18,677 | |
| 9 DRUGS | | | | | | 1,582 |
| 9.20 COST ADMINISTERING DRUGS | | | | | | |
| 10 DME | | | | | | |
| 11 HOME DIALYSIS AIDE SVCS | | | | | | |
| 12 RESPIRATORY THERAPY | | | | | | |
| 13 PRIVATE DUTY NURSING | | 29 | | | | |
| 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) | | 348 | 72,345 | | 18,677 | 1,582 |
| 21 COST TO BE ALLOCATED | | 58,128 | 260,554 | | 10,230 | 8,013 |
| 22 UNIT COST MULTIPLIER | | 167.034483 | 3.601548 | | 0.547733 | 5.065107 |

HHA 1

| HHA COST CENTER | MEDICAL RECO RDS & LIBRAR (CHARGES | SOCIAL SERVI CE (TIME) SPENT | RECREATION T HERAPY GRMC (TIME) SPENT | RECREATION T HERAPY KLEIN (HOURS OF) SERVICE |
|-------------------------------|--|--|---|--|
| | 17 | 18 | 18.01 | 18.02 |
| 1 ADMIN & GENERAL | | | | |
| 2 SKILLED NURSING CARE | 815,903 | | | |
| 3 PHYSICAL THERAPY | 310,525 | | | |
| 4 OCCUPATIONAL THERAPY | 77,561 | | | |
| 5 SPEECH PATHOLOGY | 25,015 | | | |
| 6 MEDICAL SOCIAL SERVICES | 87,764 | | | |
| 7 HOME HEALTH AIDE | 739,583 | | | |
| 8 SUPPLIES | | | | |
| 9 DRUGS | | | | |
| 9.20 COST ADMINISTERING DRUGS | | | | |
| 10 DME | | | | |
| 11 HOME DIALYSIS AIDE SVCS | | | | |
| 12 RESPIRATORY THERAPY | | | | |
| 13 PRIVATE DUTY NURSING | 109,904 | | | |
| 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) | 2,166,255 | | | |
| 21 COST TO BE ALLOCATED | 26,827 | | | |
| 22 UNIT COST MULTIPLIER | 0.012384 | | | |

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

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

| COST PER VISIT COMPUTATION | FROM WKST H-5 PART I COL. 29, LINE: | FACILITY COSTS (FROM PART I) | SHARED ANCILLARY COSTS (FROM PART II) | TOTAL HHA COSTS | TOTAL VISITS | AVERAGE COST PER VISIT | PROGRAM VISITS |
|----------------------------|-------------------------------------|------------------------------|---------------------------------------|-----------------|--------------|------------------------|----------------|
| | | | | | | | PART A |
| PATIENT SERVICES | | | | | | | |
| 1 SKILLED NURSING | 2 | 2,079,841 | 2 | 2,079,841 | 11,193 | 185.82 | 428 |
| 2 PHYSICAL THERAPY | 3 | 257,986 | | 257,986 | 2,222 | 116.11 | 345 |
| 3 OCCUPATIONAL THERAPY | 4 | 64,248 | | 64,248 | 555 | 115.76 | 68 |
| 4 SPEECH PATHOLOGY | 5 | 20,869 | | 20,869 | 179 | 116.59 | 5 |
| 5 MEDICAL SOCIAL SERVICES | 6 | 91,896 | | 91,896 | 1,204 | 76.33 | 3 |
| 6 HOME HEALTH AIDE SERVICE | 7 | 324,365 | | 324,365 | 10,146 | 31.97 | 283 |
| 7 TOTAL | | 2,839,205 | | 2,839,205 | 25,499 | | 1,132 |

| | -----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 | 12 |
| 1 SKILLED NURSING | 228 | | 79,531 | 42,367 | | 121,898 |
| 2 PHYSICAL THERAPY | 125 | | 40,058 | 14,514 | | 54,572 |
| 3 OCCUPATIONAL THERAPY | 10 | | 7,872 | 1,158 | | 9,030 |
| 4 SPEECH PATHOLOGY | | | 583 | | | 583 |
| 5 MEDICAL SOCIAL SERVICES | | | 229 | | | 229 |
| 6 HOME HEALTH AIDE SERVICES | 475 | | 9,048 | 15,186 | | 24,234 |
| 7 TOTAL | 838 | | 137,321 | 73,225 | | 210,546 |

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

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

PROVIDER NO: 16-0057
 HHA NO: 16-7136
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/1/2008
 WORKSHEET H-6
 PARTS III & III
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

| SUPPLIES AND EQUIPMENT COST COMPUTATION | FROM WKST H-5 PART I COL. 29, LINE: | FACILITY COSTS (FROM WKST H-5 PART I) 1 | SHARED ANCILLARY COSTS (FROM PART I) 2 | TOTAL HHA COSTS 3 | TOTAL CHARGES 4 | RATIO 5 | PROGRAM COVERED CHARGES PART A 6 |
|---|-------------------------------------|---|--|-------------------|-----------------|---------|----------------------------------|
| 15 COST OF MEDICAL SUPPLIES | 8.00 | 39,021 | | 39,021 | 39,347 | .991715 | 1,941 |
| 16 COST OF DRUGS | 9.00 | 10,577 | | 10,577 | 10,675 | .990820 | |
| 16.20 COST OF DRUGS | 9.20 | | | | | | |

| | PROGRAM COVERED CHARGES -----PART B----- | | -----COST OF SERVICES----- | |
|-----------------------------|--|-------------------------------|-----------------------------------|--------------------------------|
| | 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 | | 2,695 | 1,925 | 2,673 |
| 16 COST OF DRUGS | | | | |
| 16.20 COST OF DRUGS | | | | |

PER BENEFICIARY COST LIMITATION:

MSA NUMBER 1 AMOUNT 2

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

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

| | FROM WKST C PT I, COL 9 | COST TO CHARGE RATIO 1 | TOTAL HHA CHARGES 2 | HHA SHARED ANCILLARY COSTS 3 | TRANSFER TO PART I AS INDICATED 4 |
|------|-------------------------------------|------------------------|---------------------|------------------------------|-----------------------------------|
| 1 | PHYSICAL THERAPY | 50 | .529107 | | COL 2, LN 2 |
| 2 | OCCUPATIONAL THERAPY | 51 | .483072 | | COL 2, LN 3 |
| 3 | SPEECH PATHOLOGY | 52 | .695946 | | COL 2, LN 4 |
| 4 | MEDICAL SUPPLIES CHARGED TO PATIENT | 55 | .493008 | | COL 2, LN 15 |
| 4.01 | DEVICES AND IMPLANTS | 55.01 | .470525 | | |
| 5 | DRUGS CHARGED TO PATIENTS | 56 | .169420 | | 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 1/1/1999 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 | 116.11 | 2.01 | 3 | 3.01 | 4 | |
| 2 | OCCUPATIONAL THERAPY | 115.76 | | | | | |
| 3 | SPEECH PATHOLOGY | 116.59 | | | | | |
| 4 | TOTAL (SUM OF LINES 1-3) | | | | | | |

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

| | | |
|--------------|----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 12/ 1/2008 |
| 16-0057 | FROM 7/ 1/2007 | WORKSHEET K |
| HOSPICE NO: | TO 6/30/2008 | |
| 16-1567 | | |

HOSPICE 1

| | SALARIES (FROM K-1) 1 | EMPLOYEE BENEFITS (FROM K-2) 2 | TRANSPORTATION (SEE INST.) 3 | CONTRACTED SERVICES (FROM K-3) 4 |
|--|-----------------------------|---|------------------------------------|---|
| GENERAL SERVICE COST CENTERS | | | | |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | | |
| 3 PLANT OPERATION AND MAINTENANCE | | | | |
| 4 TRANSPORTATION - STAFF | | | | |
| 5 VOLUNTEER SERVICE COORDINATION | | | | |
| 6 ADMINISTRATIVE AND GENERAL | 419,659 | 103,316 | | |
| INPATIENT CARE SERVICE | | | | |
| 7 INPATIENT - GENERAL CARE | | | | |
| 8 INPATIENT - RESPIRE CARE | | | | 151,012 |
| VISITING SERVICES | | | | |
| 9 PHYSICIAN SERVICES | | | | 7,723 |
| 10 NURSING CARE | 232,816 | 57,317 | | |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 11 PHYSICAL THERAPY | | | | |
| 12 OCCUPATIONAL THERAPY | | | | |
| 13 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 14 MEDICAL SOCIAL SERVICES | 191,132 | 47,055 | | |
| 15 SPIRITUAL COUNSELING | | | | |
| 16 DIETARY COUNSELING | | | | |
| 17 COUNSELING - OTHER | | | | |
| 18 HOME HEALTH AIDE AND HOME MAKER | 125,365 | 30,864 | | |
| 18.20 HH AIDE & HOME MAKER-CONT. HOME CARE | | | | |
| OTHER HOSPICE SERVICE COSTS | | | | |
| 19 OTHER | | | | |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 20.30 ANALGESICS | | | | |
| 20.31 SEDATIVES / HYPNOTICS | | | | |
| 20.32 OTHER - SPECIFY | | | | |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 22 PATIENT TRANSPORTATION | | | | |
| 23 IMAGING SERVICES | | | | |
| 24 LABS AND DIAGNOSTICS | | | | 8,881 |
| 25 MEDICAL SUPPLIES | | | | |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 27 RADIATION THERAPY | | | | |
| 28 CHEMOTHERAPY | | | | |
| 29 OTHER | | | | 685 |
| 30 BEREAVEMENT PROGRAM COSTS | | | | |
| 31 VOLUNTEER PROGRAM COSTS | | | | |
| 32 FUNDRAISING | 49,508 | 4,877 | | |
| 33 OTHER PROGRAM COSTS | | | | |
| 34 TOTAL (SUM OF LINES 1 THRU 33) | 1,018,480 | 243,429 | | 168,301 |

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

| | | |
|--------------|----------------|-------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 16-0057 | FROM 7/ 1/2007 | 12/ 1/2008 |
| HOSPICE NO: | TO 6/30/2008 | WORKSHEET K |
| 16-1567 | | |

HOSPICE 1

| | OTHER 5 | TOTAL (COLS. 1-5) 6 | RECLASSIFICATIONS 7 | SUBTOTAL (COL. 6 + COL. 7) 8 |
|--|------------|---------------------------|------------------------|---------------------------------------|
| GENERAL SERVICE COST CENTERS | | | | |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP. | 45,713 | 45,713 | | 45,713 |
| 3 PLANT OPERATION AND MAINTENANCE | 41,148 | 41,148 | | 41,148 |
| 4 TRANSPORTATION - STAFF | 47,550 | 47,550 | | 47,550 |
| 5 VOLUNTEER SERVICE COORDINATION | | | | |
| 6 ADMINISTRATIVE AND GENERAL | 5,892 | 528,867 | | 528,867 |
| INPATIENT CARE SERVICE | | | | |
| 7 INPATIENT - GENERAL CARE | | | | |
| 8 INPATIENT - RESPIRE CARE | | 151,012 | | 151,012 |
| VISITING SERVICES | | | | |
| 9 PHYSICIAN SERVICES | 14,513 | 22,236 | | 22,236 |
| 10 NURSING CARE | | 290,133 | | 290,133 |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| PHYSICAL THERAPY | | | | |
| 12 OCCUPATIONAL THERAPY | | | | |
| 13 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 14 MEDICAL SOCIAL SERVICES | | 238,187 | | 238,187 |
| 15 SPIRITUAL COUNSELING | | | | |
| 16 DIETARY COUNSELING | | | | |
| 17 COUNSELING - OTHER | | | | |
| 18 HOME HEALTH AIDE AND HOME MAKER | | 156,229 | | 156,229 |
| 18.20 HH AIDE & HOME MAKER-CONT. HOME CARE | | | | |
| OTHER HOSPICE SERVICE COSTS | | | | |
| 19 OTHER | 4,535 | 4,535 | | 4,535 |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 20.30 ANALGESICS | | | | |
| 20.31 SEDATIVES / HYPNOTICS | | | | |
| 20.32 OTHER - SPECIFY | | | | |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 22 PATIENT TRANSPORTATION | | | | |
| 23 IMAGING SERVICES | | | | |
| 24 LABS AND DIAGNOSTICS | | 8,881 | | 8,881 |
| 25 MEDICAL SUPPLIES | | | | |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 27 RADIATION THERAPY | | | | |
| 28 CHEMOTHERAPY | | | | |
| 29 OTHER | 250,189 | 250,874 | | 250,874 |
| 30 BEREAVEMENT PROGRAM COSTS | | | | |
| 31 VOLUNTEER PROGRAM COSTS | | | | |
| 32 FUNDRAISING | 24,867 | 79,252 | | 79,252 |
| 33 OTHER PROGRAM COSTS | 25,646 | 25,646 | | 25,646 |
| 34 TOTAL (SUM OF LINES 1 THRU 33) | 460,053 | 1,890,263 | | 1,890,263 |

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

| | | |
|--------------|----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 12/ 1/2008 |
| 16-0057 | FROM 7/ 1/2007 | WORKSHEET K |
| HOSPICE NO: | TO 6/30/2008 | |
| 16-1567 | | |

HOSPICE 1

| | ADJUSTMENTS 9 | TOTAL (COL. 8 + COL. 9) 10 |
|---|------------------|-------------------------------------|
| GENERAL SERVICE COST CENTERS | | |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT. | | |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | 45,713 |
| 3 PLANT OPERATION AND MAINTENANCE | | 41,148 |
| 4 TRANSPORTATION - STAFF | | 47,550 |
| 5 VOLUNTEER SERVICE COORDINATION | | |
| 6 ADMINISTRATIVE AND GENERAL | | 528,867 |
| INPATIENT CARE SERVICE | | |
| 7 INPATIENT - GENERAL CARE | | |
| 8 INPATIENT - RESPIRE CARE | | 151,012 |
| VISITING SERVICES | | |
| 9 PHYSICIAN SERVICES | | 22,236 |
| 10 NURSING CARE | | 290,133 |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE | | |
| 11 PHYSICAL THERAPY | | |
| 12 OCCUPATIONAL THERAPY | | |
| 13 SPEECH/LANGUAGE PATHOLOGY | | |
| 14 MEDICAL SOCIAL SERVICES | | 238,187 |
| 15 SPIRITUAL COUNSELING | | |
| 16 DIETARY COUNSELING | | |
| 17 COUNSELING - OTHER | | |
| 18 HOME HEALTH AIDE AND HOMEMAKER | | 156,229 |
| 18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE | | |
| OTHER HOSPICE SERVICE COSTS | | |
| 19 OTHER | | 4,535 |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY | | |
| 20.30 ANALGESICS | | |
| 20.31 SEDATIVES / HYPNOTICS | | |
| 20.32 OTHER - SPECIFY | | |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN | | |
| 22 PATIENT TRANSPORTATION | | |
| 23 IMAGING SERVICES | | |
| 24 LABS AND DIAGNOSTICS | | 8,881 |
| 25 MEDICAL SUPPLIES | | |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | |
| 27 RADIATION THERAPY | | |
| 28 CHEMOTHERAPY | | |
| 29 OTHER | | 250,874 |
| 30 BEREAVEMENT PROGRAM COSTS | | |
| 31 VOLUNTEER PROGRAM COSTS | | |
| 32 FUNDRAISING | | 79,252 |
| 33 OTHER PROGRAM COSTS | | 25,646 |
| 34 TOTAL (SUM OF LINES 1 THRU 33) | | 1,890,263 |

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 16-0057 | FROM 7/ 1/2007 | 12/ 1/2008 |
| HOSPICE NO: | TO | WORKSHEET K-1 |
| 16-1567 | 6/30/2008 | |

HOSPICE 1

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

| | | | | |
|-------|---------------------------------------|--------|--|--|
| 1 | GENERAL SERVICE COST CENTERS | | | |
| 2 | CAPITAL RELATED COSTS-BLDG AND FIXT. | | | |
| 3 | CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | |
| 4 | PLANT OPERATION AND MAINTENANCE | | | |
| 5 | TRANSPORTATION - STAFF | | | |
| 6 | VOLUNTEER SERVICE COORDINATION | | | |
| 6 | ADMINISTRATIVE AND GENERAL | 29,824 | | |
| | INPATIENT CARE SERVICE | | | |
| 7 | INPATIENT - GENERAL CARE | | | |
| 8 | INPATIENT - RESPI TE CARE | | | |
| | VISITING SERVICES | | | |
| 9 | PHYSICIAN SERVICES | | | |
| 10 | NURSING CARE | | | |
| 10.20 | NURSING CARE-CONTINUOUS HOME CARE | | | |
| 11 | PHYSICAL THERAPY | | | |
| 12 | OCCUPATIONAL THERAPY | | | |
| 13 | SPEECH/LANGUAGE PATHOLOGY | | | |
| 14 | MEDICAL SOCIAL SERVICES | | | |
| 15 | SPIRITUAL COUNSELING | | | |
| 16 | DIETARY COUNSELING | | | |
| 17 | COUNSELING - OTHER | | | |
| 18 | HOME HEALTH AIDE AND HOMEMAKER | | | |
| 18.20 | HH AIDE & HOMEMAKER-CONT. HOME CARE | | | |
| | OTHER HOSPICE SERVICE COSTS | | | |
| 19 | OTHER | | | |
| 20 | DRUGS BIOLOGICAL AND INFUSION THERAPY | | | |
| 20.30 | ANALGESICS | | | |
| 20.31 | SEDATIVES / HYPNOTICS | | | |
| 20.32 | OTHER - SPECIFY | | | |
| 21 | DURABLE MEDICAL EQUIPMENT/OXYGEN | | | |
| 22 | PATIENT TRANSPORTATION | | | |
| 23 | IMAGING SERVICES | | | |
| 24 | LABS AND DIAGNOSTICS | | | |
| 25 | MEDICAL SUPPLIES | | | |
| 26 | OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | |
| 27 | RADIATION THERAPY | | | |
| 28 | CHEMOTHERAPY | | | |
| 29 | OTHER | | | |
| 30 | BEREAVEMENT PROGRAM COSTS | | | |
| 31 | VOLUNTEER PROGRAM COSTS | | | |
| 32 | FUNDRAISING | | | |
| 33 | OTHER PROGRAM COSTS | | | |
| 34 | TOTAL (SUM OF LINES 1 THRU 33) | 29,824 | | |

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | | | |
|--------------|---------|---------|----------------|---------------------|
| PROVIDER NO: | 16-0057 | PERIOD: | FROM 7/ 1/2007 | PREPARED 12/ 1/2008 |
| HOSPICE NO: | 16-1567 | TO | 6/30/2008 | WORKSHEET K-1 |

HOSPICE 1

| | NURSES 5 | TOTAL THERAPISTS 6 | AIDES 7 | ALL OTHER 8 |
|--|-------------|--------------------------|------------|-------------------|
| GENERAL SERVICE COST CENTERS | | | | |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | | |
| 3 PLANT OPERATION AND MAINTENANCE | | | | |
| 4 TRANSPORTATION - STAFF | | | | |
| 5 VOLUNTEER SERVICE COORDINATION | | | | |
| 6 ADMINISTRATIVE AND GENERAL | | | | 389,835 |
| INPATIENT CARE SERVICE | | | | |
| 7 INPATIENT - GENERAL CARE | | | | |
| 8 INPATIENT - RESPIRE CARE | | | | |
| VISITING SERVICES | | | | |
| 9 PHYSICIAN SERVICES | | | | |
| 10 NURSING CARE | 232,816 | | | |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 11 PHYSICAL THERAPY | | | | |
| 12 OCCUPATIONAL THERAPY | | | | |
| 13 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 14 MEDICAL SOCIAL SERVICES | | | | 191,132 |
| 15 SPIRITUAL COUNSELING | | | | |
| 16 DIETARY COUNSELING | | | | |
| 17 COUNSELING - OTHER | | | | |
| 18 HOME HEALTH AIDE AND HOME MAKER | | | 125,365 | |
| 18.20 HH AIDE & HOME MAKER-CONT. HOME CARE | | | | |
| OTHER HOSPICE SERVICE COSTS | | | | |
| 19 OTHER | | | | |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 20.30 ANALGESICS | | | | |
| 20.31 SEDATIVES / HYPNOTICS | | | | |
| 20.32 OTHER - SPECIFY | | | | |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 22 PATIENT TRANSPORTATION | | | | |
| 23 IMAGING SERVICES | | | | |
| 24 LABS AND DIAGNOSTICS | | | | |
| 25 MEDICAL SUPPLIES | | | | |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 27 RADIATION THERAPY | | | | |
| 28 CHEMOTHERAPY | | | | |
| 29 OTHER | | | | |
| 30 BEREAVEMENT PROGRAM COSTS | | | | |
| 31 VOLUNTEER PROGRAM COSTS | | | | |
| 32 FUNDRAISING | | | | 49,508 |
| 33 OTHER PROGRAM COSTS | | | | |
| 34 TOTAL (SUM OF LINES 1 THRU 33) | 232,816 | | 125,365 | 630,475 |

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 16-0057 | FROM 7/ 1/2007 | 12/ 1/2008 |
| HOSPICE NO: | TO | WORKSHEET K-1 |
| 16-1567 | 6/30/2008 | |

HOSPICE 1

TOTAL (1)
9

| | | |
|------------------------------|---------------------------------------|-----------|
| GENERAL SERVICE COST CENTERS | | |
| 1 | CAPITAL RELATED COSTS-BLDG AND FIXT. | |
| 2 | CAPITAL RELATED COSTS-MOVABLE EQUIP. | |
| 3 | PLANT OPERATION AND MAINTENANCE | |
| 4 | TRANSPORTATION - STAFF | |
| 5 | VOLUNTEER SERVICE COORDINATION | |
| 6 | ADMINISTRATIVE AND GENERAL | 419,659 |
| INPATIENT CARE SERVICE | | |
| 7 | INPATIENT - GENERAL CARE | |
| 8 | INPATIENT - RESPI TE CARE | |
| VISITING SERVICES | | |
| 9 | PHYSICIAN SERVICES | |
| 10 | NURSING CARE | 232,816 |
| 10.20 | NURSING CARE-CONTINUOUS HOME CARE | |
| 11 | PHYSICAL THERAPY | |
| 12 | OCCUPATIONAL THERAPY | |
| 13 | SPEECH/LANGUAGE PATHOLOGY | |
| 14 | MEDICAL SOCIAL SERVICES | 191,132 |
| 15 | SPIRITUAL COUNSELING | |
| 16 | DIETARY COUNSELING | |
| 17 | COUNSELING - OTHER | |
| 18 | HOME HEALTH AIDE AND HOMEMAKER | 125,365 |
| 18.20 | HH AIDE & HOMEMAKER-CONT. HOME CARE | |
| OTHER HOSPICE SERVICE COSTS | | |
| 19 | OTHER | |
| 20 | DRUGS BIOLOGICAL AND INFUSION THERAPY | |
| 20.30 | ANALGESICS | |
| 20.31 | SEDATIVES / HYPNOTICS | |
| 20.32 | OTHER - SPECIFY | |
| 21 | DURABLE MEDICAL EQUIPMENT/OXYGEN | |
| 22 | PATIENT TRANSPORTATION | |
| 23 | IMAGING SERVICES | |
| 24 | LABS AND DIAGNOSTICS | |
| 25 | MEDICAL SUPPLIES | |
| 26 | OUTPATIENT SERVICES (INCL. E/R DEPT.) | |
| 27 | RADIATION THERAPY | |
| 28 | CHEMOTHERAPY | |
| 29 | OTHER | |
| 30 | BEREAVEMENT PROGRAM COSTS | |
| 31 | VOLUNTEER PROGRAM COSTS | |
| 32 | FUNDRAISING | 49,508 |
| 33 | OTHER PROGRAM COSTS | |
| 34 | TOTAL (SUM OF LINES 1 THRU 33) | 1,018,480 |

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 16-0057 | FROM 7/ 1/2007 | 12/ 1/2008 |
| HOSPICE NO: | TO | WORKSHEET K-2 |
| 16-1567 | 6/30/2008 | |

HOSPICE 1

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

| | | |
|----|---------------------------------------|-------|
| 1 | GENERAL SERVICE COST CENTERS | |
| 2 | CAPITAL RELATED COSTS-BLDG AND FIXT. | |
| 3 | CAPITAL RELATED COSTS-MOVABLE EQUIP. | |
| 4 | PLANT OPERATION AND MAINTENANCE | |
| 5 | TRANSPORTATION - STAFF | |
| 6 | VOLUNTEER SERVICE COORDINATION | |
| 7 | ADMINISTRATIVE AND GENERAL | 7,342 |
| 8 | INPATIENT CARE SERVICE | |
| 9 | INPATIENT - GENERAL CARE | |
| 10 | INPATIENT - RESPI TE CARE | |
| 11 | VISITING SERVICES | |
| 12 | PHYSICIAN SERVICES | |
| 13 | NURSING CARE | |
| 14 | NURSING CARE-CONTINUOUS HOME CARE | |
| 15 | PHYSICAL THERAPY | |
| 16 | OCCUPATIONAL THERAPY | |
| 17 | SPEECH/LANGUAGE PATHOLOGY | |
| 18 | MEDICAL SOCIAL SERVICES | |
| 19 | SPIRITUAL COUNSELING | |
| 20 | DIETARY COUNSELING | |
| 21 | COUNSELING - OTHER | |
| 22 | HOME HEALTH AIDE AND HOMEMAKER | |
| 23 | HH AIDE & HOMEMAKER-CONT. HOME CARE | |
| 24 | OTHER HOSPICE SERVICE COSTS | |
| 25 | OTHER | |
| 26 | DRUGS BIOLOGICAL AND INFUSION THERAPY | |
| 27 | ANALGESICS | |
| 28 | SEDATIVES / HYPNOTICS | |
| 29 | OTHER - SPECIFY | |
| 30 | DURABLE MEDICAL EQUIPMENT/OXYGEN | |
| 31 | PATIENT TRANSPORTATION | |
| 32 | IMAGING SERVICES | |
| 33 | LABS AND DIAGNOSTICS | |
| 34 | MEDICAL SUPPLIES | |
| 35 | OUTPATIENT SERVICES (INCL. E/R DEPT.) | |
| 36 | RADIATION THERAPY | |
| 37 | CHEMOTHERAPY | |
| 38 | OTHER | |
| 39 | BEREAVEMENT PROGRAM COSTS | |
| 40 | VOLUNTEER PROGRAM COSTS | |
| 41 | FUNDRAISING | |
| 42 | OTHER PROGRAM COSTS | |
| 43 | TOTAL (SUM OF LINES 1 THRU 33) | 7,342 |

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 16-0057 | FROM 7/ 1/2007 | 12/ 1/2008 |
| HOSPICE NO: | TO 6/30/2008 | WORKSHEET K-2 |
| 16-1567 | | |

HOSPICE 1

| | NURSES 5 | TOTAL THERAPISTS 6 | AIDES 7 | ALL OTHER 8 |
|--|-------------|--------------------------|------------|-------------------|
| GENERAL SERVICE COST CENTERS | | | | |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | | |
| 3 PLANT OPERATION AND MAINTENANCE | | | | |
| 4 TRANSPORTATION - STAFF | | | | |
| 5 VOLUNTEER SERVICE COORDINATION | | | | |
| 6 ADMINISTRATIVE AND GENERAL | | | | 95,974 |
| INPATIENT CARE SERVICE | | | | |
| 7 INPATIENT - GENERAL CARE | | | | |
| 8 INPATIENT - RESPIRE CARE | | | | |
| VISITING SERVICES | | | | |
| 9 PHYSICIAN SERVICES | | | | |
| 10 NURSING CARE | 57,317 | | | |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 11 PHYSICAL THERAPY | | | | |
| 12 OCCUPATIONAL THERAPY | | | | |
| 13 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 14 MEDICAL SOCIAL SERVICES | | | | 47,055 |
| 15 SPIRITUAL COUNSELING | | | | |
| 16 DIETARY COUNSELING | | | | |
| 17 COUNSELING - OTHER | | | | |
| 18 HOME HEALTH AIDE AND HOME MAKER | | | 30,864 | |
| 18.20 HH AIDE & HOME MAKER-CONT. HOME CARE | | | | |
| OTHER HOSPICE SERVICE COSTS | | | | |
| 19 OTHER | | | | |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 20.30 ANALGESICS | | | | |
| 20.31 SEDATIVES / HYPNOTICS | | | | |
| 20.32 OTHER - SPECIFY | | | | |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 22 PATIENT TRANSPORTATION | | | | |
| 23 IMAGING SERVICES | | | | |
| 24 LABS AND DIAGNOSTICS | | | | |
| 25 MEDICAL SUPPLIES | | | | |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 27 RADIATION THERAPY | | | | |
| 28 CHEMOTHERAPY | | | | |
| 29 OTHER | | | | |
| 30 BEREAVEMENT PROGRAM COSTS | | | | |
| 31 VOLUNTEER PROGRAM COSTS | | | | |
| 32 FUNDRAISING | | | | 4,877 |
| 33 OTHER PROGRAM COSTS | | | | |
| 34 TOTAL (SUM OF LINES 1 THRU 33) | 57,317 | | 30,864 | 147,906 |

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | |
|--------------|----------------|------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 16-0057 | FROM 7/ 1/2007 | 12/ 1/2008 |
| HOSPICE NO: | TO | WORKSHEET |
| 16-1567 | 6/30/2008 | K-2 |

HOSPICE 1

TOTAL (1)
9

| | | |
|------------------------------|---------------------------------------|---------|
| GENERAL SERVICE COST CENTERS | | |
| 1 | CAPITAL RELATED COSTS-BLDG AND FIXT. | |
| 2 | CAPITAL RELATED COSTS-MOVABLE EQUIP. | |
| 3 | PLANT OPERATION AND MAINTENANCE | |
| 4 | TRANSPORTATION - STAFF | |
| 5 | VOLUNTEER SERVICE COORDINATION | |
| 6 | ADMINISTRATIVE AND GENERAL | 103,316 |
| INPATIENT CARE SERVICE | | |
| 7 | INPATIENT - GENERAL CARE | |
| 8 | INPATIENT - RESPIRE CARE | |
| VISITING SERVICES | | |
| 9 | PHYSICIAN SERVICES | |
| 10 | NURSING CARE | 57,317 |
| 10.20 | NURSING CARE-CONTINUOUS HOME CARE | |
| 11 | PHYSICAL THERAPY | |
| 12 | OCCUPATIONAL THERAPY | |
| 13 | SPEECH/LANGUAGE PATHOLOGY | |
| 14 | MEDICAL SOCIAL SERVICES | 47,055 |
| 15 | SPIRITUAL COUNSELING | |
| 16 | DIETARY COUNSELING | |
| 17 | COUNSELING - OTHER | |
| 18 | HOME HEALTH AIDE AND HOMEMAKER | 30,864 |
| 18.20 | HH AIDE & HOMEMAKER-CONT. HOME CARE | |
| OTHER HOSPICE SERVICE COSTS | | |
| 19 | OTHER | |
| 20 | DRUGS BIOLOGICAL AND INFUSION THERAPY | |
| 20.30 | ANALGESICS | |
| 20.31 | SEDATIVES / HYPNOTICS | |
| 20.32 | OTHER - SPECIFY | |
| 21 | DURABLE MEDICAL EQUIPMENT/OXYGEN | |
| 22 | PATIENT TRANSPORTATION | |
| 23 | IMAGING SERVICES | |
| 24 | LABS AND DIAGNOSTICS | |
| 25 | MEDICAL SUPPLIES | |
| 26 | OUTPATIENT SERVICES (INCL. E/R DEPT.) | |
| 27 | RADIATION THERAPY | |
| 28 | CHEMOTHERAPY | |
| 29 | OTHER | |
| 30 | BEREAVEMENT PROGRAM COSTS | |
| 31 | VOLUNTEER PROGRAM COSTS | |
| 32 | FUNDRAISING | 4,877 |
| 33 | OTHER PROGRAM COSTS | |
| 34 | TOTAL (SUM OF LINES 1 THRU 33) | 243,429 |

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 16-0057 | FROM 7/ 1/2007 | 12/ 1/2008 |
| HOSPICE NO: | TO 6/30/2008 | WORKSHEET K-3 |
| 16-1567 | | |

HOSPICE 1

ADMINISTRATOR
1

DIRECTOR
2

SOCIAL
SERVICES
3

SUPERVISORS
4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | | | |
|--------------|---------|---------|----------------|---------------------|
| PROVIDER NO: | 16-0057 | PERIOD: | FROM 7/ 1/2007 | PREPARED 12/ 1/2008 |
| HOSPICE NO: | 16-1567 | TO | 6/30/2008 | WORKSHEET K-3 |

HOSPICE 1

| | NURSES 5 | TOTAL THERAPISTS 6 | AIDES 7 | ALL OTHER 8 |
|---|-------------|--------------------------|------------|-------------------|
| GENERAL SERVICE COST CENTERS | | | | |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | | |
| 3 PLANT OPERATION AND MAINTENANCE | | | | |
| 4 TRANSPORTATION - STAFF | | | | |
| 5 VOLUNTEER SERVICE COORDINATION | | | | |
| 6 ADMINISTRATIVE AND GENERAL | | | | |
| INPATIENT CARE SERVICE | | | | |
| 7 INPATIENT - GENERAL CARE | | | | |
| 8 INPATIENT - RESPIRE CARE | | | | 151,012 |
| VISITING SERVICES | | | | |
| 9 PHYSICIAN SERVICES | | | | 7,723 |
| 10 NURSING CARE | | | | |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 11 PHYSICAL THERAPY | | | | |
| 12 OCCUPATIONAL THERAPY | | | | |
| 13 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 14 MEDICAL SOCIAL SERVICES | | | | |
| 15 SPIRITUAL COUNSELING | | | | |
| 16 DIETARY COUNSELING | | | | |
| 17 COUNSELING - OTHER | | | | |
| 18 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE | | | | |
| OTHER HOSPICE SERVICE COSTS | | | | |
| 19 OTHER | | | | |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 20.30 ANALGESICS | | | | |
| 20.31 SEDATIVES / HYPNOTICS | | | | |
| 20.32 OTHER - SPECIFY | | | | |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 22 PATIENT TRANSPORTATION | | | | |
| 23 IMAGING SERVICES | | | | |
| 24 LABS AND DIAGNOSTICS | | | | 8,881 |
| 25 MEDICAL SUPPLIES | | | | |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 27 RADIATION THERAPY | | | | |
| 28 CHEMOTHERAPY | | | | |
| 29 OTHER | | | | 685 |
| 30 BEREAVEMENT PROGRAM COSTS | | | | |
| 31 VOLUNTEER PROGRAM COSTS | | | | |
| 32 FUNDRAISING | | | | |
| 33 OTHER PROGRAM COSTS | | | | |
| 34 TOTAL (SUM OF LINES 1 THRU 33) | | | | 168,301 |

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | |
|--------------|---------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 16-0057 | FROM 7/1/2007 | 12/1/2008 |
| HOSPICE NO: | TO 6/30/2008 | WORKSHEET K-3 |
| 16-1567 | | |

HOSPICE 1

TOTAL (1)
9

| | | |
|------------------------------|---------------------------------------|---------|
| GENERAL SERVICE COST CENTERS | | |
| 1 | CAPITAL RELATED COSTS-BLDG AND FIXT. | |
| 2 | CAPITAL RELATED COSTS-MOVABLE EQUIP. | |
| 3 | PLANT OPERATION AND MAINTENANCE | |
| 4 | TRANSPORTATION - STAFF | |
| 5 | VOLUNTEER SERVICE COORDINATION | |
| 6 | ADMINISTRATIVE AND GENERAL | |
| | INPATIENT CARE SERVICE | |
| 7 | INPATIENT - GENERAL CARE | |
| 8 | INPATIENT - RESPIRE CARE | 151,012 |
| | VISITING SERVICES | |
| 9 | PHYSICIAN SERVICES | 7,723 |
| 10 | NURSING CARE | |
| 10.20 | NURSING CARE-CONTINUOUS HOME CARE | |
| 11 | PHYSICAL THERAPY | |
| 12 | OCCUPATIONAL THERAPY | |
| 13 | SPEECH/LANGUAGE PATHOLOGY | |
| 14 | MEDICAL SOCIAL SERVICES | |
| 15 | SPIRITUAL COUNSELING | |
| 16 | DIETARY COUNSELING | |
| 17 | COUNSELING - OTHER | |
| 18 | HOME HEALTH AIDE AND HOMEMAKER | |
| 18.20 | HH AIDE & HOMEMAKER-CONT. HOME CARE | |
| | OTHER HOSPICE SERVICE COSTS | |
| 19 | OTHER | |
| 20 | DRUGS BIOLOGICAL AND INFUSION THERAPY | |
| 20.30 | ANALGESICS | |
| 20.31 | SEDATIVES / HYPNOTICS | |
| 20.32 | OTHER - SPECIFY | |
| 21 | DURABLE MEDICAL EQUIPMENT/OXYGEN | |
| 22 | PATIENT TRANSPORTATION | |
| 23 | IMAGING SERVICES | |
| 24 | LABS AND DIAGNOSTICS | 8,881 |
| 25 | MEDICAL SUPPLIES | |
| 26 | OUTPATIENT SERVICES (INCL. E/R DEPT.) | |
| 27 | RADIATION THERAPY | |
| 28 | CHEMOTHERAPY | |
| 29 | OTHER | 685 |
| 30 | BEREAVEMENT PROGRAM COSTS | |
| 31 | VOLUNTEER PROGRAM COSTS | |
| 32 | FUNDRAISING | |
| 33 | OTHER PROGRAM COSTS | |
| 34 | TOTAL (SUM OF LINES 1 THRU 33) | 168,301 |

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 16-0057 | FROM 7/ 1/2007 | 12/ 1/2008 |
| HOSPICE NO: | TO 6/30/2008 | WORKSHEET K-4 |
| 16-1567 | | PART I |

HOSPICE 1

| | NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10) | CAP. REL. COST BUILDINGS & FIXTURES | CAP. REL. COST MOVABLE EQUIPMENT | PLANT OPERATION & MAINT. |
|---|--|---|--|--------------------------------|
| | 0 | 1 | 2 | 3 |
| GENERAL SERVICE COST CENTERS | | | | |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP. | 45,713 | | 45,713 | |
| 3 PLANT OPERATION AND MAINTENANCE | 41,148 | | | 41,148 |
| 4 TRANSPORTATION - STAFF | 47,550 | | | |
| 5 VOLUNTEER SERVICE COORDINATION | | | | |
| 6 ADMINISTRATIVE AND GENERAL | 528,867 | | 45,713 | 41,148 |
| INPATIENT CARE SERVICE | | | | |
| 7 INPATIENT - GENERAL CARE | | | | |
| 8 INPATIENT - RESPIRE CARE | 151,012 | | | |
| VISITING SERVICES | | | | |
| 9 PHYSICIAN SERVICES | 22,236 | | | |
| 10 NURSING CARE | 290,133 | | | |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 11 PHYSICAL THERAPY | | | | |
| 12 OCCUPATIONAL THERAPY | | | | |
| 13 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 14 MEDICAL SOCIAL SERVICES | 238,187 | | | |
| 15 SPIRITUAL COUNSELING | | | | |
| 16 DIETARY COUNSELING | | | | |
| 17 COUNSELING - OTHER | | | | |
| 18 HOME HEALTH AIDE AND HOMEMAKER | 156,229 | | | |
| 18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE | | | | |
| OTHER HOSPICE SERVICE COSTS | | | | |
| 19 OTHER | 4,535 | | | |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 20.30 ANALGESICS | | | | |
| 20.31 SEDATIVES / HYPNOTICS | | | | |
| 20.32 OTHER - SPECIFY | | | | |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 22 PATIENT TRANSPORTATION | | | | |
| 23 IMAGING SERVICES | | | | |
| 24 LABS AND DIAGNOSTICS | 8,881 | | | |
| 25 MEDICAL SUPPLIES | | | | |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 27 RADIATION THERAPY | | | | |
| 28 CHEMOTHERAPY | | | | |
| 29 OTHER | 250,874 | | | |
| 30 BEREAVEMENT PROGRAM COSTS | | | | |
| 31 VOLUNTEER PROGRAM COSTS | | | | |
| 32 FUNDRAISING | 79,252 | | | |
| 33 OTHER PROGRAM COSTS | 25,646 | | | |
| 34 TOTAL (SUM OF LINES 1 THRU 33) | 1,890,263 | | 45,713 | 41,148 |

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 16-0057 | FROM 7/ 1/2007 | 12/ 1/2008 |
| HOSPICE NO: | TO 6/30/2008 | WORKSHEET K-4 |
| 16-1567 | | PART I |

HOSPICE 1

| | TRANSPORTATION | VOLUNTEER SERVICES COORDINATOR | SUBTOTAL (COL. 0-5) | ADMINISTRATIVE & GENERAL |
|---|----------------|--------------------------------|---------------------|--------------------------|
| | 4 | 5 | 5A | 6 |
| GENERAL SERVICE COST CENTERS | | | | |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | | |
| 3 PLANT OPERATION AND MAINTENANCE | | | | |
| 4 TRANSPORTATION - STAFF | 47,550 | | | |
| 5 VOLUNTEER SERVICE COORDINATION | | | | |
| 6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE | 47,550 | | 663,278 | 663,278 |
| 7 INPATIENT - GENERAL CARE | | | | |
| 8 INPATIENT - RESPIRE CARE | | | 151,012 | 81,633 |
| 9 VISITING SERVICES | | | | |
| 10 PHYSICIAN SERVICES | | | 22,236 | 12,020 |
| 11 NURSING CARE | | | 290,133 | 156,839 |
| 12 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 13 PHYSICAL THERAPY | | | | |
| 14 OCCUPATIONAL THERAPY | | | | |
| 15 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 16 MEDICAL SOCIAL SERVICES | | | 238,187 | 128,758 |
| 17 SPIRITUAL COUNSELING | | | | |
| 18 DIETARY COUNSELING | | | | |
| 19 COUNSELING - OTHER | | | | |
| 20 HOME HEALTH AIDE AND HOMEMAKER | | | 156,229 | 84,453 |
| 21 HH AIDE & HOMEMAKER-CONT. HOME CARE | | | | |
| 22 OTHER HOSPICE SERVICE COSTS | | | 4,535 | 2,452 |
| 23 OTHER | | | | |
| 24 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 25 ANALGESICS | | | | |
| 26 SEDATIVES / HYPNOTICS | | | | |
| 27 OTHER - SPECIFY | | | | |
| 28 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 29 PATIENT TRANSPORTATION | | | | |
| 30 IMAGING SERVICES | | | | |
| 31 LABS AND DIAGNOSTICS | | | 8,881 | 4,801 |
| 32 MEDICAL SUPPLIES | | | | |
| 33 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 34 RADIATION THERAPY | | | | |
| 35 CHEMOTHERAPY | | | | |
| 36 OTHER | | | 250,874 | 135,616 |
| 37 BEREAVEMENT PROGRAM COSTS | | | | |
| 38 VOLUNTEER PROGRAM COSTS | | | | |
| 39 FUNDRAISING | | | 79,252 | 42,842 |
| 40 OTHER PROGRAM COSTS | | | 25,646 | 13,864 |
| 41 TOTAL (SUM OF LINES 1 THRU 33) | 47,550 | | 1,226,985 | 663,278 |

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 16-0057 | FROM 7/ 1/2007 | 12/ 1/2008 |
| HOSPICE NO: | TO 6/30/2008 | WORKSHEET K-4 |
| 16-1567 | | PART I |

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

| | | |
|----|---------------------------------------|-----------|
| 1 | GENERAL SERVICE COST CENTERS | |
| 2 | CAPITAL RELATED COSTS-BLDG AND FIXT. | |
| 3 | CAPITAL RELATED COSTS-MOVABLE EQUIP. | |
| 4 | PLANT OPERATION AND MAINTENANCE | |
| 5 | TRANSPORTATION - STAFF | |
| 6 | VOLUNTEER SERVICE COORDINATION | |
| 7 | ADMINISTRATIVE AND GENERAL | |
| 8 | INPATIENT CARE SERVICE | |
| 9 | INPATIENT - GENERAL CARE | |
| 10 | INPATIENT - RESPIRE CARE | 232,645 |
| 11 | VISITING SERVICES | |
| 12 | PHYSICIAN SERVICES | 34,256 |
| 13 | NURSING CARE | 446,972 |
| 14 | NURSING CARE-CONTINUOUS HOME CARE | |
| 15 | PHYSICAL THERAPY | |
| 16 | OCCUPATIONAL THERAPY | |
| 17 | SPEECH/LANGUAGE PATHOLOGY | |
| 18 | MEDICAL SOCIAL SERVICES | 366,945 |
| 19 | SPIRITUAL COUNSELING | |
| 20 | DIETARY COUNSELING | |
| 21 | COUNSELING - OTHER | |
| 22 | HOME HEALTH AIDE AND HOMEMAKER | 240,682 |
| 23 | HH AIDE & HOMEMAKER-CONT. HOME CARE | |
| 24 | OTHER HOSPICE SERVICE COSTS | |
| 25 | OTHER | 6,987 |
| 26 | DRUGS BIOLOGICAL AND INFUSION THERAPY | |
| 27 | ANALGESICS | |
| 28 | SEDATIVES / HYPNOTICS | |
| 29 | OTHER - SPECIFY | |
| 30 | DURABLE MEDICAL EQUIPMENT/OXYGEN | |
| 31 | PATIENT TRANSPORTATION | |
| 32 | IMAGING SERVICES | |
| 33 | LABS AND DIAGNOSTICS | 13,682 |
| 34 | MEDICAL SUPPLIES | |
| 35 | OUTPATIENT SERVICES (INCL. E/R DEPT.) | |
| 36 | RADIATION THERAPY | |
| 37 | CHEMOTHERAPY | |
| 38 | OTHER | 386,490 |
| 39 | BEREAVEMENT PROGRAM COSTS | |
| 40 | VOLUNTEER PROGRAM COSTS | |
| 41 | FUNDRAISING | 122,094 |
| 42 | OTHER PROGRAM COSTS | 39,510 |
| 43 | TOTAL (SUM OF LINES 1 THRU 33) | 1,890,263 |

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

| | | | | | |
|--------------|---------|---------|----------------|--------------|---------------------|
| PROVIDER NO: | 16-0057 | PERIOD: | FROM 7/ 1/2007 | TO 6/30/2008 | PREPARED 12/ 1/2008 |
| HOSPICE NO: | 16-1567 | | | | WORKSHEET K-4 |
| | | | | | PART 11 |

HOSPICE 1

| | CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1 | CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2 | PLANT OPERATION & MAINT. (SQUARE FEET) 3 | TRANSPORTATION (MILEAGE) 4 |
|--|---|---|--|----------------------------------|
| 1 GENERAL SERVICE COST CENTERS | | | | |
| 2 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | |
| 3 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | 100 | | |
| 4 PLANT OPERATION AND MAINTENANCE | | | 100 | |
| 5 TRANSPORTATION - STAFF | | | | 100 |
| 6 VOLUNTEER SERVICE COORDINATION | | | | |
| 7 ADMINISTRATIVE AND GENERAL | | 100 | 100 | 100 |
| 8 INPATIENT CARE SERVICE | | | | |
| 9 INPATIENT - GENERAL CARE | | | | |
| 10 INPATIENT - RESPIRE CARE | | | | |
| 11 VISITING SERVICES | | | | |
| 12 PHYSICIAN SERVICES | | | | |
| 13 NURSING CARE | | | | |
| 14 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 15 PHYSICAL THERAPY | | | | |
| 16 OCCUPATIONAL THERAPY | | | | |
| 17 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 18 MEDICAL SOCIAL SERVICES | | | | |
| 19 SPIRITUAL COUNSELING | | | | |
| 20 DIETARY COUNSELING | | | | |
| 21 COUNSELING - OTHER | | | | |
| 22 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 23 HH AIDE & HOMEMAKER-CONT. HOME CARE | | | | |
| 24 OTHER HOSPICE SERVICE COSTS | | | | |
| 25 OTHER | | | | |
| 26 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 27 ANALGESICS | | | | |
| 28 SEDATIVES / HYPNOTICS | | | | |
| 29 OTHER - SPECIFY | | | | |
| 30 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 31 PATIENT TRANSPORTATION | | | | |
| 32 IMAGING SERVICES | | | | |
| 33 LABS AND DIAGNOSTICS | | | | |
| 34 MEDICAL SUPPLIES | | | | |
| 35 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 36 RADIATION THERAPY | | | | |
| 37 CHEMOTHERAPY | | | | |
| 38 OTHER | | | | |
| 39 | | | | |
| 40 | | | | |
| 41 | | | | |
| 42 FUNDRAISING | | | | |
| 43 OTHER PROGRAM COSTS | | | | |
| 44 COST TO BE ALLOCATED (PER WKST K-4, PART I) | | 45,713 | 41,148 | 47,550 |
| 45 UNIT COST MULTIPLIER | .000000 | 457.130000 | 411.480000 | 475.500000 |

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 16-0057 | FROM 7/ 1/2007 | 12/ 1/2008 |
| HOSPICE NO: | TO 6/30/2008 | WORKSHEET K-4 |
| 16-1567 | | PART II |

HOSPICE 1

| | VOLUNTEER SERVICES COORDINATOR (HOURS) 5 | RECONCILIATION 6A | ADMINISTRATIVE & GENERAL (ACCUM. COST) 6 |
|---|---|----------------------|---|
| 1 GENERAL SERVICE COST CENTERS | | | |
| 2 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | |
| 3 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | |
| 4 PLANT OPERATION AND MAINTENANCE | | | |
| 5 TRANSPORTATION - STAFF | | | |
| 6 VOLUNTEER SERVICE COORDINATION | | | |
| 7 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE | | -663,278 | 1,226,985 |
| 8 INPATIENT - GENERAL CARE | | | |
| 9 INPATIENT - RESPIRE CARE | | | 151,012 |
| 10 VISITING SERVICES | | | |
| 11 PHYSICIAN SERVICES | | | 22,236 |
| 12 NURSING CARE | | | 290,133 |
| 13.20 NURSING CARE-CONTINUOUS HOME CARE | | | |
| 14 PHYSICAL THERAPY | | | |
| 15 OCCUPATIONAL THERAPY | | | |
| 16 SPEECH/LANGUAGE PATHOLOGY | | | |
| 17 MEDICAL SOCIAL SERVICES | | | 238,187 |
| 18 SPIRITUAL COUNSELING | | | |
| 19 DIETARY COUNSELING | | | |
| 20 COUNSELING - OTHER | | | |
| 21 HOME HEALTH AIDE AND HOME MAKER | | | 156,229 |
| 22.20 HH AIDE & HOME MAKER-CONT. HOME CARE | | | |
| 23 OTHER HOSPICE SERVICE COSTS | | | |
| 24 OTHER | | | 4,535 |
| 25 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | |
| 26.30 ANALGESICS | | | |
| 27.31 SEDATIVES / HYPNOTICS | | | |
| 28.32 OTHER - SPECIFY | | | |
| 29 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | |
| 30 PATIENT TRANSPORTATION | | | |
| 31 IMAGING SERVICES | | | |
| 32 LABS AND DIAGNOSTICS | | | 8,881 |
| 33 MEDICAL SUPPLIES | | | |
| 34 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | |
| 35 RADIATION THERAPY | | | |
| 36 CHEMOTHERAPY | | | |
| 37 OTHER | | | 250,874 |
| 38 | | | |
| 39 | | | |
| 40 | | | |
| 41 | | | |
| 42 FUNDRAISING | | | 79,252 |
| 43 OTHER PROGRAM COSTS | | | 25,646 |
| 44 COST TO BE ALLOCATED (PER WKST K-4, PART I) | | | 663,278 |
| 45 UNIT COST MULTIPLIER | .000000 | | .540575 |

HOSPICE 1

| HOSPICE COST CENTER | FROM K-4, PART 1, COLUMN 7, LINE | HOSPICE TRIAL BALANCE (1) | OLD CAP REL COSTS-BLDG & FIXT | OLD CAP BLDG - KLEIN | OLD CAP BLDG - CANCER CENTER |
|---|----------------------------------|---------------------------|-------------------------------|----------------------|------------------------------|
| | | 0 | 1 | 1.01 | 1.02 |
| 1.00 ADMINISTRATIVE AND GENERAL | 6 | | | | |
| 2.00 INPATIENT - GENERAL CARE | 7 | | | | |
| 3.00 INPATIENT - RESPIRE CARE | 8 | 232,645 | | | |
| 4.00 PHYSICIAN SERVICES | 9 | 34,256 | | | |
| 5.00 NURSING CARE | 10 | 446,972 | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | 10.20 | | | | |
| 6.00 PHYSICAL THERAPY | 11 | | | | |
| 7.00 OCCUPATIONAL THERAPY | 12 | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | 13 | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | 14 | 366,945 | | | |
| 10.00 SPIRITUAL COUNSELING | 15 | | | | |
| 11.00 DIETARY COUNSELING | 16 | | | | |
| 12.00 COUNSELING - OTHER | 17 | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | 18 | 240,682 | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | 18.20 | | | | |
| 14.00 | 19 | 6,987 | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | 20 | | | | |
| 15.30 ANALGESICS | 20.30 | | | | |
| 15.31 SEDATIVES / HYPNOTICS | 20.31 | | | | |
| 15.32 OTHER | 20.32 | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | 21 | | | | |
| 17.00 PATIENT TRANSPORTATION | 22 | | | | |
| 18.00 IMAGING SERVICES | 23 | | | | |
| 19.00 LABS AND DIAGNOSTICS | 24 | 13,682 | | | |
| 20.00 MEDICAL SUPPLIES | 25 | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | 26 | | | | |
| 22.00 RADIATION THERAPY | 27 | | | | |
| 23.00 CHEMOTHERAPY | 28 | | | | |
| 24.00 | 29 | 386,490 | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | 30 | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | 31 | | | | |
| 27.00 FUNDRAISING | 32 | 122,094 | | | |
| 28.00 OTHER PROGRAM COSTS | 33 | 39,510 | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2) | | 1,890,263 | | | |
| 30.00 UNIT COST MULTIPLIER | | | | | |

| HOSPICE COST CENTER | OLD CAP REL COSTS-MVBLE EQUIP | NEW CAP REL COSTS-BLDG & FIXT | NEW CRC BLDG - REHAB | NEW CRC BLDG - LAUNDRY |
|---|-------------------------------|-------------------------------|----------------------|------------------------|
| | 2 | 3 | 3.02 | 3.03 |
| 1.00 ADMINISTRATIVE AND GENERAL | | | | |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPIRE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2) | | | | |
| 30.00 UNIT COST MULTIPLIER | | | | |

HOSPICE 1

| | UTILITIES - MERCY | UTILITIES - KLEIN | UTILITIES - CANCER | UTILITIES - REHAB |
|---|----------------------|----------------------|-----------------------|----------------------|
| HOSPICE COST CENTER | 7.02 | 7.03 | 7.04 | 7.05 |
| 1.00 ADMINISTRATIVE AND GENERAL | | | | |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPIRE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2) | | | | |
| 30.00 UNIT COST MULTIPLIER | | | | |

| | UTILITIES - LAUNDRY | UTILITIES - HHA/HOSPICE | OPERATION OF PLANT | OPERATION OF PLANT KLEIN |
|---|------------------------|----------------------------|-----------------------|-----------------------------|
| HOSPICE COST CENTER | 7.06 | 7.07 | 8 | 8.01 |
| 1.00 ADMINISTRATIVE AND GENERAL | | | | |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPIRE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2) | | | | |
| 30.00 UNIT COST MULTIPLIER | | | | |

9,563

9,563

HOSPICE 1

| HOSPICE COST CENTER | OPERATION OF PLANT REHAB | OPERATION OF PLANT EASTMAN | OPERATION OF PLANT MERCY | OPERATION OF PLANT HHA/HOSPICE |
|---|--------------------------|----------------------------|--------------------------|--------------------------------|
| | 8.02 | 8.04 | 8.05 | 8.06 |
| 1.00 ADMINISTRATIVE AND GENERAL | | | | 5,213 |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPIRE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2) | | | | 5,213 |
| 30.00 UNIT COST MULTIPLIER | | | | |

| HOSPICE COST CENTER | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | HOUSEKEEPING-KL E IN | HOUSEKEEPING-RE HAB |
|---|-------------------------|--------------|----------------------|---------------------|
| | 9 | 10 | 10.01 | 10.04 |
| 1.00 ADMINISTRATIVE AND GENERAL | 3,956 | | | |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPIRE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2) | 3,956 | | | |
| 30.00 UNIT COST MULTIPLIER | | | | |

HOSPICE 1

| HOSPICE COST CENTER | ALLOCATED HOSPICE A & G | TOTAL HOSPICE COSTS |
|---|----------------------------|------------------------|
| | 28 | 29 |
| 1.00 ADMINISTRATIVE AND GENERAL | | |
| 2.00 INPATIENT - GENERAL CARE | | |
| 3.00 INPATIENT - RESPIRE CARE | 126,495 | 377,030 |
| 4.00 PHYSICIAN SERVICES | 18,626 | 55,516 |
| 5.00 NURSING CARE | 243,028 | 724,367 |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | |
| 6.00 PHYSICAL THERAPY | | |
| 7.00 OCCUPATIONAL THERAPY | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | |
| 9.00 MEDICAL SOCIAL SERVICES | 199,517 | 594,679 |
| 10.00 SPIRITUAL COUNSELING | | |
| 11.00 DIETARY COUNSELING | | |
| 12.00 COUNSELING - OTHER | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | 130,865 | 390,055 |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | |
| 14.00 | 3,799 | 11,324 |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | |
| 15.30 ANALGESICS | | |
| 15.31 SEDATIVES / HYPNOTICS | | |
| 15.32 OTHER | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | |
| 17.00 PATIENT TRANSPORTATION | | |
| 18.00 IMAGING SERVICES | | |
| 19.00 LABS AND DIAGNOSTICS | 7,439 | 22,173 |
| 20.00 MEDICAL SUPPLIES | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | |
| 22.00 RADIATION THERAPY | | |
| 23.00 CHEMOTHERAPY | | |
| 24.00 | 210,144 | 626,353 |
| 25.00 BEREAVEMENT PROGRAM COSTS | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | |
| 27.00 FUNDRAISING | 66,386 | 197,869 |
| 28.00 OTHER PROGRAM COSTS | 21,482 | 64,030 |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2) | | 3,063,396 |
| 30.00 UNIT COST MULTIPLIER | .504900 | |

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.
(2) COLUMNS 0 THROUGH 27, LINE 29 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, LINE 93.

HOSPICE 1

| HOSPICE COST CENTER | OLD CAP REL COSTS-BLDG & FIXT (SQUARE FEET) | OLD CAP BLDG - KLEIN (SQUARE FEET) | OLD CAP BLDG - CANCER CENTER (SQUARE FEET) | OLD CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE) |
|---|--|---------------------------------------|---|---|
| | 1 | 1.01 | 1.02 | 2 |
| 1.00 ADMINISTRATIVE AND GENERAL | | | | 45,713 |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPIRE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) | | | | 45,713 |
| 30.00 TOTAL COST TO BE ALLOCATED | | | | |
| 31.00 UNIT COST MULTIPLIER | .000000 | .000000 | .000000 | .000000 |

| HOSPICE COST CENTER | NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET) | NEW CRC BLDG - REHAB (SQUARE FEET) | NEW CRC BLDG - LAUNDRY (SQUARE FEET) | NEW CRC BLDG - GRMC (SQUARE FEET) |
|---|--|---------------------------------------|---|--------------------------------------|
| | 3 | 3.02 | 3.03 | 3.04 |
| 1.00 ADMINISTRATIVE AND GENERAL | | | | |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPIRE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |

HOSPICE 1

| | NEW CAP REL COSTS-BLDG & FIXT | NEW CRC BLDG - REHAB | NEW CRC BLDG - LAUNDRY | NEW CRC BLDG - GRMC |
|-------------------------------------|-------------------------------|----------------------|------------------------|---------------------|
| HOSPICE COST CENTER | 3 | 3.02 | 3.03 | 3.04 |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) | | | | |
| 30.00 TOTAL COST TO BE ALLOCATED | | | | |
| 31.00 UNIT COST MULTIPLIER | .000000 | .000000 | .000000 | .000000 |

| | NEW CRC BLDG - MERCY (SQUARE FEET) | NEW CRC BLDG - EASTMAN (SQUARE FEET) | NEW CRC BLDG - HHA/HOSPICE (SQUARE FEET) | NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE) |
|---|---------------------------------------|---|---|---|
| HOSPICE COST CENTER | 3.05 | 3.06 | 3.07 | 4 |
| 1.00 ADMINISTRATIVE AND GENERAL | | | 8,190 | 45,713 |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPIRE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) | | | 8,190 | 45,713 |
| 30.00 TOTAL COST TO BE ALLOCATED | | | 92,831 | 45,903 |
| 31.00 UNIT COST MULTIPLIER | .000000 | .000000 | 11.334676 | 1.004156 |

HOSPICE 1

| HOSPICE COST CENTER | EMPLOYEE BENEFITS (FTES) | NONPATIENT TELEPHONES LD (PHONES) | RECONCILIATION 6A.05 | DATA PROCESSING (ACCUMULATED COST) 6.05 |
|---|--------------------------|-----------------------------------|----------------------|---|
| 1.00 ADMINISTRATIVE AND GENERAL | 197 | 11 | | 176,577 |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPIRE CARE | | | | 232,645 |
| 4.00 PHYSICIAN SERVICES | | | | 34,256 |
| 5.00 NURSING CARE | | | | 446,972 |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | 366,945 |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | 240,682 |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | 6,987 |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | 13,682 |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | 386,490 |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | 122,094 |
| 28.00 OTHER PROGRAM COSTS | | | | 39,510 |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) | 197 | 11 | | 2,066,840 |
| 30.00 TOTAL COST TO BE ALLOCATED | 35,992 | 1,851 | | 50,156 |
| 31.00 UNIT COST MULTIPLIER | 182.700508 | 168.272727 | | .024267 |

| HOSPICE COST CENTER | PURCHASING, RECEIVING AND STORES (PURCHASES) 6.06 | ADMITTING (CHARGES) 6.07 | BUSINESS OFFICE (CHARGES) 6.08 | RECONCILIATION 6A.09 |
|---|---|--------------------------|--------------------------------|----------------------|
| 1.00 ADMINISTRATIVE AND GENERAL | 18,314 | 2,356,791 | 2,356,791 | |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPIRE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |

HOSPICE 1

| HOSPICE COST CENTER | PURCHASING, RECEIVING AND STORES | ADMITTING | BUSINESS OFFICE | RECONCILIATION |
|-------------------------------------|--|-----------|-----------------|----------------|
| | 6.06 | 6.07 | 6.08 | 6A.09 |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) | 18,314 | 2,356,791 | 2,356,791 | |
| 30.00 TOTAL COST TO BE ALLOCATED | 2,864 | 9,828 | 12,170 | |
| 31.00 UNIT COST MULTIPLIER | .156383 | .004170 | .005164 | |

| HOSPICE COST CENTER | OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST) | MAINTENANCE & REPAIRS (SQUARE FEET) | UTILITIES - EASTMAN (SQUARE FEET) | UTILITIES - MERCY (SQUARE FEET) |
|---|---|---|---|---|
| | 6.09 | 7 | 7.01 | 7.02 |
| 1.00 ADMINISTRATIVE AND GENERAL | 205,724 | | | |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPIRE CARE | 238,291 | | | |
| 4.00 PHYSICIAN SERVICES | 35,087 | | | |
| 5.00 NURSING CARE | 457,817 | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | 375,850 | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | 246,523 | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | 7,157 | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | 14,014 | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | 395,869 | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | 125,057 | | | |
| 28.00 OTHER PROGRAM COSTS | 40,469 | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) | 2,141,858 | | | |
| 30.00 TOTAL COST TO BE ALLOCATED | 110,051 | | | |
| 31.00 UNIT COST MULTIPLIER | .051381 | .000000 | .000000 | .000000 |

HOSPICE 1

| HOSPICE COST CENTER | UTILITIES - KLEIN (SQUARE FEET) | UTILITIES - CANCER (SQUARE FEET) | UTILITIES - REHAB (SQUARE FEET) | UTILITIES - LAUNDRY (SQUARE FEET) |
|---|------------------------------------|-------------------------------------|------------------------------------|--------------------------------------|
| 1.00 ADMINISTRATIVE AND GENERAL | 7.03 | 7.04 | 7.05 | 7.06 |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPIRE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) | | | | |
| 30.00 TOTAL COST TO BE ALLOCATED | | | | |
| 31.00 UNIT COST MULTIPLIER | .000000 | .000000 | .000000 | .000000 |

| HOSPICE COST CENTER | UTILITIES - HHA/HOSPICE (SQUARE FEET) | OPERATION OF PLANT (SQUARE FEET) | OPERATION OF PLANT KLEIN (SQUARE FEET) | OPERATION OF PLANT REHAB (SQUARE FEET) |
|---|--|-------------------------------------|---|---|
| 1.00 ADMINISTRATIVE AND GENERAL | 8,190 | | | |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPIRE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |

HOSPICE 1

| HOSPICE COST CENTER | UTILITIES - HHA/HOSPICE | OPERATION OF PLANT | OPERATION OF PLANT KLEIN | OPERATION OF PLANT REHAB |
|-------------------------------------|----------------------------|-----------------------|-----------------------------|-----------------------------|
| | 7.07 | 8 | 8.01 | 8.02 |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) | 8,190 | | | |
| 30.00 TOTAL COST TO BE ALLOCATED | 9,563 | | | |
| 31.00 UNIT COST MULTIPLIER | 1.167643 | .000000 | .000000 | .000000 |

| HOSPICE COST CENTER | OPERATION OF PLANT EASTMAN (SQUARE FEET) | OPERATION OF PLANT MERCY (SQUARE FEET) | OPERATION OF PLANT HHA/HOSPICE (SQUARE FEET) | LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9 |
|---|--|--|---|---|
| | 8.04 | 8.05 | 8.06 | 9 |
| 1.00 ADMINISTRATIVE AND GENERAL | | | 8,190 | 6,644 |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPIRE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) | | | 8,190 | 6,644 |
| 30.00 TOTAL COST TO BE ALLOCATED | | | 5,213 | 3,956 |
| 31.00 UNIT COST MULTIPLIER | .000000 | .000000 | .636508 | .595424 |

HOSPICE 1

| HOSPICE COST CENTER | HOUSEKEEPING (HOURS OF SERVICE) 10 | HOUSEKEEPING-KLEIN (HOURS OF SERVICE) 10.01 | HOUSEKEEPING-REHAB (SQUARE FEET) 10.04 | HOUSEKEEPING-EASTMAN (SQUARE FEET) 10.05 |
|---|--|---|--|--|
| 1.00 ADMINISTRATIVE AND GENERAL | | | | |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPIRE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) | | | | |
| 30.00 TOTAL COST TO BE ALLOCATED | | | | |
| 31.00 UNIT COST MULTIPLIER | .000000 | .000000 | .000000 | .000000 |

| HOSPICE COST CENTER | HOUSEKEEPING-ME RCY (SQUARE FEET) 10.06 | DIETARY (MEALS SERVED) 11 | DIETARY - KLEIN (MEALS SERVED) 11.01 | CAFETERIA (FTES) 12 |
|---|--|---------------------------------|--|---------------------------|
| 1.00 ADMINISTRATIVE AND GENERAL | | | | 197 |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPIRE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |

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

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 16-0057 | FROM 7/ 1/2007 | 12/ 1/2008 |
| HOSPICE NO: | TO 6/30/2008 | WORKSHEET K-5 |
| 16-1567 | | PART III |

HOSPICE 1

| | WKSHT C, PART I COLUMN 9 LINE: | COST TO CHARGE RATIO 1 | TOTAL HOSPICE CHARGES 2 | HOSPICE SHARED ANCILLARY COSTS 3 |
|-------|---|---------------------------------|----------------------------------|--|
| 1 | PHYSICAL THERAPY | 50 | .529107 | |
| 2 | OCCUPATIONAL THERAPY | 51 | .483072 | |
| 3 | SPEECH PATHOLOGY | 52 | .695946 | |
| 4 | DRUGS CHARGED TO PATIENTS | 56 | .169420 | |
| 5 | DURABLE MEDICAL EQUIP-SOLD | 67 | | |
| 6 | LABORATORY | 44 | .310547 | |
| 7 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 55 | .493008 | |
| 7.01 | DEVICES AND IMPLANTS | 55.01 | .470525 | |
| 8 | EMERGENCY | 61 | .413905 | |
| 9 | RADIOLOGY-DIAGNOSTIC | 41 | .272015 | |
| 10 | AUDIOLOGY | 59 | .785133 | |
| 10.01 | CARDIAC REHAB | 59.01 | | |
| 10.02 | WORKFITNESS | 59.02 | | |
| 10.03 | PSYCH/PSYCHOLOGICAL | 59.03 | | |
| 10.04 | EMG & EEG | 59.04 | .305393 | |
| 10.05 | O/P REHAB SERVICES | 59.05 | .779625 | |
| 10.06 | O/P DEPENDENCY SERVICES | 59.06 | 1.845883 | |
| 10.07 | SPORTS FITNESS | 59.07 | 1.901159 | |
| 10.08 | LIFE CENTER | 59.08 | .351237 | |
| 10.09 | RECREATIONAL THERAPY | 59.09 | .712886 | |
| 11 | TOTAL (SUM OF LINES 1-10) | | | |

CALCULATION OF PER DIEM COST

| | | |
|--------------|----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 12/ 1/2008 |
| 16-0057 | FROM 7/ 1/2007 | WORKSHEET K-6 |
| HOSPICE NO: | TO 6/30/2008 | |
| 16-1567 | | |

HOSPICE 1

COMPUTATION OF PER DIEM COST

| | TITLE XVIII | TITLE XIX | OTHER | TOTAL(1) |
|---|-------------|-----------|-------|-----------|
| | 1 | 2 | 3 | 4 |
| 1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS) | | | | 2,999,366 |
| 2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4) | | | | |
| 3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2) | | | | |
| 4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1) | | | | |
| 5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4) | | | | |
| 6 UNDUPLICATED MEDICAID DAYS | | | | |
| 7 AGGREGATE MEDICAID COST | | | | |
| 8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2) | | | | |
| 9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8) | | | | |
| 10 UNDUPLICATED NF DAYS | | | | |
| 11 AGGREGATE NF COST | | | | |
| 12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3) | | | | |
| 13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12) | | | | |

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

CALCULATION OF CAPITAL PAYMENT

| | | |
|---------------|----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 12/ 1/2008 |
| 16-0057 | FROM 7/ 1/2007 | WORKSHEET L |
| COMPONENT NO: | TO 6/30/2008 | PARTS I-IV |
| 16-0057 | | |

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

| | | |
|------|--|-----------|
| 1 | CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS | |
| | CAPITAL FEDERAL AMOUNT | |
| 2 | CAPITAL DRG OTHER THAN OUTLIER | 1,908,316 |
| 3 | CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997 | |
| 3.01 | CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997 | 129,537 |
| | INDIRECT MEDICAL EDUCATION ADJUSTMENT | |
| 4 | TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS | 80.65 |
| | IN THE COST REPORTING PERIOD | |
| 4.01 | NUMBER OF INTERNS AND RESIDENTS | .00 |
| | (SEE INSTRUCTIONS) | |
| 4.02 | INDIRECT MEDICAL EDUCATION PERCENTAGE | .00 |
| 4.03 | INDIRECT MEDICAL EDUCATION ADJUSTMENT | |
| | (SEE INSTRUCTIONS) | |
| 5 | PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO | .00 |
| | MEDI CARE PART A PATIENT DAYS | |
| 5.01 | PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL | .00 |
| | DAYS REPORTED ON S-3, PART I | |
| 5.02 | SUM OF 5 AND 5.01 | .00 |
| 5.03 | ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE | .00 |
| 5.04 | DISPROPORTIONATE SHARE ADJUSTMENT | |
| 6 | TOTAL PROSPECTIVE CAPITAL PAYMENTS | 2,037,853 |

PART II - HOLD HARMLESS METHOD

| | | |
|----|--|---------|
| 1 | NEW CAPITAL | |
| 2 | OLD CAPITAL | |
| 3 | TOTAL CAPITAL | |
| 4 | RATIO OF NEW CAPITAL TO OLD CAPITAL | .000000 |
| 5 | TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE | |
| 6 | REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT | |
| 7 | REDUCED OLD CAPITAL AMOUNT | |
| 8 | HOLD HARMLESS PAYMENT FOR NEW CAPITAL | |
| 9 | SUBTOTAL | |
| 10 | PAYMENT UNDER HOLD HARMLESS | |

PART III - PAYMENT UNDER REASONABLE COST

| | | |
|---|--|--|
| 1 | PROGRAM INPATIENT ROUTINE CAPITAL COST | |
| 2 | PROGRAM INPATIENT ANCILLARY CAPITAL COST | |
| 3 | TOTAL INPATIENT PROGRAM CAPITAL COST | |
| 4 | CAPITAL COST PAYMENT FACTOR | |
| 5 | TOTAL INPATIENT PROGRAM CAPITAL COST | |

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

| | | |
|----|--|-----|
| 1 | PROGRAM INPATIENT CAPITAL COSTS | |
| 2 | PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY | |
| | CIRCUMSTANCES | |
| 3 | NET PROGRAM INPATIENT CAPITAL COSTS | |
| 4 | APPLICABLE EXCEPTION PERCENTAGE | .00 |
| 5 | CAPITAL COST FOR COMPARISON TO PAYMENTS | |
| 6 | PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY | .00 |
| | CIRCUMSTANCES | |
| 7 | ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL | |
| | FOR EXTRAORDINARY CIRCUMSTANCES | |
| 8 | CAPITAL MINIMUM PAYMENT LEVEL | |
| 9 | CURRENT YEAR CAPITAL PAYMENTS | |
| 10 | CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT | |
| | LEVEL TO CAPITAL PAYMENTS | |
| 11 | CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT | |
| | LEVEL OVER CAPITAL PAYMENT | |
| 12 | NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL | |
| | TO CAPITAL PAYMENTS | |
| 13 | CURRENT YEAR EXCEPTION PAYMENT | |
| 14 | CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT | |
| | LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD | |
| 15 | CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT | |
| 16 | CURRENT YEAR OPERATING AND CAPITAL COSTS | |
| 17 | CURRENT YEAR EXCEPTION OFFSET AMOUNT | |
| | (SEE INSTRUCTIONS) | |